

DEPARTMENT: Utilization Management	DOCUMENT NAME: Private Duty Nursing
PAGE: 1 of 7	REPLACES DOCUMENT:
APPROVED DATE: 12/22/2015	RETIRED:
EFFECTIVE DATE: 3/1/2016	REVIEWED/REVISED: 8/17; 10/17; 1/18; 2/18
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: WA.UM.32

Subject

This policy describes Private Duty Nursing (PDN) eligibility requirements, how to determine and document need for services, and how to authorize PDN services.

Definition

Private duty nursing provides community-based alternatives to institutional care for members who have complex medical needs and require skilled nursing care on a continuous and daily basis that can be provided safely outside of an institution.

The intent of PDN is to assist the member with complex direct skilled nursing care, to develop caregiver competencies through training and education, and to optimize member health status and outcomes.

Private Duty Nursing Services are a covered benefit through Coordinated Care Health Plan for individuals age 17 and younger and is an alternative to institutional care, consistent with enrollees' right under the Americans with Disabilities Act to receive services in the least restrictive setting and compliant with EPSDT program requirements for ensuring medically necessary PDN. For individuals 18 years and older requests for service should be directed to DSHS Adult Private Duty Program Manager.

Policy/Criteria

1. Coordinated Care considers home nursing care medically necessary when recommended by the member's primary care and/or treating physician as part of a treatment plan *when the following criteria are met:*
2. Has unmet skilled nursing needs that cannot be met in a less restrictive environment; **and**
3. Is unable to have their care tasks provided through nurse delegation, intermittent Home Health services, or self-directed care; **and**
4. Has a complex medical need that requires four (4) or more **continuous** hours of skilled nursing care which can be safely provided outside an institution. **And**
5. Is technology-dependent daily, meaning:

Functional Requirements for technology-dependent PDN members

DEPARTMENT: Utilization Management	DOCUMENT NAME: Private Duty Nursing
PAGE: 2 of 7	REPLACES DOCUMENT:
APPROVED DATE: 12/22/2015	RETIRED:
EFFECTIVE DATE: 3/1/2016	REVIEWED/REVISED: 8/17; 10/17; 1/18; 2/18
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: WA.UM.32

<i>Skilled Task</i>	<i>Description</i>
A. Mechanical Ventilation	The member requires the use of a mechanical device; pressure or volume ventilation. Or continuous positive airway pressure (CPAP) when a pulmonologist or sleep medicine provider has indicated use of a CPAP is life-preserving.
B. Complex respiratory support	Complex respiratory support means that: <ul style="list-style-type: none"> o The member requires two of the following treatment needs at least one time in a continuous four (4) hour period: <ul style="list-style-type: none"> i. Postural drainage and chest percussion; or ii. Application of respiratory vests; or iii. Nebulizer treatments with or without medications; or iv. Intermittent Positive Pressure Breathing; or v. O2 saturation with treatment decisions dependent on the results; AND o The member's treatment needs must be assessed and provided by an RN or LPN; AND o The member's treatment needs cannot be nurse delegated or self-directed.
C. Tracheostomy	The member requires sterile suctioning at least one time in a continuous four (4) hour period.
D. Intravenous/parenteral administration of multiple medications	The member requires intravenous/parenteral administration on a continuing or frequent basis.

DEPARTMENT: Utilization Management	DOCUMENT NAME: Private Duty Nursing
PAGE: 3 of 7	REPLACES DOCUMENT:
APPROVED DATE: 12/22/2015	RETIRED:
EFFECTIVE DATE: 3/1/2016	REVIEWED/REVISED: 8/17; 10/17; 1/18; 2/18
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: WA.UM.32

E. Intravenous administration of nutritional substances.

The member requires intravenous administration on a continuing or frequent basis.

6. Requires skilled nursing care that is medically necessary, as defined by the member's physician; **and**
7. Is able to supervise the care provider(s) or has a guardian who supervises care; **and**
8. Has family or other appropriate supports who assume a portion of the care; **and**
9. Does not have other resources or means for providing this service.

