

## Licensed Health Aide (LHA) General Service Overview Frequently Asked Questions

[Q1: What is the purpose of the Licensed Health Aide Service?](#)

[Q2: Who can become a Licensed Health Aide?](#)

[Q3: Who is considered a parent, guardian or family member?](#)

[Q4: Do family members include cousins, aunts and uncles?](#)

[Q5: Can an ALTCS member who is over 21 years of age receive LHA services if the member meets the skilled continuous nursing requirement?](#)

[Q6: To whom can an LHA provide care?](#)

[Q7: Does an LHA have to be licensed?](#)

[Q8: How many hours must an LHA work each day, and which hours would remain Private Duty Nursing \(PDN\)? Who do I talk to about this?](#)

### Hours and Authorization

[Q9: Do ALL members who qualify to receive PDN also qualify to receive LHA hours or only those at a certain risk category? How will a parent, guardian, or family caregiver know if a member qualifies?](#)

[Q10: Are PDN and LHA a combined benefit?](#)

[Q11: Can LHA only be used when nursing hours cannot be filled \(staffed\)?](#)

[Q12: If a member has PDN and LHA, will there be two separate authorizations and two separate "buckets" of hours \(not to exceed the existing PDN benefit/hours\)?](#)

[Q13: Who is responsible for calculating or placing the hours in the authorization "buckets" as appropriate to the member?](#)

[Q14: Could a parent or guardian "trade" all PDN hours for LHA hours or must they keep some PDN hours authorized on the service plan?](#)

[Q15: If my child qualifies for 10 hours per day of PDN, and I want to provide half of the hours \(5 hours\) as their LHA- would that equal 2 units of 3 units of LHA?](#)

[Q16: If a member already has 40 hours of PDN authorized per week and the parent or guardian would like to have LHA, then the parent or guardian would have a choice of 40 hours of PDN or a mix of LHA and PDN? For example, the family could choose 40 hours of PDN or 32 hours of PDN in combination with 4 units of LHA. Is that correct?](#)

[Q17: What if a parent or guardian wants to adjust their PDN-LHA ratio, would they need a new authorization or just let the provider know?](#)

[Q18: Do providers need to monitor the combined services of PDN and LHA to ensure the combined total hours for services is not exceeded?](#)

[Q19: Is reimbursement of LHA services based on a per unit model or a per hour model?](#)

[Q20: If reimbursement is per unit, can a provider bill multiple units in a single day? Is reimbursement the same per unit no matter how many hours the unit is?](#)

Q21: What is the maximum number of hours an LHA can work each day? Is it the same that each member qualifies for under PDN since federal EPSDT laws prohibit a state Medicaid program from instituting blanket hourly or monetary caps for services for the pediatric population?

Q22: Can respite services be provided by an LHA?

Q23: Can a Medicare certified HHA that does not have a LHA training program staff LHAs?

Q24: Will both LHA and PDN authorizations be required to stay with one home health agency since it is a combined benefit? If not, how will the two different agencies be notified of hours shared and change in authorization?

Q25: Will the state allow for more than four units/day depending on the acuity of the client or on "sick days" as a burst?

Q26: How will the PDN (HN1) authorization be reduced to provide the LHA authorization? It would be easier to understand the exchange of hours/units if units were billed in 15-minute increments instead of 2 hours and 29 minutes.

## **Supervision and Documentation Requirements**

Q27: The language of the program is clear that competency is only required on skills specific to the patient. The education curriculum outlines what is required to teach, but there is no language that specifies that the LHA candidate only has to complete education modules specific to the LHA client they will care for. For example, does the LHA candidate need to do the trach education if the patient does not have a trach?

Q28: What are the AHCCCS requirements for supervision of the LHA?

Q29: What are the AHCCCS requirements for documentation?

Q30: If an LHA wants to switch employers, is an agency able to accept their certificate or would they have to go through that agency's specific LHA program?

## **Other Questions**

Q31: If a family member goes on vacation out of state, can the family member LHA still be paid while in another state?

Q32: Can LHA services be provided in the school setting?

Q33: Can an LHA provide services to more than one eligible child in a family?

Q34: How much will an LHA be paid to provide the service?

Q35: How is the determination made for which Home Health Agency provides the service?

Q36: Will an LHA be required to use the Electronic Visit Verification (EVV) system?

Q37: Will an LHA be exempt from vaccine mandate requirements since they are caring for one person who is a family member in their own home?

Q38: Does AHCCCS plan to implement a tool to calculate the LHA hours?

