

8.540.2 Benefits

~~8.540.2.A — Beginning November 1, 2021, providers must submit a prior authorization request for all new PDN services. For members currently receiving PDN services initiated prior to November 1, 2021, providers must submit a prior authorization request in accordance with the schedule provided in Section 8.540.7.G.~~

8.540.2.A. All private duty nursing (PDN) services require prior authorization as outlined in section 8.540.7.

1. The ongoing need for PDN care is periodically re-evaluated with a minimum of an annual review. HCPF, in coordination with the URC, may determine that PDN hours may be increased based on medical necessity or reduced based on medical necessity accompanied by a change in circumstances or other good causes.
2. The URC and/or HCPF will determine the number of hours medically necessary with each prior authorization submission. The review will be based upon the medical needs outlined by medical providers in the course of providing care for the member. Medical plans of care include annual appointments, inpatient admissions and emergency medical visits.
3. Coverage determinations are based on an individual assessment of the member and their clinical needs. The need for, and the length of, service is determined by the condition of the member and the level of care required.
4. Authorization is based on medical necessity at the time the authorization is issued and is not a guarantee of payment. Payment is based on the member having active coverage, and claims meet current billing policies in effect at the time of services as outlined in the Home Health Billing Manual.

8.540.2.B. A pediatric ~~client~~ member aged 20 or younger may be approved for up to 24 hours per day of PDN services if the member meets the medical necessity criteria identified by HCPF and used by the URC. PDN for pediatric members is limited to the hours determined medically necessary by the URC pursuant to Section 8.540.4.A, as applicable.

- ~~1. — The URC shall determine the number of appropriate pediatric PDN hours by considering age, stability, need for frequent suctioning and the ability to manage the tracheostomy.~~
- ~~2. — The URC shall consult with the Home Health Agency and the attending physician or primary care physician, to provide medical case management with the goal of resolving the problem that precipitated the need for extended PDN care of more than 16 hours.~~
- ~~3. — The URC shall consider combinations of technologies and co-morbidities when making medical criteria determinations.~~

~~8.540.2.C — Twenty-four hour care may be approved for pediatric members during periods when the family caregiver is unavailable due to illness, injury or absence periodically for up to 21 days in a calendar year.~~

8.540.2.~~D.C.~~ Adult members aged 21 or older may be approved up to 23 hours per ~~day~~ when determined medically necessary of PDN services if the member meets medical necessity criteria identified by HCPF and used by the URC. PDN for adult members is

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limited to the hours determined medically necessary by the URC pursuant to section 8.540.4.A, as applicable.

8.540.2.D. A member may be eligible for a short-term increase in PDN services for a significant change of condition. The Home Health Agency should apply for additional hours with a revision to the original prior authorization request.

8.540.2.E. A member who is eligible and authorized to receive PDN services in the home may receive care outside the home during those hours when the member's activities of daily living take him or her away from the home. The total hours authorized shall not exceed the hours that would have been authorized if the member received all care in the home.

8.540.2.F. PDN services are performed by a licensed nurse (i.e., Registered Nurse or Licensed Practical Nurse) who is employed by or contracted with a licensed Home Health Agency.

8.540.3 Benefit Limitations

8.540.3.A. A member who meets both the eligibility requirements for PDN and home health shall be allowed to choose whether to receive care under PDN or under home health. The member may choose a combination of the two benefits if the care is not duplicative and the resulting combined care does not exceed the medical needs of the member.

8.540.3.B. Hours of PDN shall never exceed the hours per day that the URC determines are medically necessary- through utilization review during the PAR process in accordance with 10 CCR 2505-10 § 8.076.7.

8.540.3.C. When a service can be safely and effectively performed (or self-administered) by the average nonmedical person without the direct intervention of a registered nurse or licensed practical nurse, the service is not considered a nursing service.

8.540.3.D. The following limitations apply to the PDN benefit and will not be approved:

1. Services consisting only of assistance with activities of daily living or other non-skilled services needed to live at home that do NOT require a skilled nurse.
2. The medical provider's treatment plan does NOT identify the need for continuous skilled nursing.
3. Observation or monitoring for medical conditions not requiring continuous skilled nursing assessment and intervention as documented in medical provider treatment plan and/or nursing notes.
4. PDN services when used solely for the convenience of the member or other caregiver.
5. Custodial or sitter care to ensure compliance with treatment.
6. The care is intended for other members of the household that are not receiving approved PDN services under a group rate.
7. The care is a duplication of care covered under another service or funding source.

