



Section: Clinical Practices	Procedure Name: Private Duty Nursing (PDN)	Procedure #: P04.03.01
Overarching Policy: 04.03 Private Duty Nursing		
Owner: Integrated Healthcare Manager	Reviewed By: Sarah Green	Total Pages: 5
Required By: <input type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: <u>Sarah Green</u> <small>Sarah Green (Sep 8, 2021 15:57 EDT)</small>	Date Approved: Sep 8, 2021
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan _____ <input type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link	Effective Date: 3/23/2021

Policy:

It is the policy of Southwest Michigan Behavioral Health (SWMBH) to assure that customers receive the right service at the right time and in the right amount sufficient to meet their need.

It is SWMBH policy to review and assess documentation to determine eligibility and intensity of care for Private Duty Nursing (PDN) services that are implemented by Prepaid Inpatient Health Plan (PIHP) contract providers. This is a covered benefit to beneficiaries, 21 years and older, who meet medical necessity and payor criteria for the service as outlined in Section 15 of the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter in the Michigan Medicaid Provider Manual.

Purpose:

To define a process for SWMBH staff to provide PIHP contracted providers with an assessment of determination of eligibility and intensity of care for PDN services as a covered benefit for eligible customers when medical necessity criteria are met.

Scope:

Private Duty Nursing is a benefit that is only covered by the Habilitation Supports Waiver aged 21 and up. In the event that a young adult is transitioning into Private Duty Nursing coverage on Habilitation Supports Waiver, Community Mental Health Service Provider (CMHSP) documentation needs to be coordinated in such a way as to ensure that the individual is able to maintain coverage.



All initial and redetermination requests or submissions for changes in hours for PDN services for beneficiaries 21 years of age and over, enrolled in the Habilitation Supports Waiver (HSW) within Region 4 require SWMBH review.

Responsibilities:

1. The private duty agency is responsible for completing and submitting clinical paperwork to the CMHSP initially and annually thereafter.
2. Identification and communication to SWMBH of any potential recipients of PDN is the responsibility of the local CMHSP.
3. CMHSP staff are responsible for reviewing clinical documentation, ensuring medical necessity criteria are met, submitting the required documents for eligibility determination to SWMBH and communicating results and changes to the PDN agency.
4. Each CMHSP will utilize their Registered Nurse (RN) to review all initial determinations for PDN and all annual redeterminations of PDN.
5. Habilitation Support Waiver (HSW) beneficiary requests for PDN must meet the medical necessity criteria found in *Michigan Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services; Section 15, Private Duty Nursing Criteria*
6. SWMBH staff (Integrated Healthcare Specialist or designee) are responsible for determining eligibility and intensity of care based on the documentation submitted by the CMHSP. If PDN services are determined to not meet medical criteria, SWMBH staff adhere to notifications outlined in SWMBH Policy 04.03 Service Authorization Outlier Management.

Definitions:

- A. **Private Duty Nursing (PDN)** services are skilled nursing interventions provided to individuals age 21 and older, up to a maximum of 16 hours per day, to meet an individual's health needs that are directly related to the individual's developmental disability. PDN includes the provision of nursing assessment, treatment and observation provided by licensed nurses within the scope of the State's Nurse Practice Act, consistent with physician's orders and in accordance with the written health care plan which is part of the beneficiary's individual plan of services (IPOS). PDN services are for beneficiaries who require more individual and continuous care than periodic or intermittent nursing available through state plan services, e.g., Home Health. The individual receiving PDN must also require at least one of the following habilitative services, whether being provided by natural supports or through the waiver.
- Community living supports
 - Out-of-home non-vocational habilitation
 - Prevocational or supported employment

Procedure:

1. Community Mental Health (CMH) providers will submit the following required documentation for all initial determinations and redeterminations:
 - A. An in-home nursing assessment completed by a licensed registered nurse (RN)
 - B. Completed Home Health Plan of Care for the time frame being reviewed



- C. Physician's orders for PDN services
 - D. Completed Private Duty Eligibility Determination/Redetermination Worksheet
 - E. Recent progress notes that reflect the medical necessity for PDN services
 - F. Goals in the Individualized Plan of Service (IPOS) will show the supervision of PDN services by an RN
 - G. The IPOS will include one of the following habilitative services, whether being provided by natural supports or through waiver:
 - i. Community living supports
 - ii. Out-of-home non-vocational habilitation
 - iii. Prevocational or supported employment
2. Initial determination documentation is required to be provided to SWMBH via fax, email or mail prior to implementation of services.
 3. Redetermination documentation is required to be provided to SWMBH via fax, email or mail annually thereafter.
 4. Once all required documentation is received, SWMBH will complete determination within 10 business days.
 5. The following actions will be taken by SWMBH Staff to complete determination after receipt of all the required documentation:
 - A. The RN will complete a thorough review of documentation that has been provided by the CMHSP provider.
 - i. Utilize the SWMBH PDN Medical Necessity Criteria and Intensity of Care forms to document findings from the assessment of documentation.
 - ii. Utilize the SWMBH PDN Determination & Redetermination Review Cover Page to document final determination of medical eligibility and intensity of care.
 1. Fax or email the completed and signed cover page to the appropriate representative at the CMHSP provider describing final determination for initial determination or redetermination.
 2. Upload completed and signed cover page to the member's electronic health record file.
 6. If the determination is a denial, adhere to the notifications outline in SWMBH Policy 4.3 Service Authorization Outlier Management
 7. SWMBH staff will utilize the SWMBH PDN Member Review Tracker to review when PDN documentation is due. If the CMHSP does not provide documentation timely, SWMBH staff will provide a reminder that the documentation is due.

Effectiveness Criteria:

1. All determinations and re-determinations will occur in a manner that does not limit or delay services to members who need PDN services.

