



### **310-I HOME HEALTH SERVICES**

REVISION DATES: 05/01/2011, 10/01/06, 10/01/01

INITIAL

EFFECTIVE DATE: 10/01/1994

#### **DESCRIPTION**

AHCCCS covers medically necessary home health services provided in the member's place of residence as a cost effective alternative to hospitalization. Covered services, within certain limits, include: home health nursing visits, home health aide services, medically necessary supplies and therapy services in accordance with A.R.S. 36-2907 for AHCCCS members.

ALTCS covers home health services for members who are either Elderly and/or have Physical Disabilities (E/PD) and/or members with developmental disabilities receiving home and community based services. Refer to AMPM Chapter 1200 for additional information.

#### **AMOUNT, DURATION AND SCOPE**

Home health nursing and home health aide services are provided on an intermittent basis as ordered by a primary care provider or treating physician in accordance with 9 A.A.C. 10, Article 11, Home Health Agencies. Physical therapy services provided by a licensed Home Health Agency (HHA) are covered for acute care, Early and Periodic Screening, Diagnosis and Treatment (EPSDT), KidsCare and ALTCS members (subject to the limits described in AMPM Policy 310-X). Speech and occupational therapy services provided by a licensed HHA are covered for EPSDT and ALTCS members only.

Refer to AMPM Chapter 800 for prior authorization requirements for FFS providers.