Q39: Where can I find more information on the LHA service requirements?

Q40: AMPM 301-I Home Health Services Section III Policy C, LHA does not address trach care. Can you clarify trach and vent care authorization?

## A1: What is the purpose of the Licensed Health Aide Service?

The purpose of the service is to provide a way to support families with children who have skilled care needs. The program provides a path for qualified family caregivers, once licensed, to be paid to provide some skilled care to their minor children and improve access to care.

## A2: Who can become a Licensed Health Aide?

Any parent, guardian, or family member of an ALTCS member may become a Licensed Health Aide (LHA) in order to provide services only to that member and consistent with that member's plan of care.

## A3: Who is considered a parent, guardian, or family member?

For the purpose of LHA services, family members include the following relationships with the member receiving LHA services:

1. spouse,
2. children/stepchildren,
3. son/daughter-in-law,
4. grandchildren,
5. siblings/step siblings,
6. parents /stepparents/adoptive parents,
7. grandparents,
8. mother/father-in-law,
9. brother/sister-in-law, and
10. guardian.

AHCCCS Medical Policy Manual (AMPM) 1240-A and AMPM 1240-G definitions apply. Since the member receiving LHA services is under age 21, certain relationships from the AMPM 1240-A definition may not be applicable.

## A4: Do family members include cousins, aunts, and uncles?

No, family members who can provide LHA services do not include cousins, aunts or uncles.

## A5: Can an ALTCS member who is over 21 years of age receive LHA services if the member meets the skilled continuous nursing requirement?

No, the LHA service is limited to an ALTCS member under the age of 21 years old, as defined in Arizona Revised Statute.

## A6: To whom can an LHA provide care?

An LHA may only provide care to an ALTCS member who is under 21 years of age and for whom they are a parent, guardian, or family member and only consistent with that member's plan of care.

## A7: Does an LHA have to be licensed?

Yes. The Arizona Board of Nursing issues licenses to qualified family members.

**A8: How many hours must an LHA work each day, and which hours would remain Private Duty Nursing (PDN)? Who do I talk to about this?**

For the ALTCS-Developmental Disabilities (DD) program, the Arizona Department of Economic Security, Division of Developmental Disabilities (DES/DDD) District nurses assess members to determine care needs and authorize PDN. For additional information about LHA authorization, please contact the member's assigned District Nurse.

For the ALTCS-Elderly and Physical Disabilities (EPD) program and Tribal ALTCS, contact the member's Case Manager.

## Hours and Authorization

**A9: Do ALL members who qualify to receive PDN also qualify to receive LHA hours, or only those at a certain risk category? How will a parent, guardian, or family caregiver know if a member qualifies?**

Yes, all members who qualify for PDN qualify for LHA as long as the needs of the member fall under the scope of the LHA licensure.

For the ALTCS-DD program, the member's DES/DDD District Nurse and Support Coordinator can provide information about the PDN and LHA services.

For the ALTCS-EPD program and Tribal ALTCS, the member's Case Manager can provide information about PDN and LHA.

**A10: Are PDN and LHA a combined benefit?**

Yes. PDN and LHA are a combined benefit and a member must qualify for PDN to use the LHA benefit.

**A11: Can LHA only be used when nursing hours cannot be filled (staffed)?**

No. LHA services may be used to fill hours that cannot be staffed, but are not limited to only covering unstaffed hours. Members can choose to use LHA services to cover approved PDN as long as the care needs fall within the scope of the LHA license.

**A12: If a member has PDN and LHA, will there be two separate authorizations and two separate "buckets" of hours (not to exceed the existing PDN benefit/hours)?**

Yes. PDN and LHA services will be authorized separately not to exceed the member's total assessed need for PDN.

**A13: Who is responsible for calculating or placing the hours in the authorization “buckets” as appropriate to the member?**

The member’s ALTCS Health Plan will be responsible for calculating and authorizing the PDN and any LHA hours.

**A14: Could a parent or guardian “trade” all PDN hours for LHA hours or must they keep some PDN hours authorized on the service plan?**

A parent or guardian could utilize LHA services for all assessed PDN hours as long as the assessed needs do not require an LPN or RN level of care. *Note: The monitoring and supervision of the LHA by the RN is included in the LHA rate.*

**A15: If my child qualifies for 10 hours per day of PDN, and I want to provide half of the hours (5 hours) as their LHA, would that equal 2 units of 3 units of LHA?**

LHA is authorized by visit and cannot exceed 4 visits per day. A visit is approximately two (2) hours; therefore, five (5) hours of LHA service equals three (3) units. (Care that is completed within two hours and 29 minutes equals one unit of authorized services. Care rendered that lasts 2 hours and 30 minutes, equals 2 units of authorized service.)

