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|---|--|-------------------------------------|
| Section:<br><b>Clinical Practices</b>   | Procedure Name:<br><b>Private Duty Nursing (PDN)</b>   | Procedure #:<br><b>P04.03.01</b>    |
| Overarching Policy:<br><b>04.03 Service Authorization Outlier Management</b>  |  |                                     |
| Owner:<br><b>Director of Clinical Quality</b>   | Reviewed By:<br><b>Moira Kean,<br/>Sarah Green &amp; Doug Stewart</b>  | Total Pages:<br><b>4</b>            |
| Required By:<br><input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA<br><input type="checkbox"/> Other (please specify):<br>_____  | Final Approval By:<br><i>Moira Kean</i>  | Date<br>Approved:<br>Jul 10, 2020   |
| Application:<br><input checked="" type="checkbox"/> SWMBH Staff/Ops<br><input checked="" type="checkbox"/> Participant CMHSPs<br><input checked="" type="checkbox"/> SUD Providers<br><input checked="" type="checkbox"/> MH/IDD Providers<br><input type="checkbox"/> Other (please specify):<br>_____ | Line of Business:<br><input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Other (please specify):<br><input checked="" type="checkbox"/> Healthy Michigan   _____<br><input type="checkbox"/> SUD Block Grant<br><input checked="" type="checkbox"/> SUD Medicaid<br><input type="checkbox"/> MI Health Link | Effective Date:<br><b>6/29/2020</b> |

**Policy:**

It is the policy of SWMBH (Southwest Michigan Behavioral Health) 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 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 Private Duty Nursing (PDN) services as a covered benefit for eligible customers when medical necessity criteria are met.

**Scope:**

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) in the SWMBH Region.

**Responsibilities:**

- A. The private duty agency is responsible for completing and submitting clinical paperwork to the



- community mental health service provider (CMHSP) provider initially and annually thereafter.
- B. Identification and communication to SWMBH of any potential recipients of PDN is the responsibility of the local CMHSP.
  - C. 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.
  - D. Each CMHSP will utilize their Registered Nurse (RN) to review all initial determinations for PDN and all annual redeterminations of PDN.
  - E. 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*
  - F. 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 4.3 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 his 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 for through the waiver.
  - Community living supports
  - Out-of-home non-vocational habilitation
  - Prevocational or supported employment
- B. **SmartCare** SWMBH's electronic healthcare record system.

#### Procedure:

- A. Community Mental Health (CMH) providers will submit the following required documentation for all initial determinations and redeterminations:
  1. An in-home nursing assessment completed by a licensed registered nurse (RN)
  2. Completed Home Health Plan of Care for the time frame being reviewed
  3. Physician's orders for PDN services
  4. Completed Private Duty Eligibility Determination/Redetermination Worksheet
  5. Recent progress notes that reflect the medical necessity for PDN services
  6. Goals in the Individualized Plan of Service (IPOS) will show the supervision of PDN services by an RN





7. The IPOS will include one of the following habilitative services, whether being provided by natural supports or through waiver:
  - a. Community living supports
  - b. Out-of-home non-vocational habilitation
  - c. Prevocational or supported employment
- B. Initial determination documentation is required to be provided to SWMBH via fax, email or mail prior to implementation of services.
- C. Redetermination documentation is required to be provided to SWMBH via fax, email or mail annually thereafter.
- D. Once all required documentation is received by the CMHSP, SWMBH will complete determination within 10 business days.
- E. The following actions will be taken by SWMBH Staff to complete determination after receipt of all of the required documentation:
  1. The RN will complete a thorough review of documentation that has been provided by the CMHSP provider.
    - a. Utilize the SWMBH PDN Medical Necessity Criteria and Intensity of Care forms to document findings from the assessment of documentation.
    - b. Utilize the SWMBH PDN Determination & Redetermination Review Cover Page to document final determination of medical eligibility and intensity of care.
      - i. 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.
      - ii. Upload completed and signed cover page to the member's SmartCare file.
- F. If the determination is a denial, adhere to the notifications outline in SWMBH Policy 4.3 Service Authorization – Outlier Management
- G. 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 promptings and reminders that the documentation is due.

**Effectiveness Criteria:**

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








# P04.03.01 Private Duty Nursing (PDN)

Final Audit Report

2020-07-10

|                 |   |
|-----------------|---|
| Created:        | 2020-07-10                                    |
| By:             | Erin Peruchietti (erin.peruchietti@swmbh.org) |
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## SWMBH P04.03.01A 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<br>(circle I or II, <u>and</u> III to meet medical necessity): |                      |                    |
|        | I   | II                   | III                |
| Step 2 | Intensity of Care and RN Hours  |                      |                    |
|        | Low<br>(8 hours)  | Medium<br>(12 hours) | High<br>(16 hours) |

### Authorization Notes

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

Authorized by

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## P04.03.01B PDN Medical Necessity Criteria and Intensity of Care

### Intensity of Care

**Intensity of Care is based on clinical judgement that includes:**

1. The beneficiary's medical condition
2. The type and frequency of needed nursing assessments, judgments & interventions;
3. The impact of delayed nursing interventions.

| Category             | Assessment,  | Documentation for Meets Criteria<br>(document and page #) |
|----------------------|--|---|
| High<br>(16 hours)   | RN one time each hour throughout a 24-hour period  |   |
| Medium<br>(12 hours) | RN at least one time every 3 hours throughout a 24 hour period, or at least 1 time each hour for at least 12 hours a day |   |
|                      | Member is unable to communicate or direct their own care   |   |
| Low<br>(8 hours)     | RN at least one time every 3 hours for at least 12 hours a day.  |   |
|                      | Members can direct their own care.   |   |

Transitional training by RN is covered up to 3 months when PDN, RN needs are discontinued.