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8.540.4 Eligibility

8.540.4.A. A ~~client~~ member shall be eligible for PDN services when the ~~client~~ member ~~is~~:

~~1. Technology Dependent~~

~~2. Medically stable, except for acute episodes that can be safely managed under PDN, as determined by the attending physician.~~

1. Requires continuous skilled nursing interventions to maintain or improve health status; and delayed skilled nurse-level intervention would result in deterioration of a chronic condition, loss of function, imminent risk to health status due to medical fragility, or risk of death.

2. Requires continuous skilled nursing services that exceed what can be managed with intermittent home health services.

3. Requires skilled nursing tasks must be done so frequently that the need is continuous. Tasks are ordered per the medical provider's treatment plan and involves the application of the nursing process continuously. Clinical documentation supports the continuous nature of the care.

4. Requires skilled nursing services that can be safely managed under PDN and are ordered as medically necessary by a licensed physician (MD or DO) or allowed practitioner as part of a written treatment plan developed in coordination with the Home Health Agency.

~~5.3.~~ Is able to be safely served in their home by a home health agency under the agency requirements and limitations of the PDN benefit and with the staff services available.

~~6.4.~~ Is not residing in a nursing facility or hospital at the time PDN services are delivered.

~~7.5.~~ Is eligible for Medicaid in a non-institutional setting.

~~8.6.~~ ~~Able to~~ Meets one of the following ~~medical~~ criteria:

a. Members aged 21 years or older that demonstrate medical necessity that require high intensity, continuous nursing services to sustain life and are dependent on technology daily and will be reviewed in accordance with 10 CCR 2505-10 § 8.076.1.8.

i. Complex skilled nursing, include, but are not limited to:

a.) Systems assessments, including multistep approaches of systems (e.g., respiratory assessment, airway assessment, vital signs, nutritional and hydration assessment, complex gastrointestinal assessment and management, seizure management requiring intervention, or level of consciousness).

b.) Administration of treatment for complex respiratory issues related to technological dependence requiring multistep approaches on a day-to-day basis (e.g., ventilator tracheostomy).

c.) Assessment of complex respiratory issues and interventions with use of oximetry, titration of oxygen, ventilator settings,

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humidification systems, fluid balance, or any other cardiopulmonary critical indicators based on medical necessity.

d.) Skilled nursing interventions of intravenous/parenteral administration of multiple medications and nutritional substances on a continuing or intermittent basis with frequent interventions.

e.) Skilled nursing interventions of enteral nutrition and medications requiring multistep approaches daily.

ii. Require continuous hours of active skilled nursing care with consecutive tasks at a level that cannot be delegated.

b. Members aged 20 years or younger that demonstrate medical necessity and have a combination of technology dependence and/or co-morbidities that result in high acuity and high intensity continuous nursing services, reviewed in accordance with Early and Periodic Screening, Diagnostic, and Treatment requirements at 10 CCR 2505-10 § 8.280.4.E.

i. Member's age 20 years or younger must require constant skilled nursing assessment, intervention, and evaluation of both equipment (if applicable) and member.

ii. The services provided are reasonable and necessary for care of a member's condition and are within accepted standards of nursing practice.

iii. PDN services are used to supplement custodial care provided by natural supports when skilled care is needed.

iv. PDN services are not intended to relieve a parent of their age-appropriate childcare responsibilities to a member, e.g. providing personal care for a member that is not of an age to be expected to perform their own personal care.

v. The severity of the member's clinical condition makes the services medically necessary to ensure member safety.

~~a. The member needs PDN services while on a mechanical ventilator.~~

~~b. The member needs PDN services for ventilator weaning during the hours necessary to stabilize the member's condition. A stable condition shall be evidenced by the ability to clear secretions from tracheostomy, vital signs that are stable, blood gases that are stable with oxygen greater than 92% and a pulse oximetry greater than 92%.~~

~~c. The pediatric member needs PDN services after tracheostomy decannulation during the hours necessary to stabilize the member's condition. A stable condition shall be evidenced by the ability to clear secretions, not using auxiliary muscles for breathing, vital signs that are stable, blood gases that are stable with oxygen greater than 92% and a pulse oximetry greater than 92%.~~