**A16: If a member already has 40 hours of PDN authorized per week and the parent or guardian would like to have LHA, then the parent or guardian would have a choice of 40 hours of PDN or a mix of LHA and PDN? For example, the family could choose 40 hours of PDN or 32 hours of PDN in combination with 4 units of LHA. Is that correct?**

Yes, that is correct, providing that the assessed needs of the member fall under the scope of LHA services.

**A17: What if a parent or guardian wants to adjust their PDN-LHA ratio, would they need a new authorization or just let the provider know?**

A new authorization is required because PDN and LHA are two distinct services with two distinct rates. For the ALTCS-DD program, the parent or guardian should notify the member's DES/DDD District Nurse and the service provider.

For the ALTCS-EPD program and Tribal ALTCS, the parent or guardian should notify the member’s Case Manager.

**A18: Do providers need to monitor the combined services of PDN and LHA to ensure the combined total hours for services is not exceeded?**

Yes. Service providers are required to monitor the combined services of PDN and LHA services to ensure the combined total units/visits do not exceed the total assessed units/visits and to make sure they have current authorizations for each service. PDN and LHA services require separate authorizations.

**A19: Is reimbursement of LHA services based on a per unit model or a per hour model?**

Reimbursement is based on a Per Visit model. One visit equals up to 2 hours and 29 minutes of service.

**A20: If reimbursement is per unit, can a provider bill multiple units in a single day? Is reimbursement the same per unit no matter how many hours the unit is?**

Multiple LHA visits (up to 4 visits per day) can be billed in a single day. Reimbursement is on a per visit basis.

**A21: What is the maximum number of hours an LHA can work each day? Is it the same that each member qualifies for under PDN since federal EPSDT laws prohibit a state Medicaid program from instituting blanket hourly or monetary caps for services for the pediatric population?**

LHA hours will be determined based on medical necessity and the tasks permitted under the scope of an LHA. Contact the member's ALTCS Health Plan to see if there are any other restrictions on work hours in a day.

**A22: Can respite services be provided by an LHA?**

An LHA can provide respite for a non-paid caregiver or another LHA providing service for the same member as long as the needs of the member falls under the scope of an LHA. Respite is defined as "an interval of rest and/or relief to a family member or other individual caring for an ALTCS member."

**A23: Can a Medicare certified HHA that does not have a LHA training program staff LHAs?**

Yes, an LHA can work for an HHA that does not have an approved training program. The LHA must have received their training from an approved LHA program.

**A24: Will both LHA and PDN authorizations be required to stay with one home health agency since it is a combined benefit? If not, how will the two different agencies be notified of hours shared and change in authorization?**

LHA and PDN services within one home health agency is optimal for continuity of care for the member. AHCCCS will consider adding this as a policy requirement during the next Policy update.

A25: Will the state allow for more than four units/day depending on the acuity of the client or on “sick days” as a burst?

No, there is no allowance to exceed the maximum number of four units per day.

A26: How will the PDN (HN1) authorization be reduced to provide the LHA authorization? It would be easier to understand the exchange of hours/units if units were billed in 15-minute increments instead of 2 hours and 29 minutes.

The PDN reduction will be determined based on the individual needs of the member and the tasks that the LHA will provide.

T1021 is defined as "T1021 - Home health aide or certified nurse assistant, per visit" in the National Code Set. AHCCCS does not have the ability to adjust the definition or the billing increments.

Stakeholders who are interested in the establishment of a new national code with the ability to bill in 15-minute increments are able to submit a request to CMS (for procedure codes starting with alpha characters). See the links below (along with an outline of their process to create a new code).

- [CMS Application Process](#)
- [CMS uses the MEARIS system](#) (scroll to the bottom to see all information related to New HCPCS non biological)
- [MEARIS non bio HCPCS code application form](#)

## Supervision and Documentation Requirements

A27: The language of the program is clear that competency is only required on skills specific to the patient. The education curriculum outlines what is required to teach, but there is no language that specifies that the LHA candidate only has to complete education modules specific to the LHA client they will care for. For example, does the LHA candidate need to do the trach education if the patient does not have a trach?

If the skill is not relevant to the client/patient's plan of care, then the didactic/demonstration of the task is not a requirement. If the plan of care changes at a later time, for example if trach care is needed, then the skill would need to be taught by an approved LHA training program as well as validation of the skill being safely demonstrated.

