

Bulletin Number: MSA 16-18

Distribution: Medicaid Private Duty Nursing Providers

Issued: June 1, 2016

Subject: Updates to the Private Duty Nursing Chapter of the Medicaid Provider Manual

Effective: July 1, 2016

Programs Affected: Medicaid, Habilitation Supports Waiver, Children's Waiver

The purpose of this bulletin is to notify Medicaid Private Duty Nursing (PDN) providers of updates to multiple areas of the PDN Chapter of the Medicaid Provider Manual to clarify the administration of the PDN benefit for Medicaid beneficiaries less than 21 years of age.

PDN Prior Authorization – Request for Services Form (MSA-0732)

The MSA-0732 form has been revised to accommodate changes described in this bulletin, and the Michigan Department of Health and Human Services (MDHHS) will require the use of the revised form beginning July 1, 2016, for requests for PDN authorization on or after July 1, 2016. The revised form shows a revision date of June 2015 and is available on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy and Forms >> Forms. Requests for PDN services received by the Program Review Division (PRD) on or after July 1, 2016, and not submitted on this revised form, will be returned to the provider. The revised MSA-0732 requires signatures from the PDN nurse or PDN agency requesting services, and the beneficiary's parent/guardian. It also queries about services (other than PDN) being rendered in the home.

Documentation Needed for Prior Authorization Decisions

Accurate and up-to-date documentation is needed to process prior authorization requests for PDN. This includes submitting plans of care (POCs) that contain dates of service for the time period being requested for authorization, and teaching records pertaining to the education of parents/caregivers on the child's care. If the beneficiary has been hospitalized during the last authorization period, include documentation related to the PDN qualifying diagnosis/condition — all hospital discharge summaries, history and physical examination, social worker notes/assessment, consultation reports (pulmonary; ear, nose, and throat [ENT]; ventilator clinic; sleep study; etc.) and emergency department reports (if emergency services were rendered during the last authorization period).

Timely Submission of Prior Authorization Renewal Documentation

MDHHS will not reimburse PDN providers for services that have not been prior authorized. All forms and documentation must be completed according to the PDN Chapter of the Medicaid Provider Manual. If information is not provided according to policy, (which includes signatures and correct information on the MSA-0732, POC and nursing assessment) requests will be sent back to the provider. Authorization cannot be granted until all completed documentation is provided to MDHHS. Corrected submissions will be processed as a new request for PDN authorization and no backdating will occur. The Medicaid Provider Manual is available on the MDHHS website at www.michigan.gov/medicaidproviders >> Policy and Forms.

Appropriate Use of Authorized PDN Hours

Substantial alterations to the scheduled allotment of daily PDN hours due to family choice (i.e., vacations) unrelated to medical need or emergent circumstances, requires advance notice to the PRD. The remaining balance of authorized hours will not be increased to cover this type of utilization. Authorized time cannot be carried over from one authorization period to another.

PDN as a Transitional Benefit

PDN is intended as a transitional benefit to support and teach family members to function as independently as possible. Authorized hours will be modified as the beneficiary's condition and living situation stabilizes or changes. A decrease in hours will occur, for example, after a child has been weaned from a ventilator or after a long-term tracheostomy no longer requires frequent suctioning, etc.

Nurse-to-Patient Ratios

When two Medicaid beneficiaries less than 21 years of age reside in the same home and require PDN services, one nurse will be authorized to provide care for both individuals. (The PDN rate is adjusted to accommodate this ratio). This is not a change in policy. Prior authorization is routinely handled in this manner and this provision is being added to policy for clarification of this practice.

In the event of an exceptional and emergent circumstance, a ratio of 1:1 nursing will be authorized for a limited period of time when two PDN beneficiaries reside in the same home. During this time period, PDN services must be reassessed on at least a monthly basis, documented in the POC, and submitted to the PDN authorizing entity to demonstrate the need for continuation of 1:1 nursing services. The POC must document efforts being made to wean the beneficiaries from 1:1 care.

