



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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MEDICAID
PROGRAM INSTRUCTION
MA-00-38
JANUARY 1, 2000

TO: West Virginia Medicaid Program Participating Providers: Physicians and Private
Duty Nursing Agencies

FROM: Elizabeth S. Lawton, Commissioner, Bureau for Medical Services
Henry G. Taylor, Commissioner, Bureau for Public Health

RE: Medical Necessity Review and Payment Authorization for Private Duty Nursing

PURPOSE:

This program instruction is a reminder to providers of the above noted services, that services rendered to Medicaid program and Title V eligible Children With Special Health Care Needs (CSHCN) Program are all subject to the same medical necessity criteria and prior authorization requirements (PAR) for private duty nursing (PDN).

West Virginia Medicaid Program has contracted with West Virginia Medical Institute effective December 1, 2000, to expand the scope of WVMI review for PDN. All PDN services provided to children participating in CSHCN Program (Title V) and Medicaid recipients will require PAR from WVMI.

BACKGROUND:

In order to assure that medical necessity and the appropriate services are provided to all eligible CSHCN and Medicaid recipients in a cost effective and consistent manner, the following policy and procedures have been implemented.

POLICY PROVISION:

In the past, the physician's order and documentation for private duty nursing was submitted to either the Bureau for Medical Services' Case Planning Unit or CSHCN. This policy implements the transfer of the review process to WVMI. The coverage policy and the appeals process for private duty nursing services has not changed. If WVMI denies prior authorization for PDN, a request for reconsideration must be requested from WVMI before an appeal can be requested

from CSHCN's or BMS/Medicaid. All PDN services offered to eligible Medicaid and CSHCN recipients must be reviewed and authorized by WVMI before reimbursement for services will be considered. This includes the initial request for private duty nursing, as well as the continuation of services offered after the policy's effective date.

The following screening criteria will be used for private duty nursing services:

SCREENING CRITERIA FOR PRIVATE DUTY NURSING SERVICES

I. PURPOSE

Private Duty Nursing is considered **supportive** to the care provided to an individual by the individual's family, foster parents, and/or delegated care givers, as applicable. Nursing services shall be based on medical necessity. Increases or decreases in the level of care and number of hours or visits authorized shall be based on a change in the condition of the individual, limitation of the program, and the ability of the family, foster parents, or delegated caregivers to provide care.

II. DEFINITIONS

Activities of daily living (ADL's): Activities usually performed in course of a normal day in an individual's life; such as eating, dressing, bathing and personal hygiene, mobility, bowel and bladder control.

Admission: Acceptance of the individual into the private duty nursing program contingent upon meeting the criteria.

Family/in-home Caregiver: Any person who assumes a portion of the individual's nursing care in the home, when Private Duty Nursing staff is not present. Family/in-home caregivers may live in the individual's home, or may come to the individual's home to provide care.

Home: A place of temporary or permanent residence, not including a hospital, ICF/MR nursing facility, or licensed residential care facility.

Initial Hospital Discharge: First hospital discharge that occurs after the individual's birth or the first hospital discharge after the onset of the condition that resulted in the need for Private Duty Nursing.

Length of time: Definite assignment of time for services not to exceed sixty (60) calendar days.

Maintenance care: Level of care needed when the goals and objectives of the care plan are reached and the condition of the individual is stable/predictable. For the mechanical ventilated individual - stable condition will be evidenced by ability to clear secretions from tracheostomy, vital signs stable, blood gases stable with oxygen greater than 92%, and the pulse oximetry greater than 92%, the plan of care does not require the skills of a licensed nurse in continuous attendance, or the individual, family, foster parents, or care givers have been taught and have demonstrated the skills and abilities to carry out the plan of care.

Private Duty Nursing: Face-to-face skilled nursing that is more individualized and continuous than the nursing that is available under the Home Health benefit or routinely provided in a hospital or nursing facility.

Plan of care: Written instructions detailing services the individual will receive. The plan is initiated by the Private Duty Nurse or nursing agency with input from the prescribing physician.

Re-hospitalization: Any hospital admission that occurs after the initial hospitalization as defined above.

Respite: Short term or intermittent care and supervision in order to provide an interval of rest or relief to family or care givers.

Skilled Nursing: Services provided under the licensure, scope and standards of West Virginia Nurse Practice Act, by a Registered Nurse (RN) under the direction of a physician, or a Licensed Practical Nurse (LPN) under the supervision of a Registered Nurse and the direction of a physician.

