

Bulletin Number: MSA 20-41

Distribution: Medicaid Private Duty Nursing, Home Health and Hospice Agencies, Medicaid Health Plans

Issued: June 29, 2020

Subject: COVID-19 Response: Private Duty Nursing and Hospice Alternative Staffing Provisions; Virtual Supervisory Visits; Prior Authorization for Private Duty Nursing

Effective: As Indicated

Programs Affected: Medicaid, Children's Special Health Care Services

Per Centers for Disease Control and Prevention (CDC) and State recommendations, social distancing is encouraged to slow the spread of COVID-19 and thus preserve the health system capacity for the duration of this pandemic. Minimizing face-to-face contact whenever possible is strongly encouraged. These temporary policy changes enacted by the Michigan Department of Health and Human Services (MDHHS) offer flexibility for Private Duty Nursing (PDN), Home Health and Hospice providers to meet the needs of Medicaid beneficiaries through alternative means while protecting the health and welfare of all parties.

The purpose of this policy is to allow temporary 1) alternative staffing flexibilities for PDN and hospice, 2) use of virtual visits for supervisory visits for PDN, Hospice, and Home Health services and 3) modifications to PDN prior authorizations (PA). Consistent with public health emergency conditions at both the State and federal levels related to COVID-19, MDHHS is issuing this policy effective April 1, 2020 in alignment with State of Michigan Executive Order (EO) 2020-61. Given the circumstances, this policy is intended to be time-limited, and MDHHS will notify providers of its termination.

Alternative Staffing Provisions

A. Private Duty Nursing

1. Allow assigned nursing staff who typically provide 1:1 PDN caregiver services in the school setting to provide services during the period of school closure 1) through supplemental employment by PDN agencies or 2) independently as Medicaid-enrolled nurses in accordance with MDHHS provider enrollment as outlined in the MDHHS Medicaid Provider Manual.
2. Non-enrolled PDN providers should refer to the Provider Enrollment section of the General Information for Providers chapter of the MDHHS Medicaid Provider Manual and any subsequent relevant policies and/or bulletins related to the MDHHS COVID-19 response for enrollment in Medicaid. The Manual and bulletins are available on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

B. Hospice

1. Allow out-of-state nurses (RN, LPN), physical therapists (PT), occupational therapists (OT), and speech-language pathologists (SLP) with licensure in good standing in their home state but not currently licensed in Michigan to provide services as employees of a Medicaid-enrolled hospice agency.
2. Allow nursing students (RN, LPN) who are enrolled in accredited nursing programs to become licensed, registered, or certified health care professionals to volunteer or be employed by a Medicaid-enrolled hospice agency to support the agency's response to the COVID-19 pandemic, appropriate to the student's education, training, and experience, as determined by the agency in consultation with the agency's medical leadership, in accordance with EO 2020-61.
3. Allow in/out-of-state retired healthcare professionals (i.e., RN, LPN, PT, OT, and SLP) with licenses in good standing to provide services as employees of a Medicaid-enrolled hospice agency.

Due to the level of care required by beneficiaries receiving PDN or hospice services, in order to ensure safe provision of services, the training hours for direct training are the minimum expected standards and in accordance with the beneficiary's individual Plan of Care. The PDN or hospice agency should use their judgement regarding the potential for additional training to ensure the eligible individual can safely provide the minimum level of care to address the beneficiary's medical needs.

Agencies should follow current CDC, Centers for Medicare & Medicaid Services (CMS), and MDHHS guidance related to COVID-19 prior to and in the provision of any services to ensure the beneficiary's health, safety and welfare.

Provider claims in which alternative staffing provisions were employed must reflect recorded comment of such on the claim, as well as in the beneficiary's record.

Virtual Supervisory Visits

Minimizing in-person contact whenever possible is strongly encouraged. PDN, Hospice, and Home Health agencies are expected to follow program-specific supervisory requirements as outlined in their respective chapters in the MDHHS Medicaid Provider Manual. MDHHS is temporarily allowing completion of these program-specific supervisory visits virtually through simultaneous audio and video technology.

The use of virtual means for supervisory visits must be recorded as a comment on the provider claim and in the beneficiary's record (i.e., Plan of Care).

Agencies may provide supervisory visits virtually, as needed, to address concerns related to the beneficiary's care needs. Virtual supervisory visits do not decrease the agency's requirement to provide oversight, appropriate level of care, or interventions as defined in the corresponding chapters of the MDHHS Medicaid Provider Manual.

Virtual RN visits may be provided, if necessary to seek guidance on concerns related to the beneficiary's immediate care needs, as requested by parents/caregivers during hours when an RN/LPN is not scheduled to be in the home.

Prior Authorization for Private Duty Nursing

1. To facilitate hospital discharge and/or prevent avoidable admissions for Fee-for-Service (FFS) Medicaid beneficiaries under 21 years of age newly requiring PDN services, MDHHS PA requirements are being temporarily modified. The modifications listed below are the only PA changes to existing PDN policy (refer to the Medicaid Provider Manual, Private Duty Nursing chapter).
 - a. For FFS Medicaid beneficiaries under 21 years of age being discharged from the hospital without existing PDN services through MDHHS, and who have a new tracheostomy and/or are newly ventilator-dependent, PDN services provided by Medicaid-enrolled PDN agencies can be initiated for up to 12 hours per day, for up to three months, without requiring PA.
 - b. The PDN agency must maintain on file all required documentation, as outlined in the Private Duty Nursing chapter of the MDHHS Medicaid Provider Manual and any subsequent relevant policies and/or bulletins related to the MDHHS COVID-19 response.
 - c. The PDN agency is required to notify the MDHHS Program Review Division (PRD) at the onset of services to beneficiaries for whom this applies. PRD will provide instruction as to processing these claims. PRD can be contacted at 800-622-0276.
2. The parent/legal guardian of the beneficiary receiving PDN services is required to certify, via signature, that the information provided on the Private Duty Nursing Prior Authorization – Request for Services (form MSA-0732) is accurate and complete to the best of their ability. In lieu of written signature, MDHHS PRD will accept one of the following:
 - a. An electronically-generated signature and date.
 - b. Verbal certification with a dated co-signature of the agency staff who accepted the verbal certification. Physical signature of the parent/legal guardian must be obtained at the next in-person visit, and this signed copy forwarded to the MDHHS Program Review Division.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Michelle Tyus via e-mail at TyusM@michigan.gov.

Please include "COVID-19 Response: Private Duty Nursing and Hospice Alternative Staffing Provisions; Virtual Supervisory Visits; Prior Authorization for Private Duty Nursing" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Information is time-limited and will not be incorporated into any policy or procedure manuals.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

Approved



Kate Massey, Director
Medical Services Administration