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- ~~d. The pediatric member needs PDN services during the hours spent on continuous positive airway pressure (C-PAP), until the member is medically stable.~~
- ~~e. The pediatric member needs PDN services for oxygen administration only if there is documentation of rapid desaturation without the oxygen as evidenced by a drop in pulse oximeter readings below 85% within 15-20 minutes, and/or respiratory rate increases, and/or heart rate increases and/or skin color changes. If oxygen is the only technology present, the URC shall review for an individual determination of medical necessity for PDN.~~
- ~~f. The pediatric member needs PDN services during the hours required for prolonged intravenous infusions, including Total Parenteral Nutrition (TPN), medications and fluids.~~
- ~~g. c.~~ The URC shall consider combinations of technologies and co-morbidities when making medical determinations. ~~for the following medical conditions:~~
- ~~i) A pediatric member with tube feedings, including nasogastric tube, gastric tube, gastric button and jejunostomy tube, whether intermittent or not, who is not on mechanical ventilation.~~
 - ~~ii) An adult member with a tracheostomy, who is not on mechanical ventilation or being weaned from mechanical ventilation.~~
 - ~~iii) An adult member with a tracheostomy decannulation, who is not on mechanical ventilation or being weaned from mechanical ventilation.~~
 - ~~iv) An adult member who has Continuous Positive Airway Pressure (C-PAP), but is not on mechanical ventilation or being weaned from mechanical ventilation.~~
 - ~~v) An adult member with oxygen supplementation, who is not on mechanical ventilation or being weaned from mechanical ventilation.~~
 - ~~vi) An adult member receiving prolonged intravenous infusions, including Total Parenteral Nutrition (TPN), medications and fluids who is not on mechanical ventilation or being weaned from mechanical ventilation.~~
 - ~~vii) An adult member with tube feedings that are continuous, including nasogastric tube, gastric tube, gastric button and jejunostomy tube who is not on mechanical ventilation nor being weaned from mechanical ventilation.~~

~~7. The medical judgment of the attending physician and the URC shall be used to determine if the criteria are met wherever the medical criteria are not defined by specific measurements.~~

8.540.4.B. The criteria for approval of PDN services is based upon the submission of records demonstrating the continuous nature of the nursing care provided, including physician records, specialty notes, and nursing notes. Further clinical documentation requirements are outlined in 8.540.7.

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8.540.4.C. A member's need for nursing care is based solely on their unique condition and individual needs at the time the services were ordered and what was, at that time, expected to be appropriate treatment throughout the certification period, whether the illness or injury is acute, chronic, terminal, stable, or expected to extend over a long period.

8.540.5—Application Hospital Discharge Procedures

8.540.5.A. The hospital discharge planner shall coordinate with the Home Health Agency to:

1. Refer the **client member** or the **client's member's** authorized representative to appropriate agencies for Medicaid eligibility determination in the non-institutional setting, as needed.
2. Plan for the **client's member's** hospital discharge by:
 - a. Arrange services with the Home Health Agency, medical equipment suppliers, counselors and other health care service providers as needed.
 - b. Coordinate, in conjunction with the physician or allowed practitioner and the Home Health Agency, a home care plan that is safe and meets program requirements.
 - c. Advise the Home Health Agency of any changes in medical condition and care needs.
 - d. Ensure that the **client member**, family and caregivers are educated about the **client's member's** medical condition and trained to perform the home care.

~~3. Submit an application to determine PDN eligibility to the URC if the member is hospitalized when services are first requested or ordered.~~

~~8.540.5.B. The Home Health Agency case coordinator shall submit the application for PDN services to the URC if the member is not in the hospital.~~

~~8.540.5.C. An application may be submitted up to six months prior to the anticipated need for PDN services. Updated medical information shall be sent to the URC as soon as the service start date is known.~~

~~8.540.5.D. The application shall be submitted on a Department PDN application form. Any medical information necessary to determine the member's medical need shall be included with the application form.~~

~~8.540.5.E. If the member has other insurance that has denied PDN coverage, a copy of the denial letter, explanation of benefits or the insurance policy shall be included with the application.~~

~~8.540.5.F. If services are being requested beyond the 16 hour per day benefit as a result of an EPSDT medical screening, written documentation of those screening results shall be included with the application. The EPSDT claim form shall not meet this requirement.~~

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~~8.540.5.G. The URC nurse reviewer shall review applications for PDN according to the following procedures:~~

- ~~1. Review the information provided and apply the medical criteria.~~
- ~~2. Return the application to the submitting party for more information within seven working days of receipt of an incomplete application if the application is not complete.~~
- ~~3. Approve the application, or refer the application to the URC physician reviewer within 10 working days of receipt of the complete application. The physician reviewer shall have 10 working days to determine approval or denial of the application for PDN.~~
- ~~4. Notify the member or the member's designated representative and the submitting party of application approval.~~
- ~~5. Notify the member, the member's designated representative and the submitting party of the member's appeal rights by placing written notification in the mail within one working day of a denial decision.~~

~~8.540.5.H. members who are approved and who subsequently discontinue PDN for any reason do not need an application to request resumption of PDN services within six months of discontinuing PDN services. Services may be resumed upon approval of a Prior Authorization Request (PAR).~~

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