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 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 ~~Peer Review Organization (PRO)~~ Utilization Management/ Quality Improvement Organization (UM/QIO) must authorize private duty nursing services.

Definitions

Private duty nursing (PDN) is defined as skilled nursing services available to Medicaid beneficiaries under the age of 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 a 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 process.

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 ~~PRO~~ 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), this includes both initial and any updated 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 parents 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 to be provided 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 instances the beneficiary is not home (e. g., physician office visits, school, hospitalization).

Social Criteria

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 role of 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 (e.g., power and equipment backup for those with a life-support device), working telephone, and transportation available.

Multiple Beneficiaries In Same Home

When a private duty nurse is caring for two patients simultaneously in the same home, the Mississippi Medicaid Program reimburses 100% of the maximum allowable rate for the first patient and 50% of the maximum allowable rate for the second patient. Providers must file separate claims indicating the number of hours of care for each patient. Services for each recipient must be billed under his or her own Medicaid ID number. Claims for twins cannot be billed under the same Medicaid ID#.

The Mississippi Medicaid Program realizes that staffing patterns may vary depending on the condition of the patient and availability of personnel. However, it will be a rare instance that a nurse-patient ratio of 1:2 and greater will be approved by the Utilization Management/Quality Improvement Organization (UM/QIO). It is expected that a single patient's condition will be complex enough that one nurse will not be able to safely and effectively manage more than one patient.

Non-Covered Services

The following are examples of non-covered services and are not all inclusive:

- private duty nursing services solely for nasogastric or gastrostomy feedings including comatose patients
- private duty nursing services solely for apnea monitoring
- private duty nursing services solely for home dialysis
- private duty nursing services for Intravenous infusion of total parental nutrition (TPN) or hyperalimentation
- private duty nursing services 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 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 care giver, the nursing agency/provider involved and the prescribing physician.

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

Concurrent Review Determinations

Concurrent reviews will be required at 60-day intervals unless otherwise authorized by the ~~PRO~~ UM/QIO. The nursing agency/provider is required to provide an updated POC, progress notes, monthly summaries, and visit notes to the ~~PRO~~ UM/QIO no later that 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 ~~PRO~~ UM/QIO shall issue to the nursing agency/provider a written notice of denial/termination to be effective 30 days following assessment and verification of this situation. Such notice will also advise the provider, beneficiary and referring physician of appeal rights.