



Section: Clinical Practices	Procedure Name: Private Duty Nursing (PDN)	Procedure #: P04.04.01
Overarching Policy: 04.04 Medical Necessity Criteria and Clinical Practice Guidelines		
Owner: Director of Clinical Quality	Reviewed By: Alena Lacey, MA, LPC	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: <i>Alena Lacey</i>	Date Approved: Dec 13, 2022
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 <input type="checkbox"/> CCBHC	Effective Date: 10/1/2022

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 (HSW) for beneficiaries aged 21 and up. In the event that a young adult is transitioning into PDN coverage on the HSW, the 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 PDN 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 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:

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 participate at least monthly in one of the following habilitative services:

- Community living supports
- Out-of-home non-vocational habilitation
- Prevocational
- 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 at least one of the following habilitative services at least monthly, through the HSW waiver:
 - i. Community living supports
 - ii. Out-of-home non-vocational habilitation
 - iii. Prevocational
 - iv. 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 form 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, Habilitation Supports Waiver for Persons with Developmental Disabilities

Attachments:

- A. P04.04.01A PDN Eligibility Determination Worksheet (v. 2022)
- B. P04.04.01B PDN Medical Necessity Criteria and Intensity of Care (v. 2022)
- C. P04.04.01C PDN Authorization Review Cover Page



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
3	6/19/20	Throughout the document	Made many changes to reflect the language from MPM and current process. Included relevant documents as attachments	Sarah Green
4	2/22/21	Throughout the document	Grammatical corrections	Sarah Green
5	3/11/21	Within the 'Scope' narrative	CMHSP documentation and submission timeline	Doug Stewart
6	9/26/22	Overarching Policy, Owner, Scope, Definitions, and Procedure	Grammatical revisions and clarification of need to participate in one habilitative service at least monthly in addition to PDN.	Jen Strebs Doug Stewart Alena Lacey






P04.04.01 Private Duty Nursing (PDN)

Final Audit Report

2022-12-13

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PRIVATE DUTY NURSING ELIGIBILITY DETERMINATION WORKSHEET (rv 4/11/11)

Note: This worksheet is used by a Registered Nurse assigned by the CMHSP or PIHP to assess a Medicaid beneficiary's initial eligibility or, at least annually, a re-evaluation of eligibility for Private Duty Nursing (PDN). Applicable policies are found in the Medicaid Providers Manual: 1) in the Private Duty Nursing Chapter for beneficiaries under age 21; or 2) in the Mental health and Substance Abuse Chapter in Section 15 – Habilitation Supports Waiver for beneficiaries 21 and older.

A. Identifying Information

Initial Assessment Redetermination

Last Name _____ First Name _____ Medicaid # _____ DOB _____ Male Female Age _____
(10-digits with leading zeros)

Street Address _____ City, State, Zip _____ CWP HSW

PIHP (if applicable) _____ CMH _____ Date of Assessment by RN _____

B. Pertinent Medical History and Information (including recent hospitalizations or episodes of medical instability in the past six months)

C. Status

Is beneficiary currently receiving PDN? Yes No If YES, indicate current intensity of care (applicable for state plan PDN services up to age 21) and number of hours authorized per month.

High Med Low
 Hours/month _____

D. Findings of Assessment (please complete the table on the next page)

E. Summary and Recommendations

Based on this assessment and the applicable Medicaid policy requirements, i.e. PDN for people under 21 or HSW for people 21 and older, does this Person meet the Medical Criteria III? If YES, please describe the continuous skilled nursing interventions (attach additional sheet if necessary.)

Yes No

For persons under 21, what is the Intensity of Care Category recommendation?

High Med Low

RN _____ Date _____

PRIVATE DUTY NURSING ELIGIBILITY DETERMINATION WORKSHEET (rv 4/11/11)

Last Name _____ First Name _____

D. Findings of Assessment

Action	Used? Y/N	Time Used (AM, PM, MN Shift)	How Often Used	Interventions	Source of Information	Does this require skilled nursing?	Justification
VENT							
TRACH							
SUCTIONING Specify Oral or Deep							
OXYGEN							
PULSE OXYMETER							
APNEA MONITOR							
TPN							
FEEDING TUBE Specify Type							
OTHER							
OTHER							

P04.04.01B PDN Medical Necessity Criteria and Intensity of Care 2022

Medical Necessity

Member Name: _____ Date: _____
 DOB: _____
 Medicaid ID: _____

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 functional limitations in 3 or > areas of life activity.	
substantiated	documented in medical record or nursing notes.	

Must meet either I and III or II and III

Per Current Medicaid Manual, Section 15, PDN

P04.04.01B PDN Medical Necessity Criteria and Intensity of Care 2022

Member Name: _____ Date: _____
 DOB: _____
 Medicaid ID: _____

Medical Necessity

Criteria	Assessment	Documentation for Meets Criteria
	Once every 3 hours for 24- hours	
	Continuous	or delayed intervention would result 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
III, Requires continuous, daily skilled nurse	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,

P04.04.01B PDN Medical Necessity Criteria and Intensity of Care 2022

Medical Necessity

Member Name: _____
 DOB: _____
 Medicaid ID: _____

Date: _____

Criteria	Assessment	Documentation for Meets Criteria
	<p>Injections</p> <p>Regularly scheduled Injections, or prn injections (at least one/month), Does not include insulin.</p>	
	<p>NG</p> <p>NG tube for feedings or medications that require tube insertion, and is associated with complex medical problems and medical fragility.</p>	
	<p>TPN</p> <p>TPN given into a central line, & care of a central line</p>	
<p>O2</p>	<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>	



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 physician order if plan of care is not signed by physician
	And physician progress notes

Authorization Criteria

Step 1	Medical Necessity Criteria (circle I or II, and 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	
<p>This authorization / clinical judgement is based on the following factors:</p> <ul style="list-style-type: none"> • The beneficiary's medical condition • The type and frequency of needed assessments, judgements and interventions • The impact of delayed nursing interventions 	
<p>Changes from previous Authorization :</p>	
<p>Duplication of Services: Family, natural supports or CLS (none or list)</p>	

Authorized by
Signature: _____ Date: _____

