

**310-R - NURSING FACILITY SERVICES**

EFFECTIVE DATES: 10/01/94, 01/25/19

APPROVAL DATES: 07/01/99, 10/01/01, 04/01/04, 10/01/06, 05/01/11, 10/01/11, 10/01/13,  
01/17/19**I. PURPOSE**

This Policy applies to AHCCCS Complete Care (ACC), ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs as delineated within this Policy including: Tribal ALTCS, and the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see AMPM Chapter 1100). This Policy establishes requirements for AHCCCS to cover medically necessary services provided in Nursing Facilities for members who have not been determined eligible for ALTCS and who need nursing care 24 hours a day, but who do not require hospital care, under the daily direction of a physician.

**II. DEFINITIONS**

<b>CONTRACT YEAR</b>	For AHCCCS Contractors, the contract year runs from October 1st through September 30th. Providers should contact the member's Contractor for verification of contract dates and any discussion needed regarding the member's stay.
<b>HOME AND COMMUNITY BASED SERVICES (HCBS)</b>	Home and community-based services, as defined in A.R.S. §36-2931 and A.R.S. §36-2939.
<b>NURSING FACILITY (NF)</b>	A Medicare/Medicaid-licensed residential facility that provides full-time skilled, rehabilitative, and/or long term care services as well as basic supportive services via clinical professionals (e.g. nurses, therapists).

**III. POLICY**

Nursing Facility (NF) service providers shall be State licensed and Medicare certified. Religious nonmedical health care institutions are exempt from licensure or certification requirements.

ALTCS offers more extensive coverage of NF services for members. Refer to AMPM Policy 1210 for information regarding institutional services for ALTCS members. In lieu of NF services the member may be placed in an alternative HCBS setting, or may receive HCBS in their home, as defined in the A.A.C. R9-22 Article 2 and A.A.C. R9-28 Article 2.

**A. NURSING FACILITY SERVICES**

AHCCCS covers up to 90 days of NF services per Contract Year for members who have not been determined eligible for ALTCS. The following criteria apply:

1. The medical condition of the member shall be such that if NF services are not provided, hospitalization of the individual will result or the treatment is such that it cannot be administered safely in a less restrictive setting (i.e. home with home health services).
2. The 90 days of coverage is per member, per Contract Year, and does not begin again if the member transfers to a different NF. Members residing in a NF at the beginning of a new Contract Year begin a new 90-day coverage period. Unused days do not carry over. See the table below for examples.
3. The 90 days of coverage begins on the day of admission regardless of whether the member is insured by a third party insurance carrier, including Medicare. Refer to ACOM Policy 201 regarding member cost sharing.
4. If the member residing in a NF has applied for ALTCS and a decision is still pending when the member has used a cumulative total of 45 NF days during that Contract Year, the ACC plan or the NF for AIHP members, shall notify AHCCCS/DMS, by email at: [HealthPlan45DayNotice@azahcccs.gov](mailto:HealthPlan45DayNotice@azahcccs.gov). This will allow AHCCCS time to follow-up on the status of the ALTCS application and to consider potential Fee-For-Service coverage, if the stay goes beyond the 90 day per Contract year maximum.

AHCCCS/DMS notifications shall include:

- a. Member Name,
  - b. AHCCCS ID,
  - c. Date of Birth,
  - d. Name of Facility,
  - e. Admission Date to the Facility,
  - f. ALTCS application submission date
  - g. Date the member will exhaust 90 NF days for the current Contract Year, and
  - h. Name of Contractor of enrollment.
5. The ACC plan or AIHP is only responsible for NF coverage during the time the member is enrolled with the ACC plan or AIHP. The NF shall coordinate with the member or representative on alternative methods of payment for continuation of services beyond the 90 days covered by the Contractor or AIHP until the member is enrolled in the ALTCS program, or until the beginning of the new Contract Year if the member is determined to be ineligible for ALTCS enrollment.

<b>MEMBER A</b>	Admitted January 15	Discharged April 3	79 days used, 11 days of NF services remain available through end of the Contract year.
<b>MEMBER B</b>	Admitted January 15	Still in NF April 14	90 days used, Contractor shall notify AHCCCS by Day 45 regarding ALTCS application. For AIHP, the NF will contact at the 45 day time frame. Refer to sectionA#4 for contact information.
<b>MEMBER C</b>	Admitted July 3	Still in NF September 30	89 days used, new Contract Year begins. October 1 90 days begin again

**B. SCOPE OF SERVICES**

Per Diem services provided in the NF include but are not limited to:

1. Nursing services:
  - a. Administration of medication,
  - b. Tube feedings,
  - c. Personal care services,
  - d. Routine testing of vital signs and blood glucose monitoring,
  - e. Assistance with eating, and/or
  - f. Maintenance of catheters.
2. Basic patient care equipment and sickroom supplies such as bedpans, urinals, diapers, bathing and grooming supplies, walkers and wound dressings or bandages.
3. Dietary services including, but not limited to, preparation and administration of special diets, and adaptive tools for eating.
4. Administrative physician visits made solely for meeting State certification requirements.
5. Non-customized medical equipment and supplies such as manual wheelchairs, geriatric chairs, and bedside commodes.
6. Rehabilitation therapies ordered as a maintenance regimen.
7. Administration, Medical Director services, plant operations, and capital.

8. Over-the-counter medications and laxatives.
9. Social activity, recreational and spiritual services, or
10. Any other services, supplies or equipment that are State or County regulatory requirements, or are included in the NF's room and board charge.

Refer to AMPM Policy 820 for Prior Authorization requirements for FFS providers.