III PATIENTS CURRENTLY RECEIVING PRIVATE DUTY NURSING:

Any individual who is receiving Medicaid/CSHCN private duty nursing prior to December 1, 2000, who is determined in accordance with the medical criteria to be medically ineligible for private duty nursing, or eligible for fewer hours of private duty nursing than those currently being provided shall be continued at the same level until an alternate care plan is in place, but no longer than six (6) months after the determination. A BMS or CSHCN Nurse will work with the home health case coordinator, the family and physician to develop the alternate care plan.

IV. PRIVATE DUTY NURSING SERVICES: requires all of the following (A 1 - 6, B 1 - 14) submitted within seven (7) working days prior to the start of care date:

A. Physician's Plan of Care (signed and dated) with all of the following: (1 - 6)

1. Diagnosis and procedure; (include 485)

2. Medical history;
3. Prognosis (include specific expectations for individual's diagnosis and condition);
4. Approximate length of time Private Duty Nursing services will be needed;
5. Medical justification for services requested, including orders;
6. Documentation individual is medically stable, except for acute episodes that Private Duty Nursing can manage.

B. Plan of care - documentation of a comprehensive assessment of individual's capabilities including all of the following: (1 - 14)

1. Proposed start of care date;
2. Diagnosis and procedures with ICD-9-CM codes;
3. Justification for skilled nursing services eight (8) hours or more in a 24-hour period. Description of needs must include interventions, measurable objectives, short and long term goals with timetables;
4. Medications, (new or changed) including dose, frequency and route;
5. Technology dependent:

a. Ventilator dependent and one of the following: (1 or 2)

1. Mechanical ventilator support is necessary for at least eight (8) hours per day and not at maintenance level; or
2. Oxygen supplementation for ventilator dependent individuals at or below an inspired fraction of 40% (FIO2 of 0.40).

PHYSICIAN REVIEW REQUIRED:

Ventilator dependent: if indicators (5 a 1 or 2) are not met and individual also requires one or more of the following indicators (5 b, c, d or e)

Non-ventilator dependent: if one or more indicators (5 b, c, d, or e) are required

- b. Non-ventilator - Tracheostomy care requires documentation of site appearance, type/frequency of wound care/dressing changes and description of any drainage around site. Also, record frequency of suctioning, including amount, color, consistency of secretions;
- c. Oxygen: documentation required concerning rapid desaturation without oxygen;
- d. Tube feedings, (NG tube, G-tube and J-tube) requires type and frequency of product given. Also include bolus feeding or continuous infusion via pump;
- e. Intravenous infusions, including Total Parenteral Nutrition (TPN), medications and fluids requires documentation of type of line, site, dose, frequency, and duration of infusion. Also record gravity or pump installation.
6. Rehabilitation potential including functional limitations related to ADL's, types/frequency of therapies, and activity limitations per physician order;
7. Individual is residing in a home environment;
8. Social history: number, names and relationship of family members to the individual. List the family/in-home caregivers that are trained to care for the individual with supplement of Private Duty Nursing and other health professionals;
9. Record the family's community support system and any transportation requirement;
10. Describe teaching, delegation, assignment of care and availability of Private Duty Nurse;
11. Equipment and supplies necessary for the individual's care;
12. Acuity and Psychosocial Grid with score meeting one of the following: (a, b, c, or d)
 - a. 61 points and above: up to 24-hours per day immediately after discharge from a hospital or if there is a significant worsening or decline of condition;
 - b. 50 - 60 points: up to 16-hours per day immediately after discharge from a hospital or if there is a significant worsening or decline of condition;
 - c. 40 - 49 points: up to 12-hours per days immediately after discharge from a hospital or if there is a significant worsening or decline of condition;

d. 30 - 39 points: 8-hours per day, if the score is 24 or above on the Psychosocial Grid in conjunction with the 30 - 39 points on the Acuity Grid.

Physician review required if information on the Acuity is less than 30 or the Psychosocial Grid does not support the other clinical information provided.

PLAN OF CARE AND NURSING NOTES MAINTAINED IN THE INDIVIDUAL'S HOME

13. Family/in-home care giver requirements with all of the following: (a, b, and c)

a. Family must have at least one-person trained and fully able to care for individual in the home. Documentation of the demonstration by family/in-home care giver of specific skills, including Cardiopulmonary Resuscitation (CPR) instruction and certification. A ventilator dependent individual requires availability of two (2) or more trained care givers;

b. Family/in-home care giver ability to maintain a safe home environment, including an emergency plan;

c. Family/in-home care giver will work toward maximum independence, including finding and using alternative resources as appropriate.

