310-R  NURSING FACILITY SERVICES

REVISION DATES:  10/01/11, 10/01/06, 04/01/04, 10/01/01, 07/01/99

REVIEW DATES:  10/01/13, 05/01/2011

INITIAL

EFFECTIVE DATE:  10/01/1994

DESCRIPTION

AHCCCS covers medically necessary services provided in nursing facilities for those acute care program members who need nursing care 24 hours a day, but who do not require hospital care under the daily direction of a physician. NF service providers must be State licensed and Medicare certified. Religious nonmedical health care institutions are exempt from licensure or certification requirements.

The Arizona Long Term Care System (ALTCS) offers more extensive coverage of NF services for members. Refer to AMPM Chapter 1200 for information regarding ALTCS covered services. In lieu of NF services, the member may be placed in an alternative Home and Community Based Setting (HCBS), or may receive home and community based services in their home, as defined in the Arizona Administrative Code R9-22, Article 2 and R9-28, Article 2.

AMOUNT, DURATION AND SCOPE

AHCCCS covers up to 90 days of NF services per contract year (generally October 1 through September 30) for members who have not been determined eligible for ALTCS. The following criteria apply:

1. The medical condition of the member must 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. Acute care 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 AHCCCS acute care coverage for NF services begins on the day of admission regardless of whether the member is insured by a third party insurance carrier, including Medicare. (Refer to the ACOM, Policy 201 regarding member cost sharing.)
4. If the member has applied for ALTCS and a decision is pending, the acute care Contractor must notify the ALTCS Eligibility Administrator (Mail Drop 2600) when the member has been residing in a NF for 45 days. This will allow for time to follow-up on the status of the ALTCS application. If the member becomes ALTCS eligible and is enrolled with an ALTCS Contractor before the end of the maximum 90 days of NF coverage, the acute care Contractor is only responsible for NF coverage during the time the member is enrolled with the acute care Contractor. The NF must coordinate with the member or representative on alternative methods of payment for continuation of services beyond the 90 days covered by the acute care Contractor until the member is enrolled in the ALTCS program, or until the beginning of the new contract year.

<table>
<thead>
<tr>
<th>MEMBER A</th>
<th>Admitted January 15</th>
<th>Discharged April 3</th>
<th>79 days. 11 days of NF services remain available through September 30.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEMBER B</td>
<td>Admitted January 15</td>
<td>Still in NF April 14</td>
<td>90 days. NF should have contacted member’s Contractor at least 15 days before to discuss alternatives. Contractor should have contacted AHCCCS by Day 60 regarding ALTCS application.</td>
</tr>
<tr>
<td>MEMBER C</td>
<td>Admitted July 3</td>
<td>Still in NF September 30</td>
<td>89 days, but new contract year begins October 1. 90 days begin again.</td>
</tr>
</tbody>
</table>

**NOTE:** For most, but not all, 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.

**LIMITATIONS**

Services that are not covered separately by Acute Care or ALTCS Contractors when provided in a NF include:

1. Nursing services, including:
   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 durable 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 Chapter 800 for PA requirements for FFS providers.