Additions to rule language are in bold and underlined.

Deletions to rule language are struck-through.

8.540.7 PRIOR AUTHORIZATION PROCEDURES

8.540.7.A. **Prior authorization request (PAR) is required for all private duty nursing (PDN) services to review the utilization of services and assess the medical necessity of continuous nursing services. Prior authorization is performed for a single member and based on the needs of the member. Additional members in the home do not impact the individual member's needs.** ~~The Home Health Agency shall submit the initial PAR to the URC prior to the start of PDN.~~

8.540.7.B. The PAR shall be approved for up to six months for a new **member** ~~client~~ and up to one year for ongoing care depending upon **the** prognosis for improvement or recovery, according to the medical criteria.

8.540.7.C. **Prior authorization requests must include the following:** ~~The PAR information shall:~~

1. **All documentation must be uploaded at the time of submission.** ~~Be submitted on a Department PAR form. A copy of the current plan of care shall be included. For new clients admitted to PDN directly from the hospital, a copy of the transcribed verbal physician orders may be substituted for the plan of care if the client has been approved for admission to PDN.~~

2. **Current plan of care (POC) on CMS 485 form, or form of similar format, that is reflective of all care provided and signed by the physician or allowed practitioner or has a documented verbal order. The POC should include:** ~~Be submitted with the plan of care that:~~

    a. **A signed nursing assessment, a current clinical summary or 60-day summary of care, physician or allowed practitioner signed plan of care including orders for all disciplines and treatments, and goals of care/rehabilitation potential.** ~~Is on the CMS 485 form, or a form that is identical in format to the CMS 485. All sections of the form relating to nursing needs shall be completed.~~

b. **Current diagnosis list and medication list including PRN medications.** ~~Includes a signed nursing assessment, a current clinical summary or update of the client's condition and a physician's plan of treatment. A hospital discharge summary shall be included if there was a hospitalization since the last PAR.~~

c. **A hospital discharge summary, if there has been a hospitalization since last PAR.** ~~Indicates the frequency and the number of times per day that all technology- related care is to be administered. Ranges and a typical number of hours needed per day are required. The top of the range is the number of hours ordered by the physician as medically necessary. The lower number is the amount of care that may occur due to family availability or choice, holidays or vacations or absence from the home.~~

d. ~~Includes a~~ **A** process by which the ~~client~~ **member** receiving services and support may continue to receive necessary care, which may include ~~respite~~ **backup** care, if the ~~client's~~ **member's** family or caregiver is unavailable due to an emergency situation or unforeseen circumstances. The family or the caregiver shall be informed of the alternative care provisions at the time the individual plan is initiated.

3. **Completion of PDN Tool to reflect an assessment of the member within the certification period encompassing the PAR start date. Documentation submitted should support the score on the Tool.** ~~Include an explanation for the decision to use an LPN. This decision shall be at the discretion of the attending physician, the Home Health Agency and the RN responsible for supervising the LPN.~~

4. **Description of the methods of delivering needed care and an indication of which other professional disciplines, if any, are responsible for the delivery of care. This could include documentation supporting current medical necessity for overlapping care, if applicable.** ~~Cover a period of up to one year depending upon medical necessity determination.~~

5. **For new members admitted to PDN directly from the hospital, a copy of the transcribed verbal physician or allowed practitioner orders may be substituted for the plan of care if the member has been approved for admission to PDN services.** ~~Include only the services of PDN-RN and/or PDN-LPN. If any other services are included on the PAR, the URC shall return the PAR without processing it.~~

~~6. Be submitted within five working days of the change as a revision when a change in the plan of care results in an increase in hours. A revised plan of care or a copy of the physician's verbal orders for the increased hours including the effective date shall be included with the PAR form.~~

6. **Further documentation to support the continuous nature of the request may include but is not limited to, the following:** ~~Be submitted to decrease the number of hours for which the client may be eligible when a change in the client's condition occurs which could affect the client's eligibility for PDN, or decrease the number of hours for which the client may be eligible. The agency shall notify the URC within one working day of the change. Failure to notify the URC may result in recovery of inappropriate payments, if any, from the Home Health Agency.~~

a. Nursing notes or physician specialty or allowed practitioner notes that indicate the nature of services provided and detail the amount, duration, frequency, and goals of skilled nursing services.

b. Details of combinations of technology dependence and co-morbidities that necessitate the need for continuous skilled nursing.

c. Frequency of assessment to include vital signs, interventions to support care and prevent hospitalization, health status assessment indicative of actual needs and stability.

d. Respiratory management which can include BiPAP/CPAP management, nebulizer therapy, chest physiotherapy, oxygen management, suctioning, tracheostomy and ventilator management.

e. Skilled nursing needs such as blood draws, accessing central or peripheral lines, infusion therapy, IV infusions, non-infusion medications, skin and wound care management, and nutrition management of enteral feeding, with or without complications.

f. Seizure control and interventions.

g. Activities of daily living (ADL)/therapy support at a skilled nursing level of care.

7. Documentation submitted should include sufficient information to demonstrate the care required for ongoing and continuous skilled nursing services. The number of hours authorized may differ from the number of hours requested based on the clinical review of the request and supporting documentation. ~~Be submitted within five working days of the discharge or death, as a revised PAR when a client is discharged or dies prior to the end date of the PAR. The revision is to the end date and the number of service units.~~

8. If a member's condition necessitates a change in PDN hours, the provider must submit a revision request within five working days of a change. The revision can be an increase or a decrease in hours. Discharge notification is also required within five working days via PAR revision.