

Subject: Private Duty Nursing and Personal Care Services

Applicability: Missouri PCN members (see section E for exceptions in Kansas)

Purpose: To provide a consistent process for determining medical necessity and authorization of Private Duty Nursing and Personal Care services for Pediatric Care Network members.

Definitions: Private Duty Nursing (PDN): Complex continuous skilled nursing care performed in home (in contrast to intermittent routine skilled nursing care).

Personal Care Assistant (PCA): A health aid, certified nursing assistant or other paraprofessional staff that assists a member who has a stable chronic condition with activities of daily living. An advanced PCA assists members with tasks and procedures related to altered body function. See personal care and advanced personal care criteria below.

Any individual providing private duty or personal care assistance must be employed by a licensed private duty agency. Hours will not be approved for an unlicensed family member to provide private duty nursing or personal care assistance.

Policy:

Statement of coverage decision:

The purpose of private duty nursing is to provide skilled constant attention and observation to a seriously ill patient. The need for and length of service usually depend upon the condition of the patient and the level of care required, rather than the nature of the disease, illness or condition. The fact that a physician orders this kind of service does not constitute justification for private duty nursing.

Private duty nursing is considered medically necessary when required services are complex, continuous, and exceed the family's ability to care for the patient independently in the home. A majority of services provided must be those that can only be performed by a licensed nurse. Without the private duty nursing services, inpatient hospitalization would be required. Care must be provided by a licensed nurse and fall within the scope of the Missouri or Kansas Nurse Practice Acts.

Personal care services are provided to a member who is technology dependent and/or chronically ill to assist with personal care needs. These needs are directly linked to a medical condition.

CRITERIA

A) Private Duty Nursing Criteria

Private duty nursing services: To qualify for private duty nursing services, both medical criteria for coverage and acuity criteria for coverage must be met. Meeting only one of these criteria does not qualify a member for private duty nursing services.

- **Medical criteria for PDN coverage:** One or more of the following advanced medical support needs requiring continuous nursing care:
 - Ventilator dependence
 - Tracheostomy care
 - Oxygen supplementation/monitoring
 - Enteral feedings
 - Parenteral nutrition
 - Intravenous drug therapy
 - Peritoneal dialysis
 - Complex neurological/seizure care
 - Severe neuromuscular, respiratory or cardiovascular condition
 - Chronic liver or gastrointestinal disorder with nutritional compromise
 - Multiple congenital anomalies with severe vital body function involvement
 - Serious infections that require prolonged treatment
 - Severe immune deficiency disease and metabolic diseases, including AIDS

- **Acuity criteria for PDN coverage:** Using PCN private duty scoring tool, if combined score for technology and skilled nursing needs is at least 50 points, private duty hours will be approved. Scoring should include technology and nursing needs that occur during time period private duty nurse is in home. It should not include those that occur when parent or caregiver is providing care.
- **Psychosocial Issues:** If member has psychosocial needs related to caregiver, coping, support system, family constellation, resource utilization, etc., additional points may be assigned as follows: 1 point will be assigned for each moderate need and 2 points will be added for each extensive need. Refer to psychosocial section of private duty services scoring tool.

Category	Points	Hours of PDN
A	50-56 points	10 hours/day maximum
B	57-79 points	12 hours/day maximum
C	80 or more points	16 hours/day maximum
D	**Members with new ventilator set up or trach only**	24 hours/day x2 weeks

***Anytime more than 84 hours per week is requested, a medical director review is required.**

B) Personal Care Criteria

- **Coverage for personal care services:**
 - Services are based solely on a child's documented need for skilled personal care assistance.
 - Personal care services require an evaluation by a registered nurse and development of an initial personal care plan for member. Personal care plan should specify number of hours per day, frequency, duration of services, and specific tasks personal care assistant is expected to perform.
 - Personal care services may be covered when primary caregiver is in the home but unable to provide essential care, or when primary caregiver is away from home at work or school.
 - Personal care services will be approved when parent/caregiver is at work or school, and will include travel time, if **all** following are met:
 - Child has medical/developmental needs, which prevent care in a typical daycare setting.
 - No other resources are available to provide care while parent/guardian is at work or school.
 - Parent/caregiver timecard or documentation from school noting previous 2 weeks attendance is required in addition to physician order, PA form, & nursing notes.
 - Advanced personal care services are not provided during same time period that skilled nursing care is being provided.
- **Medical needs:**
 - Poorly controlled seizures, other than severe generalized grand mal seizures
 - Assistance required with orthotic bracing, body cast, or casts involving one full limb or more. (A typical short or long arm cast on an otherwise healthy child does not necessitate services of a person care assistant).
 - Bowel and/or bladder incontinence after the age of 3. (Chronic bedwetting /encopresis are excluded).
 - Persistent and/or chronic diarrhea, regardless of age
 - Significant central nervous system damage affecting motor control
 - Organically based feeding problems
 - Assistance with activities of daily living for children unable to perform age-appropriate functions of bathing, maintaining a dry bed/clothing, toileting, dressing & feeding including patients with an intellectual or developmental delay.

