

Division of Medicaid (DOM)
Early Periodic Screening, Diagnosis and Treatment Services (EPSDT)
Private Duty Nursing Criteria

General Guidelines

The Mississippi Division of Medicaid (DOM) provides coverage for private duty nursing services through the EPSDT Program for Mississippi Medicaid beneficiaries under the age of twenty-one (21), in compliance with Section 1902(a)(43) and 1905(a)(4)(B) of the SSA and 42 CFR 441.50 and 440.80. Private duty nursing services must be in compliance with Mississippi Medicaid Policies and Procedures, and federal/state regulations governing the practice of Private Duty Nursing in the State of Mississippi.

Prior to services being rendered, the Utilization Management/Quality Improvement Organization (UM/QIO) must authorize private duty nursing services.

Definition

Private duty nursing (PDN) is defined as skilled nursing services available to Medicaid beneficiaries under the age of twenty-one (21), who require more individual and continuous care than is available under the home health benefit. These services are provided:

- by a registered nurse (RN) or licensed practical nurse (LPN);
- under the direction of the beneficiary's physician; and
- in the beneficiary's own home.

Skilled nursing service is a service that must be provided by a registered nurse (RN) or licensed practical nurse (LPN) under the supervision of a registered nurse. In determining whether a service requires the skills of a nurse, the condition of the patient, complexity of the service, and accepted standards of medical and nursing practice are considered in the review.

Level of Service

The referring physician shall determine the level of service, registered nurse (RN) or licensed practical nurse (LPN), based upon professional skills required and state regulations governing the types of duties allowed to be performed under each type of license.

Referrals and Plans of Care

Referrals for private duty skilled nursing services must be ordered by the beneficiary's primary physician or appropriate specialist such as pulmonologist or cardiologist. PDN

providers must submit a Plan of Care form to the UM/QIO at least two weeks prior to the initiation of services. The Plan of Care must include at least the following:

- beneficiary diagnosis(es)
- skilled teaching/instruction to be provided to family/caregiver
- treatment plan/physician orders (specify each skill to be performed)
- expected duration of service
- level of service requested, RN or LPN
- identification of other home care services currently being provided i.e., case management, physical therapy, speech therapy, occupational therapy, respiratory therapy, respite, hospice, home health, personal care attendant, etc. to include hours, days, times these services are being provided.
- homebound status
- a plan for reducing and discontinuing private duty hours
- when applicable, a plan to transition the beneficiary to the most appropriate setting when PDN criteria are no longer met
- physician's signature

Documentation Requirements

It is the responsibility of the private duty nursing agency/provider to establish and maintain a permanent legible medical record for each recipient to include at least the following:

- complete and signed plan of care (POC)
- nursing care plan based on the diagnosis(es), clinical and social status of the beneficiary to include measurable goals
- skilled nursing services provided during each visit (no checklist) including accurate date and time of services and copy given to parent/guardian or caregiver
- changes in clinical status and/or significant occurrences
- progress notes

- monthly summary to include professional skills provided, progress toward goals, clinical and social status of beneficiary, medication changes, changes in the plan of care, etc.
- information regarding other home care services being provided to the beneficiary

Criteria for Coverage

The Division of Medicaid does not reimburse private duty nursing services solely for the convenience of the child, the parent or the caregiver. All of the following medical and social criteria must be satisfied:

Medical Criteria

The Beneficiary must have a documented illness or disability of such severity and complexity that it requires continuous skilled nursing care. The need for constant skilled and highly technical care must exceed the family's ability to care for the beneficiary without assistance of skilled nursing care by an RN or LPN. The skilled nursing care must be directly related to the disability or illness. A shift of eight (8) or more continuous hours, rather than intermittent skilled nursing care provided through DOM's home health program, is required for PDN services.

AND

The plan of care includes multiple skilled nursing functions. One (1) skilled nursing function of itself, does not justify the need for private duty nursing. An example is PDN services solely for the administration of nasogastric or gastrostomy feedings.

AND

The PDN services are needed to support, rather than replace the care provided by parents or other caregivers; therefore PDN services are not "around the clock" and are "long term" in rare cases.

AND

The beneficiary must be medically stable enough to have care managed safely at home.

AND

PDN services are not to be provided outside of the beneficiary's home. PDN is not covered, for instance, the beneficiary is not home (e.g., physician office visits, school, hospitalization).

Social Criteria

At a minimum, a home and social assessment that includes at least the following must be conducted and documented by the agency/provider prior to requesting approval of services:

- The beneficiary's home environment must be conducive to appropriate growth and development for the beneficiary's age group, and be conducive to the provision of appropriate medical care.

AND

- Parents or other caregivers must be realistic and enthusiastic in their interest and willingness to devote long-term time and energy to being the primary caregiver for their child in the home.

AND

- Parents or other caregivers must assume the primary care of the child and understand that PDN is a supplemental service which is subject to termination when medical and/or social criteria are no longer met.

AND

- Prior to discharge from an acute care facility, at least one parent or other caregivers must be fully trained to competently meet the child's medical needs in the absence of a nurse.

AND

- Parents or other caregivers must have a reasonable plan for an emergency situation (i.e., power and equipment backup for those with a life-support device), working telephone, and transportation available.

Non-covered Services

The following are examples of non-covered services. This list is not all inclusive:

- private duty nursing solely for nasogastric or gastrostomy feedings including comatose beneficiaries
- private duty nursing solely for apnea monitoring
- private duty nursing solely for home dialysis
- private duty nursing solely for intravenous infusion of total parental nutrition (TPN) or hyperalimentation
- private duty nursing solely for intravenous infusion of fluids for hydration
- services provided by a family member or relatives by marriage

- escorting beneficiaries outside of the home (e.g., visits to physician's office, school, hospitalization)
- skilled nursing services provided in less than eight (8) hour shifts.

Continuity of Care

To help assure continuity of care, PDN providers must provide medical care documentation to the beneficiary's parent or responsible party that includes current MD orders, medications, significant changes, and professional skills provided during each shift.

Review Determinations

Review determinations shall be made based on information obtained from the beneficiary's primary caregiver, the nursing agency/provider involved, and the prescribing physician.

Medicaid will only reimburse within the specifications approved by the UM/QIO (e.g., eight (8) hours per day X 5 days per week, Monday – Friday).

Concurrent Review Determinations

Concurrent reviews will be required at sixty (60) day intervals unless otherwise authorized by the UM/QIO. The nursing agency/provider is required to provide an updated POC, progress notes, monthly summaries, and visit notes to the UM/QIO no later than five (5) days prior to the last date certified. If the required information is not received before the last certified date, the hours from the last certification period up until the date of receipt of the required documentation are subject to denial. The provider cannot bill the beneficiary for those hours when the provider failed to seek certification in a timely manner.

Denial/Discontinuation of Services

When the beneficiary no longer meets the medical and/or social criteria, the UM/QIO shall issue a written notice of denial/termination to the nursing agency to be effective thirty (30) days following assessment and verification of this situation. Such notice will also advise the provider, beneficiary and referring physician of appeal rights.