- A. The PDN Form will be completed for all reauthorizations: See Attachments (Private Duty Nursing Form)
- B. For initial authorizations the PA nurse will review the member's file in PRISM to determine if the member was appropriately enrolled in the Plan per the PDN work process.
- C. All requests to increase payment for PDN will be escalated to UM Manager and Director or designee for consideration of Single Case Agreement (SCA) using policy WA.CONT.03 SLA.

Group Home Settings

PDN authorizations will be approved for a maximum of 90 days or one (1) partial and two (2) full months at a time. An extension of 7 days may be granted for the updated plan of care or other medical records needing to be submitted. Services will be authorized as a per diem rate under code T1030. If the member needs 1:1 nursing care (for example accompanying the member to an appointment) the T1000 code should be requested and authorized. Members who meet any level of PDN services as per the above review criteria will be approved for the per diem rate.

Individual Home Settings

PDN authorizations will be approved for a maximum of 90 days or one (1) partial and two (2) full months at a time. An extension of 7 days may be granted for the

DEPARTMENT: Utilization Management	DOCUMENT NAME: Private Duty Nursing
PAGE: 4 of 7	REPLACES DOCUMENT:
APPROVED DATE: 12/22/2015	RETIRED:
EFFECTIVE DATE: 3/1/2016	REVIEWED/REVISED: 8/17; 10/17; 1/18; 2/18
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: WA.UM.32

updated plan of care to be submitted. A unit of home PDN services is 15 minutes of direct service to the member under code T1000 per the Health Care Authority Provider Billing Guides.

In most cases, more than 12 hours per day of skilled nursing care is not considered medically necessary. However, more than 12 hours per day of skilled nursing care may be considered medically necessary in *any* of the following circumstances:

- A. Within the first thirty days when a member is being transitioned from an inpatient setting to home; *or*
- B. Member becomes acutely ill and the additional skilled nursing care will prevent a hospital admission, considered necessary until stabilization of acute condition; *or*
- C. Member meets the clinical criteria for confinement in a skilled nursing facility (SNF), but a SNF bed is not available. In this situation additional skilled nursing may be provided until a SNF bed becomes available.
- D. **All home requests for 12+ hours of PDN services require an automatic secondary review by a medical director unless ventilator criteria below is met, this excludes group homes. If a member is residing in a group home for example Pope Place, Weeping Ridge, Children's Country Home, KinderHaven, Lighthouse etc... they will be approved using the T1030 code if PDN criteria are met (see the Group Home Setting above).**
- E. Requests above 16 hours per day will be reviewed in accordance with the Limitation Extension process per WA.UM.02.01.

Private Duty Nursing for Members on Ventilators: Coordinated Care considers home nursing medically necessary for members who are on ventilators or continuous positive airway pressure (CPAP) for respiratory insufficiency at home when the primary care physician or specialist has agreed to the home care plan and all of the following criteria are met:

- A. Member is on either a pressure or volume ventilator or CPAP; *and*

DEPARTMENT: Utilization Management	DOCUMENT NAME: Private Duty Nursing
PAGE: 5 of 7	REPLACES DOCUMENT:
APPROVED DATE: 12/22/2015	RETIRED:
EFFECTIVE DATE: 3/1/2016	REVIEWED/REVISED: 8/17; 10/17; 1/18; 2/18
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: WA.UM.32

B. Placement of the nurse is for the care and benefit of the member with a skilled need only.

Note: For members on a ventilator at home, Coordinated Care considers home nursing medically necessary for up to 24 hours per day for up to 3 weeks (21 consecutive days) upon an initial discharge from an inpatient setting as a transition to home without Medical Director Review, as long as the member requires continuous skilled care to manage the ventilator. Thereafter, any requests at or above 16 hours after the member's home transition must be sent for Medical Director Review.