14. Home environmental requirements with all of the following: (a, b, c, d, e, and f)

a. Adequate electrical power including back-up power system;

b. Adequate space for equipment and supplies;

c. Adequate fire safety and adequate exits for medical and other emergencies;

d. Clean environment to the extent that the individual's life and health is not at risk;

e. Working telephone available twenty-four (24) hours a day;

f. Notification to power companies, fire department, and other pertinent agencies of the presence of a special needs person in the household, to ensure appropriate response in case of power outage or other emergency.

V. SIGNIFICANT CHANGE IN CONDITION:

Comprehensive assessments must be updated and submitted to W/MI Nurse Reviewer by the next workday after any significant change of condition, e.g., emergency room visit, hospital admission, any change in status that will increase or decrease services. Also notify W/MI Nurse Reviewer if individual expires or is discharged from PDN services.

VI. EXTENSION OF SERVICES: at least seven (7) working days prior to the expiration of current authorization **all of the following** must be submitted for review (A - H):

A. Daily nursing notes from past thirty (30) days; Documentation of Private Duty shift care must be written **at least every hour** on the nursing notes and must include **all of the following:**

1. Name of individual on each page of documentation;
2. Date of service;
3. Time of start and end of service delivery by each care giver;
4. Anything unusual from the standard plan of care must be explained on the narrative;
5. Interventions;
6. Outcomes including the individual/family's response to services delivered;
7. Nursing assessment of the individual's status and any changes in that status per each working shift;
8. Full signature of provider;
- B. Updated plan of care, including new goals and objectives outlined;
- C. Updated medical and social information;
- D. Progress reports, including individual's potential for discharge with timetables;
- E. Physician's orders for service must be dated within seven (7) days prior to the date of request;
- F. Recent, significant clinical findings from physician;
- G. Current (within seven (7) working days) completed Acuity Grid;

H. Documentation of delegation, teaching and assignment of care

VII. PROGRAM EXCLUSIONS:

1. Individual is residing in a nursing facility, hospital, residential care facility, intermediate care facility for developmental disabilities ICF/MR or personal care home at the time of delivery of Private Duty Nursing services;

2. Care solely to allow the individual's family or care giver to work or go to school;

3. Care solely to allow respite for care givers or individual's family;

4. Care at maintenance level;

5. Private Duty Nursing services concurrently being provided by another home health agency, (except when contracting to meet hourly staffing needs) hospice programs or Waiver services such as homemaker and MR/DD;

INQUIRIES:

Questions regarding this Program Instruction or claim status should be directed to Consultec, Inc., Provider Services, 300 Capitol Street, Suite 200, Charleston, West Virginia, 25301. Consultec's telephone number is (304) 345-0101 and the toll-free number is (800) 433-3019. Questions related to medical necessity or authorization should be directed to West Virginia Medical Institute (WVMI) at (304) 346-9864, option 4.

ESL:TFW:brs

**PHYSICIAN'S REQUEST FORM FOR
PRIVATE DUTY NURSING**

* Must be completed within 7 working days before start of care date and submitted to WMMI

Name _____ Medicaid ID# _____

Address _____

Telephone Number _____ Date of Birth _____

Diagnosis _____

Prognosis and expectations of specific disease process _____

Date of last physician assessment _____

Approximate hours per day services required _____ hours

Approximate length of time services required: Weeks/Months. Specify length of time _____

Technology Requirements

1. Ventilator dependent _____ YES _____ NO

Hours per day required on ventilator _____

2. Intravenous fluids/medications _____ YES _____ NO

Type of intravenous fluids/medications _____

Dose/frequency/duration _____

3. Enteral (Tube) feedings _____ YES _____ NO

Sole source of nutrition _____ YES _____ NO

Type of nutrition/frequency _____

4. Oxygen _____ YES _____ NO

Liters per minute and hours per day required _____

5. Non-ventilator dependent tracheostomy _____ YES _____ NO

* Please attach letter of medical necessity, also include medical history and start of care date for private duty nursing care.

"I am in agreement that the individual is medically stable except for acute episodes that the Private Duty Nursing can manage."

11/17/00
Bureau for Medical Services
WVMM/CSHCN

Physician's Signature

Date