

SWMBH Operating Procedure P4.3.1

Subject: Private Duty Nursing		Accountability: Clinical	Effective Date: 7/1/2017	Pages: 2	
Overarching Policy: 4.3, Service Authorization – Outlier Management			Last Reviewed Date: 6/13/18	Past Reviewed Dates:	
LINE OF BUSINESS: <input checked="" type="checkbox"/> Specialty Waiver (B/C) <input checked="" type="checkbox"/> 1115 Waiver <input checked="" type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD Block Grant <input type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____		APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH / DD providers <input type="checkbox"/> Other: _____		Last Revised Date: 6/13/18	Past Revised Dates:
Approved : <u>B. Le - Reus</u> Date: <u>6/19/18</u>			Required Reviewer: Medical Director		

I. Purpose

To fulfill the State of Michigan Private Duty Nursing (PDN) Authorization Prepaid Inpatient Health Plan (PIHP) requirement with the safest most cost effective coverage utilizing the Medicaid Manual Behavioral Health, PDN medical necessity criteria and intensity of service guidelines.

II. Scope

A Southwest Michigan Behavioral Health (SWMBH) registered nurse (RN) will track annual authorization due dates, confirm scheduled assessments by Community Mental Health Service Providers (CMHSP) RN, collect and review supporting documentation and complete the authorization forms. SWMBH RN may consult all available resources as needed for additional information, then finalize the authorization and communicate the outcome to the CMHSP RN.

III. Procedural Steps

- A. SWMBH RN will track the annual assessment due dates for all members approved for the Habilitation Supports Waiver (HSW) waiver who are receiving PDN services.
- B. SWMBH RN will confirm the scheduled assessment date with CMHSP RN within 2 to 6 weeks of annual authorization due date and request supporting documentation.
 - i. Send a request for annual assessment scheduled date or reason for delay no later 2 weeks prior to due date.
 - ii. Within one week of initial request, follow up by email once, then by phone for confirmed scheduled date.
 - iii. If assessment date is not confirmed within 1 week of the assessment due date, notify Senior Leader.
- C. SWMBH RN will collect all supporting documentation
 - i. The annual assessment will be collected from CMHSP RN after the assessment is completed.
 - ii. Additional supporting documents will be requested from the Primary Care Physician (PCP) or PDN agency as available or as needed, beginning two weeks prior to the scheduled assessment.

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- iii. If completed assessment and necessary supporting documents are not received by two weeks after the scheduled assessment date, notify senior leader.
- D. SWMBH RN will review the PDN eligibility form and supporting documents against the Medicaid Manual, PDN Services section. SWMBH RN will complete the Medical Necessity Criteria, Intensity, and Authorization Cover page.
- E. SWMBH RN professional opinion may be utilized if there is not an exact match for the Medical Necessity or Intensity of services criteria and the authorization recommendation. SWMBH RN will seek additional information from the CMHSP RN if needed to ensure a safe and cost effective authorization decision.
- F. For questions regarding the medical necessity or intensity of services, the SWMBH RN may present the PDN case to additional resources to seek input, feedback, and comments as needed, to help ensure that there are no duplication of services, and to confirm that Medical necessity is met. All additional resources utilized will be in compliance with Health Insurance Portability and Accountability Act (HIPAA) and SWMBH Personal Health Information (PHI) policies.
- G. The SWMBH RN will process all documentation internally, approve authorization and communicate authorization approval to the CMHSP RN by sending the following completed documents:
 - i. Authorization Cover Page
 - ii. Medical Necessity Criteria
 - iii. Level of Intensity form.

IV. Definitions

None

V. References

- A. Medicaid Manual, Behavioral Health, PDN Section.
- B. SWMBH Policy 4.3, Service Authorization – Outlier Management
- C. SWMBH Policy 19.2 Protected Health Information Authority and Responsibility of Individual Staff
- D. SWMBH Policy 19.6 Use and Disclosure of PHI

VI. Attachments

- A. Authorization Cover Page.
- B. Medical Necessity Criteria and Level of Intensity form.



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 Plain 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: _____

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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 (document and page #)
High (16 hours)	RN one time each hour throughout a 24-hour period	
Medium (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 (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.