



1240 HOME AND COMMUNITY BASED SERVICES

REVISION DATES: 10/01/14, 07/01/12, 02/01/11, 10/01/07, 03/01/07, 12/01/06, 06/01/06,
03/01/06, 10/01/01, 07/01/99

INITIAL
EFFECTIVE DATE: 02/14/1996

General Requirements

Home and Community Based Services (HCBS) included in this Policy are covered for ALTCS members and provided by AHCCCS registered providers. These services must be ordered/approved by the member's Primary Care Provider (PCP) and/or authorized by the member's case manager.

The number and frequency of authorized services received by a member is determined through an assessment of the member's needs by the case manager with the member and/or the member's family, guardian or representative, in tandem with the completion of the cost-effectiveness study. Refer to Chapter 1600, Case Management, of this Manual for detailed information regarding this process. Chapter 1600 also contains information regarding the need for ongoing monitoring visits to assess for the continued appropriateness and accurate provision of services and quality of care. Results of monitoring visits must be documented in the member's case file by the member's case manager.

None of the home-based services described in this policy may be provided and/or claimed separately while the member is in an inpatient setting.

Those categories of authorized ALTCS service providers governed by a State regulatory board or agency must maintain a current license or certification through the appropriate State regulatory board or agency. Fee-For-Service (FFS) Tribal affiliated providers must meet AHCCCS requirements through attestation by the Tribal government.. Those categories of authorized ALTCS service provider types that are not governed by a regulatory board or agency must be certified or approved by a Managed Care Contractor, or through the AHCCCS Administration for FFS members.

A person who assists an elderly person or an individual with a disability with activities necessary to allow them to reside in their own home must be employed by a provider agency, or in the case of member-directed options (as outlined in Chapter 1300 of this policy), by ALTCS members in order to provide services (attendant care, personal care, homemaker, respite or habilitation services) to ALTCS Members. The provider agency or ALTCS member, in the case of member-directed options, establishes terms of employment.



Supervisory Visits Applicable to all Homemaker, Personal Care, and Attendant Care Agencies

Homemaker, personal care and attendant care agencies are required to perform periodic supervisory visits to assess and document the employee's competency in performing the assigned duties in a safe manner, as ordered and according to the training the employee has received. Supervisory visits must be documented in the member's case file and cross-referenced in the employee's personnel file. There are distinct timeframes for these visits, as well as instances when the employee must be present and circumstances when they do not need to be present. Therefore, the primary documentation is maintained in the member's file with a cross-reference to the employee's file.

When the agency determines through supervisory visits or other oversight activities that services were not provided as authorized, the reasons for the non-provision of services must be documented by the provider in the member's case file and reported to the Program Contractor. The Program Contractor must be notified if any potential fraud is suspected (e.g., timesheet fraud by employee and/or member/representative).

1. Supervisory visits requiring the employee's presence

Some supervisory visits must be performed while the employee is providing services, in order to observe the care being provided. Supervisory visits completed while the employee is physically in the member's home are required within the first 90 days of the employee's hire date, and annually thereafter, unless more frequent visits are warranted. These visits may be combined with Item 2 below as determined applicable.

2. Supervisory visits not requiring the employee's presence

The following supervisory visits do not require the presence of the employee at the time of the visit, although these visits may be combined with Item 1 above as determined applicable.

NOTE: The timing of these supervisory visits for the first 90 days is based on the date of the initial service provision, and not the date of the initial service referral/authorization. After the first 90th day visit, all other 90 day visits occur at least every 90 days from the previous visit.

They are as follows:

- a. Attendant Care/Personal Care Services: Supervisory visits for attendant care and personal care services are required in order to speak with the member regarding the quality of care, delivery of services and education of the member



about the need to call the agency if concerns develop between supervisory and/or case manager visits.

- i. From the date of initial service provision and for the next 90 days, supervisory visits are required by the 5th day, 30th day, 60th day (is only required if issues are identified) and 90th day.
- ii. The 5th day visit shall not occur on the day of the initial service provision. The 30th, 60th and 90th day visits must occur within 5 days of their due date.
- iii. After the initial 90th day visit, all other visits occur at least every 90 days from the previous visit. The every 90 day visits must not occur more than five days after their due date.
- iv. Home Health Agency visits are in accordance with 9 A.A.C. 10, Article 12.

SUPERVISORY VISIT TABLE: EXAMPLE:

PROVISION OF SERVICE DATE: 05/01/2010	
TYPE OF VISIT	OPTIMAL VISIT DATE
5 Day	05/06/2010
30 Day	05/31/2010
60 Day	06/30/2010 (only if needed)
90 Day	07/30/2010
2 nd 90 Day	10/28/2010
3 rd 90 Day	01/26/2011

- b. Homemaker Services: Supervisory visits for homemaker services are required in order to speak with the member regarding the quality of care, delivery of services and education of the member about the need to call the agency if concerns develop between supervisory and/or case manager visits. The supervisory visit requirements are the same as “A” in this section except that the 5th day visit, depending on the nature of the care being performed, can be made by telephonic contact.