1620-K - SKILLED NURSING NEED STANDARD

EFFECTIVE DATES: 02/14/96, 03/01/13, 01/01/16, 08/14/18, 07/19/24

APPROVAL DATES: 10/01/04, 02/01/05, 09/01/05, 10/01/07, 01/01/11, 05/01/12, 06/13/18, 04/11/24

I. PURPOSE

This Policy applies to ALTCS E/PD, DES/DDD (DDD) Contractors; and Fee-For-Service (FFS) Program Tribal ALTCS; excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes ALTCS case management standards for members with skilled nursing needs.

II. DEFINITIONS

For purposes of this Policy, the following terms are defined as:

INSTITUTIONAL SETTINGS

A long-term care arrangement in which skilled nursing services can be provided. Institutional Settings include:

1. Nursing Facility (NF), including religious Non-Medical Health Care Institution,
2. Intermediate Care Facility for Persons with Intellectual Disabilities (ICF),
3. Behavioral Health Inpatient Facility (BHIF),
4. Institutions for Mental Disease (IMD), and
5. Inpatient Behavioral Health Residential Treatment Facility.

NON-INSTITUTIONAL SETTINGS

Long-term care arrangements in which skilled home health nursing services can be provided. Non-Institutional Settings include:

1. A member's "own" home, as defined in AAC R9-28-101(B),
2. Assisted Living Facility,
3. A DDD Group Home,
4. A DDD Adult & Child Developmental Home, and
5. Behavioral Health Residential Facility (BHRF).

MEDICARE CERTIFIED HOME HEALTH AGENCY (HHA)

A Medicare certified Home Health Agency (HHA) is licensed by the Arizona Department of Health Services (ADHS). Under limited circumstances, home health services may be provided by either a state licensed HHA or by an Independent Registered Nurse (RN) when specific criteria are met.

Additional terms can be found in the AHCCCS Contract and Policy Dictionary.

III. POLICY

The ALTCS case manager is responsible for ensuring that a member who has skilled nursing needs is provided with the monitoring and care necessary to meet the member's individual needs.

A. NON-INSTITUTIONAL SETTINGS

1. A member who has skilled nursing needs (e.g., pressure ulcers, surgical wounds, tube feedings [i.e. nasogastric tube, gastrostomy-jejunostomy tube], pain management, and/or tracheotomy) shall be referred to a Home Health Agency (HHA) for the initial assessment and the ongoing provision of skilled nursing care as well as monitoring determined necessary by the assessment. The HHA will make recommendations to the Primary Care Provider (PCP) for continued monitoring based on the assessment. An independent Registered Nurse (RN) may provide these services if an AHCCCS registered HHA is not available. Refer to AMPM Policy 310-I for additional ALTCS considerations related to gastrostomy tube feedings. Refer to AMPM Policy 1240-G for circumstances in which an independent RN or a Licensed Health Aide (LHA) is permitted to provide home health services.

2. The member's initial needs assessment shall be conducted by an AHCCCS registered HHA if the member is at risk of compromised skin integrity (e.g., the member is bed bound, quadriplegic) or if the member has a history of medical instability (e.g., frequent seizures, unstable diabetes, Chronic Obstructive Pulmonary Disease [COPD]). An AHCCCS registered HHA shall conduct the assessment; however, an independent RN may conduct the assessment for skilled nursing needs if an AHCCCS registered home health provider is not available.

3. The member shall be monitored for skilled nursing needs by the HHA or independent RN, within established timeframes and as otherwise necessary.

4. District nurses may be utilized by DDD in performing skilled nursing assessments and making recommendations to the PCP for continued monitoring.

5. The member's case file maintained by the ALTCS Case Manager (CM) shall contain documentation from the initial nursing assessment. In addition, there shall be evidence of quarterly consultations with the provider of the skilled nursing care and documentation of the member's condition and progress until the member no longer requires skilled nursing care. Discussion and outcome shall also be documented within the member's Person-Centered Service Plan (PCSP).

6. If the member/HCDM refuses skilled nursing care, the ALTCS case manager shall inform the member/HCDM of the possible risks of refusing such care. The ALTCS case manager shall utilize a managed risk agreement to document the reason given for refusing the recommended care and that the member/HCDM has been informed of the risks and shall be maintained within the member's case file. The member/HCDM shall sign this agreement. The member's PCP shall also be informed of the refusal.

   Refer to AMPM Policy 1240-G, for additional guidelines regarding medically necessary home health services for ALTCS members.

B. INSTITUTIONAL SETTINGS

1. The facility is responsible for providing appropriate care to meet the needs of each member who is at risk of compromised skin integrity (e.g., the member being bed bound, quadriplegic, or having a history of medical instability such as frequent seizures, unstable diabetes, COPD) and members who require skilled nursing for other conditions such as pressure ulcers, surgical wounds, and/or pain management.

2. Every six months, the ALTCS case manager shall consult with the appropriate facility staff and review treatment record(s) and other level of care documentation related to the member's condition and progress. The member's progress related to the specific skilled nursing need(s), including compliance with prescribed treatments, shall then be documented in the member's case file.

   Refer to AMPM Policy 1210 for descriptions of institutional settings and additional information regarding services provided in these settings.