
Personal Care Services:

Personal care services means services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are:

- Authorized for the individual by a physician in accordance with a plan of treatment or otherwise authorized for the individual in accordance with a supervised plan approved by the State.
- Provided by an individual qualified to provide such services and who is not a member of the individual's immediate family (described as spouses of recipients and parents of minor recipients). For purposes of this section, family member means a legally responsible relative. Personal care providers must hold a current certification in cardiopulmonary resuscitation and first aid, have appropriate skills and training to meet the needs of each member assigned to them and submit three letters of reference. All references, skills and training must be verified and documented in the employee's personnel file when working for an agency. Personal care providers must follow the member's individualized care plan as approved by the case manager. The hiring agency is responsible for assuring that employees providing services to members are in compliance with Contractor standards and requirements and AHCCCS policy for personal care services.
- Personal care services are defined as services to assist in performing daily living tasks of assisting members with bathing, feeding, skin care, oral hygiene, toileting, ambulation, transferring, grooming, dressing, nail care, use of assistive devices, use of special appliances and/or prosthetic devices, and caring for other physical needs (excluding bowel care that can only be performed or delegated by a licensed registered nurse to a licensed practical nurse as necessary).
- Furnished in the home or other community locations outside of the home.

Hospice Services:

- Hospice services provide palliative and support care for terminally ill members and their family members or caregivers to ease the physical, emotional, spiritual and social stresses experienced during the final stages of illness and during dying and bereavement. Hospice services include nursing care; medical social services; physician services; counseling services; short-term inpatient care provided in a participating hospice inpatient unit, or participating hospital or nursing facility; medical appliances and supplies, included drugs and biological; home health aide services; physical therapy, occupational therapy and speech-language pathology services and bereavement services.
- Hospice services can be provided in the member's own home; a home and community based approved alternative residential setting; or a hospital, nursing care institution or free standing hospice facility when the conditions of participation are met as specified in 42 C.F.R. 418. The State of Arizona follows the amount, duration, and scope of services specified in the Medicare hospice program.
- The recipient must file a Medicaid election statement with a particular Medicaid hospice provider. In doing so, the recipient waives rights to other Medicare services that are related to the treatment of his or her terminal illness(es) with the exception of individuals less than 21 years of age. As required by section 2302 of the Affordable Care Act, individuals less than 21 years of age may receive concurrent curative and palliative hospice care treatment

- Hospice providers must be Medicare certified and licensed by the Arizona Department of Health Services, and have a signed AHCCCS provider agreement and meet the State licensure standards for hospice care. State licensure standards for hospice care require providers to include skilled nursing, respite and bereavement services. Hospice providers must also have social services, counseling, dietary services, homemaker, personal care and home health aide services and inpatient services available as necessary to meet the member's needs.
- Hospice services are available beyond six months provided additional physician certifications are completed. A physician must sign a certification that the illness is terminal and that life expectancy is six months or less in accordance with the State Medicaid Manual section 4305.1. The physician certification is only permitted for two 90 day periods with an unlimited number of physician certifications for 60 day periods thereafter.

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