## A28: What are the supervision requirements for the LHA?

### **State licensure requires:**

Supervisory visits must be completed at least every 60 calendar days when the patient is only receiving home health aide services. Under HHA licensure the LHA meets the definition of a Home Health Aide. Supervisory visits for patients receiving skilled nursing services must be completed at least once every 14 days.

### **AHCCCS requires:**

LHA services shall be provided under the supervision and direction of an RN or physician. Supervision of LHAs includes observing the LHA's competency in performing the necessary duties as required by the individual patient; and supervisory visits shall occur within the LHAs first week, again within the first 30 days, again within the first 60 days, and at least every 60 days thereafter.

AHCCCS AMPM Policy 1240-G - PRIVATE DUTY NURSING AND LICENSED HEALTH AIDE SERVICES Section III. B. 3. requires the following:

*LHA services shall be provided under the supervision and direction of an RN or physician. Supervision of LHAs includes observing the LHA's competency in performing the necessary duties as required by the individual patient; and supervisory visits shall occur within the LHA's first week, again within the first 30 days, again within the first 60 days, and at least every 60 days thereafter.*

AHCCCS requirements for supervision do not supersede or negate supervision and monitoring requirements by state licensure and Medicare Conditions of Participation.

## A29: What are the AHCCCS requirements for documentation?

AHCCCS [AMPM Policy 310-I](#) HOME HEALTH SERVICES III.G. requires the following:

*The service provider is required to submit written monthly progress reports to the ALTCS member's PCP or attending physician regarding the care provided to each assigned ALTCS member.*

Refer to AHCCCS AMPM Policies [1620-E](#) and [1620-L](#) for case management quarterly discussion and documentation requirements.

Medicare Home Health Agencies must also comply with Medicare Conditions of Participation and state licensure requirements.

## A30: If an LHA wants to switch employers, is an agency able to accept their certificate or would they have to go through that agency's specific LHA program?

Yes, the LHA licensure may be accepted by any Home Health Agency.



## Other Questions

**A31: If a family member goes on vacation out of state, can the family member LHA still be paid while in another state?**

LHA licensure is specific only to Arizona. There is no authority within another state. Therefore, AHCCCS cannot reimburse for this service out of the state of Arizona. Medicare Home Health Agencies must also comply with Medicare Conditions of Participation and state licensure requirements.

**A32: Can LHA services be provided in the school setting?**

No, LHA services cannot be provided in the school setting.

**A33: Can an LHA provide services to more than one eligible child in a family?**

The provision of LHA services to more than one eligible child in a family is not prohibited as long as all other LHA required criteria are met, including verification and training for each child. A request to provide LHA services to more than one child in a family will be reviewed on a case by case basis by the members health plan.

**A34: How much will an LHA be paid to provide the service?**

Wages for an LHA are determined by the Home Health Agency that employs the LHA.

**A35: How is the determination made for which Home Health Agency provides the service?**

ALTCS members and families have a choice of contracted Home Health Agencies and should work with their assigned Support Coordinator or Case Manager to choose the agency that best meets their needs.

**A36: Will an LHA be required to use the Electronic Visit Verification (EVV) system?**

Yes, if the service meets the [requirements for EVV](#), the LHA will be required to use the EVV system. Please note the [live-in caregiver FAQ](#).

**A37: Will an LHA be exempt from vaccine mandate requirements since they are caring for one person who is a family member in their own home?**

Medicare Certified Home Health Agencies are required to comply with the Centers for Medicare and Medicaid Services mandate. This means that an LHA will have to comply with vaccine mandates because they will be employed by a Medicare Certified Home Health Agency.

**A38: Does AHCCCS plan to implement a tool to calculate the LHA hours?**

AHCCCS does not intend to implement an assessment tool for EPD provider/DDD district nurse use in calculating LHA visits (LHA services are billed by visits, not time increments).

**A39: Where can I find more information on the LHA service requirements?**

The member's Support Coordinator for DES/DDD, or Case Manager for ALTCS-EPD and Tribal ALTCS, can provide additional information.

*For more LHA resources, including licensing and training information, refer to the AHCCCS LHA webpage.*

**A40: AMPM 301-I Home Health Services Section III Policy C, LHA does not address trach care. Can you clarify trach and vent care authorization?**

Ventilator care is not included in the scope of services for an LHA; it should not be confused with tracheostomy care. AHCCCS will clarify this in a future AMPM 310-I amendment.