References:

Michigan Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services; Section 15, Private Duty Nursing



Attachments:

- A. P04.03.01A PDN Determination and Redetermination Review Cover Page
- B. P04.03.01B PDN Medical Necessity Criteria and Intensity of Care

[illegible]

P04.03.01 Private Duty Nursing

Final Audit Report

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SWMBH PDN Authorization Review Cover Page

Member Name		DOB	Medicaid ID
CMH	MHP/ICO		PDN Agency

Documents Received

	Eligibility worksheet (initial assessment)/ PDN determination (continuing approvals)
	Nurses Notes, must show justification for PDN services
	Quarterly Plan of Care (ie, Form 485), and MD order if plan of care is not signed by MD
	And MD progress notes

Authorization Criteria

Step 1	Medical Necessity Criteria (circle I or II, <u>and</u> III to meet medical necessity):		
	I	II	III

Step 2	Intensity of Care and RN Hours		
	Low (8 hours)	Medium (12 hours)	High (16 hours)

Authorization Notes

Step 3	
This authorization / clinical judgement is based on the following factors: <ul style="list-style-type: none"> • The beneficiaries medical condition • The type and frequency of needed assessments, judgements and interventions • The impact of delayed nursing interventions 	
Changes from previous Authorization :	
Duplication of Services: Family, natural supports or CLS (none or list)	

Authorized by

Signature: _____ Date: _____

P04.03.01B Copy of Copy of PDN Medical Necessity Criteria - Intensity of Care 2020

Member Name: _____

DOB: _____

Medicaid ID: _____

Medical Necessity

Date: _____

Criteria	Assessment	Documentation for Meets Criteria
III, Requires continuous, daily skilled nurse	Continuous	Once every 3 hours for 24- hours
		or delayed intervention would results in health deterioration, loss of function or death, accelerated chronic condition or would prevent an acute episode
	Skilled Nursing	assessments, judgements, interventions that determine a need for action, and documentation that supports the frequency and scope of decisions and actions
		evaluation of interventions that requires RN training/experience
		Assessments that would lead to actions
	F&E	monitor F&E if imbalance may occur rapidly due to complex medical conditions or medical fragility.
		Monitoring by a skilled nurse would include maintaining strict intake and output, monitoring skin for edema or dehydration, and watching for cardiac and respiratory signs and symptoms.
		Routine BP & P, 1/shift and doesn't require skilled assessment, judgment or intervention at least once every three hours during a 24-hour period, as documented in the nursing notes.
	F&E	Fluid and Electrolyte Assessments 1. Strict I&O 2. dehydration assessment 3. cardiac or resp assessments for fluid overload
	Vent	Trach care, managing rate-dependent ventilation or assisted rate-dependent respiration (e.g., some models of Bi-PAP) that is required by the beneficiary ≥ 4 hours per day;
	Sx	Deep oral (past the tonsils) or trach suctioning,

Must meet either I and III or II and III

Per Current Medicaid Manual, Section 15, PDN

P04.03.01B Copy of Copy of PDN Medical Necessity Criteria - Intensity of Care 2020

Member Name: _____

DOB: _____

Medicaid ID: _____

Medical Necessity

Date: _____

Criteria	Assessment		Documentation for Meets Criteria
I, life sustaining technology or equipment	Mechanical Vent	rate dependent vent or assisted rate dependent respiration (CPAP, or Bi-PAP), 4 or > hours/day, or	
	Suction	Deep-past the tonsils or Trach sx, ≥ 8 in 24 Hours, or	
	NG tube Feedings	with NG tube removal or insertion (with complex medical problems, or fragility), or	
	NG tube medications	with NG tube removal or insertion (with complex medical problems, or fragility)	
	TPN	via central line, with complex medical problems or medical fragility, or	
	Continuous O2	8 hours or >/day, with pulse ox, and documented need for skilled nurse assessment, judgement and intervention of O2 rate changes (not for routine, scheduled O2 changes per protocol with no assessment required). Continuous oxygen is covered for O2 sat at room air at 88% or below, or PaO2 at 55 mmHG or below	
II, medical instability in the pas 3-6 months	Frequency (for initial PDN only)	≥ 12 episodes of instability in 6 months	
	Frequency (for initial PDN only)	≥ 6 episodes of instability in 3 months	
	Medical Instability	ER Tx or IP related to progressive debilitating disorder (ie, not adult onset conditions such as heart attack)	
	Emergency	Lack of Tx will result in serious impairment or dysfunction	
	Related to IDD	Dx, occurred prior to age 22, is likely to continue indefinitely, and results in significant funtional limitations in 3 or > areas of life activity.	
	substantiated	documented in medical record or nursing notes.	

P04.03.01B Copy of Copy of PDN Medical Necessity Criteria - Intensity of Care 2020

Member Name: _____

DOB: _____

Medicaid ID: _____

Medical Necessity

Date: _____

Criteria	Assessment		Documentation for Meets Criteria
	Injections	Regularly scheduled Injections, or prn injections (at least one/month), Does not include insulin.	
	NG	NG tube for feedings or medications that require tube insertion, and is associated with complex medical problems and medical fragility.	
	TPN	TPN given into a central line, & care of a central line	
	O2	<p>Continuous O2 (≥ 8 hours/day), with a pulse ox, and a documented need for adjustments in the rate of oxygen administration requiring skilled nursing assessments, judgments and interventions.</p> <p>This would not be met if oxygen adjustment is done only according to a written protocol with no skilled assessment, judgment or intervention required.</p> <p>Continuous use of oxygen therapy is a covered Medicaid benefit for beneficiaries age 21 and older when tested at rest while breathing room air and the oxygen saturation rate is 88 percent or below, or the PO2 level is 55 mm HG or below;</p>	