Other Services in the Home

Other services provided in the home by community-based programs may affect the total care needs and the amount of PDN authorized. These other services must be disclosed on the MSA-0732 and documented in the POC. Although the amount of PDN authorized considers the beneficiary's medical needs and family circumstances, community-based services provided in the home are also part of this assessment. Disclosure is necessary to prevent duplication of services to allow for an accurate calculation of authorized PDN hours. Providers are advised that failure to disclose all community resources in the home may be cause for recoupment of funds.

Children in School and Receiving PDN at Home

The average number of hours of school attendance per week is used to determine the maximum number of hours that can be authorized for individuals of school age. Authorization of PDN hours will not automatically be increased during breaks from school (vacations) or adjusted beyond the limits of factors I and II in the decision guide located in the PDN Chapter of the Medicaid Provider Manual.

Ventilators

Longstanding Medicaid policy states that equipment needs alone do not determine intensity of care needs. The Private Duty Nursing Chapter of the Medicaid Provider Manual, Section 2.3 – Medical Criteria, will be updated to clarify that "mechanical ventilation" for four or more hours per day does not automatically include ventilation through Bi-level Positive Airway Pressure (Bi-PAP) or Continuous Positive Airway Pressure (CPAP); and use of these devices to satisfy this criteria will be evaluated on a case by case basis.

Hospice and PDN Coordination of Care

When a child is receiving both PDN and hospice, hospice services must be utilized to the fullest extent before PDN services will be authorized. PDN authorization cannot occur unless the hospice submits the requested documentation to the PRD.

Parent Requests a Change in PDN Providers

When a parent requests a transfer of care from one PDN provider to another, a completed MSA-0732 must be submitted to the PRD along with signed and dated documentation from the parent/guardian indicating that they are requesting a change in providers. The balance of hours authorized to a previous PDN provider will not be automatically transferred to a new provider. The new PDN provider is responsible for submitting the MSA-0732 to the PRD along with documentation from the parent/guardian requesting a new provider.

More than One Authorized PDN Agency Caring for a Beneficiary

When more than one agency is authorized to provide PDN for a beneficiary, the hours rendered by each must be reported to the PRD on a monthly basis in order to permit the adjustment of authorized hours as necessary between the providers. Payment cannot be made until all utilized hours are reported. The primary agency on the case (the first agency involved) is responsible for contacting the other PDN provider(s) caring for the beneficiary to obtain the actual number of hours rendered during the preceding month, and must fax the total hours provided by each to the PRD. The authorization letter will detail all PDN providers that are caring for a beneficiary during the authorization period.

PDN Service Logs

The Medicaid Provider Manual states that if PDN is prior-authorized and care is initiated, a detailed log for each date of service must be maintained. In some cases, PDN agencies and independent PDNs are not maintaining service logs as required by policy. Providers are reminded that a service log must be maintained that clearly identifies the specific time worked by PDNs in the home for each beneficiary and for each date of service. This may be documented in electronic or paper format but must be part of the beneficiary's medical record. The medical record itself or nursing flow sheets containing other information are not considered a service log for the purposes of this policy. Failure to maintain a log or to submit this information to MDHHS upon request may result in recoupment of PDN reimbursement.

Independent nurses providing PDN services for more than one beneficiary must submit service logs for both beneficiaries to the PRD at the time of authorization renewals.

Back-up Caregivers

PDN providers are encouraged to work with families to assist in developing a backup plan for care of their child in the event that a PDN shift is delayed or cancelled, and the parent/guardian is unable to provide care. The parent/guardian is expected to arrange back-up caregivers that they will notify, and the parent/guardian remains responsible for contacting these backup caregivers when necessary.


Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

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-mail at ProviderSupport@michigan.gov. When you submit an e-mail be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Chris Priest, Director
Medical Services Administration