Coordinated Care does not consider continued ventilator management a skilled need requiring home nursing unless the member is complex and needs close monitoring and frequent ventilator adjustments. This instability may be the result of an acute event (e.g., respiratory infection or exacerbation of chronic obstructive pulmonary disease (COPD) or weaning from a ventilator.

If 24 hours per day of nursing care is being requested for an indefinite period of time, the case manager will work with the family and will explore all alternatives with the family including SNF placement as the alternative. If the family wants SNF placement and a SNF bed is not available, Coordinated Care considers home nursing for up to 24 hours medically necessary until a SNF bed is available.

Where CCW is secondary payor the authorization request will be reviewed for medical necessity and pended following guidelines in *CC. UM.01.05 Coordination of Benefits/Subrogation*.

All requests for Private Duty Nursing must be referred to Case Management, for member already enrolled in CM the Case Manager must be notified by Prior Authorization for any new requests for PDN or increases in PDN hours.

- II. *Private Duty Nursing is not medically necessary for the following reasons:*
- A. Placement of the nurse in the home for the convenience of the family caregiver, including to solely allow the member's family or caregiver to go to work or school.

DEPARTMENT: Utilization Management	DOCUMENT NAME: Private Duty Nursing
PAGE: 6 of 7	REPLACES DOCUMENT:
APPROVED DATE: 12/22/2015	RETIRED:
EFFECTIVE DATE: 3/1/2016	REVIEWED/REVISED: 8/17; 10/17; 1/18; 2/18
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B. Ongoing skilled private duty nursing is not considered medically necessary for members who are on continuous or bolus nasogastric (NG) or gastrostomy tube (GT) feedings and do not have other skilled needs. Transitional home nursing care may be considered medically necessary for these members as a transition from an inpatient setting to the home.

Examples of services that do not meet the medical necessity requirements for PDN services:

- Routine patient care such as changing dressings, periodic turning and positioning in bed, administering oral medications;
- Care of a uncomplicated established tracheostomy (including intermittent suctioning);
- Care of an uncomplicated established colostomy/ileostomy;
- Care of uncomplicated established gastrostomy/jejunostomy/nasogastric tube (intermittent or continuous) feedings;
- Care of an uncomplicated established indwelling bladder catheter (including emptying/changing containers and clamping tubing);
- Watching or protecting a member;
- Respite care, adult (or child) day care, or convalescent care;
- Institutional care, including room and board for rest cures, adult day care and convalescent care;
- Help with the daily living activities, such as walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating or preparing foods;
- Any services that a person without medical or paramedical training could be trained to perform; and
- Any service that can be performed by a person without any medical or paramedical training.

UM will report all instances of denied PDN for Foster Children placed in Group Homes to the Health Care Authority via the Contract Compliance Department.

DEPARTMENT: Utilization Management	DOCUMENT NAME: Private Duty Nursing
PAGE: 7 of 7	REPLACES DOCUMENT:
APPROVED DATE: 12/22/2015	RETIRED:
EFFECTIVE DATE: 3/1/2016	REVIEWED/REVISED: 8/17; 10/17; 1/18; 2/18
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: WA.UM.32

Appendix A	Attachment
Private Duty Nursing Form	 Private Duty Nursing Policy.docx

Appendix B
WA.UM.02.01 Medical Necessity Review in Trucare WA.CONT.03 Single Case Agreements CC.UM.01.05 Coordination of Benefits Coordination/Subrogation

Revision Log	Date
Revised criteria to include for what qualifies for skilled needs. Added continuing authorization form. Added 7 days extension to updated Plan of Care. Updated the definition of Private Duty Nursing to align with Health Care Authority (HCA).	8/17
Changed language from stable/unstable to complicated, removed references to custodial, added section for group homes and billing codes. Clarified family choice in the alternatives to 24 hour ventilator care.	10/2017
Clarified that group homes are exempt from hourly review criteria.	1/5/2018
Revisions to comply with new HCA MICP/PDN guidelines.	2/8/2018

Approval: VPMM Electronic Signature on File