

	<p align="center"><b>Private Duty Nursing (PDN) Guidelines</b></p>	
<p align="center"><b>Guideline #</b> 6195</p>	<p align="center"><b>Categories</b> Clinical → Care Management CM, TCHP Guidelines, Utilization Management UM</p>	<p align="center"><b>This Guideline Applies To:</b> Texas Children's Health Plan</p>
		<p align="center"><b>Document Owner</b> Bhavana Babber</p>

**GUIDELINE STATEMENT:**

Texas Children's Health Plan (TCHP) performs authorization of all private duty nursing services in the home.

**DEFINITIONS:**

**Private Duty Nursing in the Home (PDN)** refers to nursing, when the member requires more individual and continuous care than is available from a visiting nurse or than is routinely provided by the nursing staff of a hospital or skilled nursing facility. [1 Texas Administrative Code (TAC) § 363.303(15)]. PDN services include observation, assessment, intervention, evaluation, rehabilitation, care and counsel, or health teachings of a member who has a disability or chronic health condition or who is experiencing a change in normal health processes. [1 TAC § 363.303(15)]. PDN services are nursing services, as described by the Texas Nursing Practice Act and its implementing regulations, for members who meet the medical necessity criteria, and who require individualized, continuous, skilled care beyond nursing needs that can be met on an intermittent or part-time basis through home health services or skilled nursing services. [Texas Medicaid Provider Procedures Manual: Volume 2, Home Health Nursing and Private Duty Nursing Services Handbook (TMPPM) § 4.1.] PDN services are provided by a registered nurse (RN) or a licensed practice nurse (LPN)/licensed vocational nurse (LVN) under the direction of the member’s physician. All PDN services must be prior authorized.

**Responsible adult** means an individual who is an adult, as defined by the Texas Family Code, and who has agreed to accept the responsibility for providing food, shelter, clothing, education, nurturing, and supervision for the member. Responsible adults include, but are not limited to: biological parents, adoptive parents, foster parents, guardians, court-appointed managing conservators, and other family members by birth or marriage. [1 TAC § 363.303(20)].

**Respite Services** are direct care services needed because of an individual’s disability that provides a primary caregiver temporary relief from caregiving activities when the primary caregiver would usually performs such activities [40 TAC §51.103(53)]

**PRIOR AUTHORIZATION GUIDELINES**

1. All requests for prior authorization for PDN must be submitted via fax, phone, online submission, or postal service. The requests are received by the Utilization Management Department and processed during normal business hours. A physician or health care provider may submit a medical prior authorization (PA) recertification request at least 60 days prior to the expiration of the current PA of the services.
2. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the PDN request as an eligible service. Completed requests must be received and dated at least seven (7) calendar days before, but no more than thirty (30) calendar days before, the requested authorization start date or current authorization expiration date.
3. The timeframe for receipt of a completed THSteps-CCP Prior Authorization Request form for private duty nursing signed and dated by the primary physician and a completed plan of care (POC) form is within 30 calendar days prior to the start of care (SOC) date. In addition, for initial certifications, the completed documents must be received no later than 3 business days prior to SOC. A recertification request must be submitted at least 7 calendar days before, but no more than 30 days before, a current authorization period will expire.
  - 3.1. When a request for re-authorization of PDN is received that is more than 30 days prior to the current PA expiration, TCHP will return the request with a note that a recertification request for PDN is not practicable to consider outside of the standard 30-day window, as recent documentation of member status, nursing notes, and up to date treatment plans is required to determine medical necessity for the renewal of the PDN authorization.
4. **Requirements:**
  - 4.1 The documentation submitted with the request is consistent and complete.
  - 4.2 The requested services are nursing services as defined by the Texas Nursing Practice Act and its implementing regulations.
  - 4.3 Medical Necessity for requested services is clearly documented including specifics of client's condition and caregiving needs. The amount and duration of PDN must always be commensurate with the member's medical needs. Requests for services must reflect changes in the member's condition that affect the amount and duration of PDN.
  - 4.4 The explanation of the member's current medical needs is sufficient to support a determination by TCHP's Medical Director/Physician Reviewer that the requested services correct or ameliorate the member's disability, physical or mental illness, or chronic condition. The member's nursing needs cannot be met on an intermittent or part-time basis through Texas Medicaid (Title XIX) home health services skilled nursing services.
- 5.1 **Documentation:** To request prior authorization for PDN, the following documentation must be provided:
  - 5.1 Initial Requests:
    - 5.1.1 An RN performed a nursing assessment of the member within the member's home environment. The assessment includes, but is not limited to, the determination of:

#### 5.1.1.1 Medical necessity for PDN services

5.1.1.1.1 When an RN completes a member assessment and identifies a medical necessity for ADLs or health-related functions to be provided by a nurse, the scope of PDN services may include these ADLs or health-related functions.

#### 5.1.1.2 Safety of providing care in the proposed setting

#### 5.1.1.3 Appropriateness of care in the place of service

#### 5.1.1.4 Receptivity to training and ability level of the parent, guardian, or responsible adult

5.1.1.5 The existing level of care and any additional health-care services to include, but not limited to, School Health and Related Services (SHARS), MDCP, PT, OT, ST, PCS, CFC, or case management services. Services provided under these programs will not prevent a member from obtaining medically necessary services.

5.1.2 The following forms signed within 30 calendar days prior to the start of care date of PDN services by the member's physician or by an advanced practice registered nurse (APRN) or Physician Assistant (PA) to whom the physician has delegated this authority.