C) Advanced Personal Care Criteria:

- Routine personal care for persons with ostomies (tracheostomies, gastrostomies, colostomies & well-healed stomas), external, indwelling, and suprapubic catheters. This care includes changing bags, and soap and water hygiene around ostomy or catheter site.
- Removal of external catheters; inspection of skin and reapplication
- Administration of prescribed bowel program including use of suppositories, sphincter stimulation and enemas (pre-packaged only) for participants without contraindicating rectal or intestinal conditions
- Application of medicated (prescription) lotions or ointments, and dry, non-sterile dressing to unbroken skin
- Use of lift or other device for transfers
- Assistance with oral medications which are set up by a registered or licensed practical nurse
- Passive range of motion (non-resistive flexion of joint) delivered in accordance with plan of care, unless contraindicated by underlying joint pathology
- Application of non-sterile dressings to superficial skin breaks or abrasions as directed by a registered or licensed practical nurse

D) Parent or Caregiver Out of Home Criteria

Private duty services and personal care services will be approved when parent/caregiver is out of the home for work or school, and will include travel time, if all following are met:

- Child has medical or developmental needs, which prevent care in a typical daycare setting.
- No other resources are available to provide care while parent/guardian is at work or school.
- Parent/caregiver timecard or documentation from employer or school on letterhead noting number of hours worked over previous 2 weeks, which has been signed by employer or instructor. This is required in addition to prior auth request, nursing notes and physician order.

E) EPSDT considerations for KS members

Private duty services and personal care services are not covered through MCO State Plan Medicaid benefits in the state of KS. PDN/PCS are services carved out to the state through KDADs waiver programs. If a request for PDN/PCS is received for a KS member as an EPSDT exception, PCN medical director will utilize this criteria for review.

AUTHORIZATION PROCESS Refer to Auth Pathways for Inpatient and Outpatient process flow maps

Authorization Requirements: Prior authorization is required for all PDN and PCA services. Each of the following must be submitted with a request for either service:

- PCN Private Duty Services Prior Authorization form
- Signed physician order or Letter of Medical Necessity (LOMN) including:
 - Specific clinical support required – include type of equipment/support and why parent/caregiver is unable to provide
 - Type (PDN/PCA/Advanced PCA), duration and frequency of services
- Private duty nursing assessment (initial)
- Private duty nursing progress notes (ongoing)

A) For members in the outpatient setting:

1) Initial Assessment: If member's family, social worker, or provider indicate that PDN/PCA services are needed:

- PCN Care Navigator (CN) will request a LOMN from member's physician. LOMN should include clinical support, duration, frequency, and type of services (PDN or PCA).
- If the recommendation for PDN/PCA was made by someone other than member's physician, and member's physician does not feel private duty services are medically indicated, this should be documented in member's record, and the member or family member should be referred back to their physician.
- Following receipt of LOMN, CN will request initial assessment be completed.
 - For members who reside in the Firststat service area, a referral will be made and an auth entered for an initial assessment for CPT G0299 (LPN) or T1030 (RN) x1 visit. Fax referral to agency and save within Care attachments.
 - Date/Time received for the PA for home health assessment to Firststat will reflect the date/time the LOMN was received.
 - CN will follow up weekly with the agency to check the status of the initial assessment and document within a Care note.
 - CN may also refer to the PDN PCA Eval Tracking report provided from Firststat.
 - For members who reside outside the Firststat service area, the PCN CN will complete the initial assessment using MO DHS Home & Community Based Assessment.

2) Initial PDN/PCA Authorization:

- Following completion of initial assessment by agency, assessment will be sent to PCN/CN.
- PDN/PCA requests will be scored against the private duty-scoring tool.
- If request meets the PDN or PCA criteria and is approved:
 - CN will provide agency choices to member/caregiver.
 - After member/caregiver selects an agency, CN will coordinate services with agency and enter authorization.
 - PDN/PCA services will be approved initially for 3 months.
 - In the event services have been approved but an agency has not yet been identified, authorization will be completed and sent to the health plan with ordering provider listed as both the requesting and treating provider.
 - When a servicing agency is identified a new auth for approved services will be opened with identified agency and date services will begin.
 - See PDN pathways for both INP and Outpatient requests for additional details.
 - CPT codes (1 hour = 4 units):

- PDN: T1000
 - PCA: T1019
 - Advanced PCA: T1019 with TF modifier
 - Approvals will be approved per month in alignment with state reporting requirements
- CN will review private duty program information as well as parent/caregiver rights and responsibilities with member/family. (Acceptance Form will be sent to family from CareWeb letters when sending the initial approval letter).
- In the time period that PDN/PCA services are approved but a servicing agency has not yet been identified, CN will follow up with referred agencies, member, and families minimally on a monthly basis.
- The authorization approval dates will be extended every 3 months, if necessary, to allow time for staffing to be identified for approved services.
- Should there be a significant change in the patient's clinical/social needs before staffing is identified, MD review may be needed again to extend the approval. CN will use clinical judgment based on PDN scoring tool and will consult leadership as needed.
- In the event an approval for PDN/PCA has reached the 12 month mark without successful provision of services the request will require medical director review and will be treated as an initial request.
 - For medical director review a new provider order/LOMN as well as home health evaluation/MO DHS form will be required along with updated PDN scoring tool and applicable clinical documentation
- If request does not meet criteria, or is for more than 84 hours per week, initial assessment, scoring tool & LOMN will be forwarded to the PCN Medical Director for review.
 - If the request is denied, CN will send denial letter to requesting/ordering physician.

3) Ongoing PDN/PCA Authorizations:

- CNs may approve ongoing PDN/PCA services in 3-month increments. PCN Medical Director will review every 6 months, unless there is a significant change in the member's condition that would require more frequent review, then every 3-4 months.
 - In the event staffing is not available with servicing agency, CN will follow up with referred agencies, members, and families, minimally on a monthly basis to engage in care coordination.
 - The authorization approval dates will be extended every 3 months, if necessary, to allow time for staffing to be identified for approved services.
- For each recertification/extension request or with a change in member's needs:
 - Completed Private Duty Prior Authorization form submitted by agency
 - Validation of utilization of previously approved hours by agency
 - Updated, signed PDN Scoring tool attached in Care for each extension period and submitted to PCN Medical Director if due for review.
 - Scoring tool should be highlighted, scored, signed, and dated by CN
 - Parent work/school verification if applicable when submitting for medical director review.
 - Verification is waived if the patient's service extension is requested while the patient is admitted for INP care.
 - Verification is also waived if patient meets criteria for requested services based on technical/skilled needs alone
- 84 hours per week is the maximum amount of private duty services that will be approved without PCN Medical Director review.

4) Discontinuation of authorization:

- Member, family, or caregiver is non-compliant with plan of care.
- Family or caregiver requests services be discontinued.
- Member's medical condition is stable and no longer requires extensive skilled nursing care to remain at home per physician assessment.

5) For members being discharged from the inpatient setting who need private duty services at discharge

- Upon receiving a CMH Cerner message handoff from CMH inpatient care manager or social worker identifying a member will require private duty services at discharge, PCN Staff will send a task to CN.
- If member is being discharged on a vent, CN should participate in ongoing and discharge care conferences. If being discharged with a trach only or for other reasons, care conference participation is optional.
- CN will partner with inpatient teams to coordinate services with agency and enter authorization as follows:

- Initial ventilator set up or trach: Members with an initial ventilator set up or trach typically require PDN care 24 hours per day for a 2-week period, which can be approved by CN. It is expected that PDN requirement for these patients will decrease over time. Requests to extend PDN services after the initial 2-week period will be reviewed by PCN Medical Director. Once member requires 16 hours per day or less of PDN, CN may begin approving requests.

OTHER KEY INFORMATION

- **Care Coordination:** CN is responsible for reviewing initial and ongoing requests for private duty services. CN will open member's in Care Coordination. Care coordination interventions will include collaboration with the servicing provider to facilitate crisis/safety planning for the member.
- **School Based Services:** For a child who is receiving PDN services identified in the member's Individualized Education Program (IEP), services are billed fee-for-service and are not PCN responsibility.
- **Services Received Through Other Resources:** If a member is receiving services through another resource such as school or daycare, and there is a licensed nurse on staff who can perform required skilled nursing interventions, authorization will not be given for period of time child is in school or daycare. Total number of hours approved will be reduced by number of hours of care provided through other resource such as school or daycare. PDN and PCA hours should not be approved concurrently.
- **Special Situations:**
 - If two or more members residing in same home require PDN services which can be met by one nurse, authorization will be divided between these members.
 - If member's approved services are not able to be staffed fully by one agency, hours may be split between multiple agencies.
 - Alternate PCN Medical Director review between auths every 6 months.
- **Reasons for non-coverage of private duty nursing services include the following:**
 - It is determined that at least four (4) hours of skilled care per day is not medically necessary.
 - Services are not prescribed by a physician.
 - There is no clinical documentation or treatment plan to support the need for private duty skilled nursing personnel.
 - Observation care or monitoring for behavioral, eating disorders, or for medical conditions that do not require medically necessary intervention by skilled nursing personnel.
 - Custodial, sitter or respite services.
 - Services while member is admitted to a hospital or nursing facility.
 - Services after recipient is no longer a PCN member.
- **Medical Background:** Medical and surgical advances have resulted in the need for children with complex medical needs to receive care at home. Private duty nursing providing continuous skilled nursing care according to an individual care plan approved by a physician may be necessary to support this care. These services are required when there is a medical need for a constant level of care exceeding family's ability to independently care for a child on a long-term basis without assistance of at least a four-hour shift of home nursing care a day. Without these services, it is anticipated that a child would require admission and a prolonged stay in a hospital or medical institution.

Many vulnerable children receiving these services are dependent on technology to avert death or further disability. The purpose of in-home services is to achieve and/or maintain the greatest health and functional capacity appropriate for condition, age, and developmental status of the child. Since individual factors impact abilities to care for a child with special health care needs, other factors beyond technology such as nursing and psychosocial issues also are important aspects to consider.

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Disclaimer: Any coverage determination requires medical necessity, coverage by the member’s benefit plan, and eligibility. The sole purpose of this document is to address medical necessity.