5.1.2.1 A completed THSteps-CCP Prior Authorization request form;

5.1.2.2 The physician recommended Plan of Care (POC) that includes:

5.1.2.2.1 The member's Medicaid number; the physician's license number; and the provider's Medicaid number

5.1.2.2.2 Date the member was last seen by the physician

5.1.2.2.3 The start of care (SOC) date for PDN services

5.1.2.2.4 All pertinent diagnoses

5.1.2.2.5 The member's mental status

5.1.2.2.6 The prognosis

5.1.2.2.7 The types of service requested, including the amount, duration, and frequency

5.1.2.2.8 The equipment or supplies required

5.1.2.2.9 Rehabilitation potential

5.1.2.2.10 Prior and current functional limitations

5.1.2.2.11 Activities permitted

5.1.2.2.12 Nutritional requirements

5.1.2.2.13 Medications, including the dose, route, and frequency

- 5.1.2.2.14 Treatments, including amount and frequency
- 5.1.2.2.15 Wound care orders and measurements
- 5.1.2.2.16 Safety measures to protect against injury
- 5.1.2.2.17 Responsible adult when the client is a minor child
- 5.1.2.2.18 Contingency plan
- 5.1.2.2.19 List of all community or state agency services the member receives in the home (including, but not limited to, PCS, Community First Choice (CFC), MDCP
- 5.1.2.2.20 Instructions for timely discharge or referral
- 5.1.2.2.21 Member specific goals, including if receiving PPECC, the goal of ensuring coordination of ongoing skilled nursing services with the PPECC provider
  - 5.1.2.2.21.1 If the member also receives PPECC services, documentation that the client or client's responsible adult has been involved in the POC development, and description of how ongoing skilled nursing services will be coordinated between PDN and PPECC providers.
- 5.1.2.22 A completed Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers form signed and dated by the primary physician, RN completing the assessment, and client, parent, guardian, or responsible adult within 30 calendar days prior to the SOC date. The completed Nursing Addendum form must include all the following:
  - 5.1.2.22.1 Summary of the client's medical problems relating to the medical necessity for PDN
  - 5.1.2.22.2 Updated problem list focusing on the primary reasons that a licensed nurse is required to care for the client.
  - 5.1.2.22.3 Updated rationale/summary page
  - 5.1.2.22.4 Contingency plan
  - 5.1.2.22.5 24-hour daily care flowsheet
  - 5.1.2.22.6 A signed acknowledgement

## 5.2 Revision of Services During Current Authorization:

- 5.2.1. Requests for revision of services may be submitted during the current authorization period if medically necessary and must include all required documentation for initial requests revised to reflect the updated medical needs.

5.2.2. Revisions to a current authorization are limited to that authorization period. If the requested revision will extend beyond the current authorization period, new authorization documentation must be submitted.

5.3 Recertification of Authorization (Service Extension):

- 5.3.1 Member must have received PDN services for at least 3 months with no significant changes in the member's condition during that period and no significant changes in the member's condition are anticipated.
- 5.3.2 All required documentation for initial requests; AND
- 5.3.3 The member's responsible adult, physician, and provider agree that a recertification authorization is appropriate.
- 5.3.4 Statement of the appropriateness of the length of the recertification.
- 5.3.5 Medical necessity established by the ordering physician. Members must be seen by their treating practitioner no less than once every 365 days.
- 5.3.6 It is recommended that 7 to 10 days of nursing notes, ventilator logs (if applicable), suction logs (if applicable), and seizure logs (if applicable) be submitted with the prior authorization request to document the medical necessity for the requested skilled nursing services that are delivered and thus expedite prior authorization review. If not provided, these documents may be requested by TCHP if in the judgement of TCHP, these additional documents are required to adequately assess medical necessity for the requested private duty nursing services.

5.4 Total Parenteral Nutrition (TPN)

- 5.4.1.1 For member's who are receiving PDN services who also require TPN administration education, requests for prior authorization of intermittent skilled nursing (SN) visits may be separately authorized when:

The PDN provider is not an RN appropriately trained in the administration of PDN and the PDN provider is not able to perform function; AND

- 5.4.1.2 There is documentation that supports the medical need for an additional skilled nurse to perform TPN administration education.

**6. Medical Necessity:** Medical necessity must be documented in the member's prior authorization request. PDN in the home is considered medically necessary when the following criteria are met:

- 6.1. PDN services are considered medically necessary when a member has a disability, physical or mental illness, or chronic condition, and he or she requires

continuous, skillful observations, judgments, and interventions to correct or ameliorate his or her health status.

6.1.1. The following elements should always be addressed in documentation submitted with a request for PDN services:

6.1.1.1 Dependent on technology to sustain life.

6.1.1.2 Requires ongoing and frequent skilled interventions to maintain or improve health status; and delayed skilled intervention is expected to result in:

6.1.1.2.1 Deterioration of a chronic condition;

6.1.1.2.2 Loss of function;

6.1.1.2.3 Imminent risk to health status due to medical fragility; or

6.1.1.2.4 Risk of death.

6.2 Professional and vocational nursing care consists of those services that must, under state law, be performed by an RN or LVN, and are further defined as nursing services in the Code of Federal Regulations (42 CFR §§ 409.32, 409.33, and 409.44).

6.2.1 In determining whether a service requires the skill of a licensed nurse, consideration must be given to the inherent complexity of the service, the condition of the beneficiary, and the accepted standards of medical and nursing practice.

6.2.2 If the nature of a service is such that it can safely and effectively be performed by the average nonmedical person without direct supervision of a licensed nurse, the services cannot be regarded as nursing care.

6.2.2.2 If the service could be performed by the average nonmedical person, the absence of a competent person to perform it does not cause it to be a nursing service.

6.3 The member's nursing needs cannot be met on an intermittent or part-time basis through Texas Medicaid (Title XIX) home health services skilled nursing services.

6.4 Services must require the professional proficiency and skills of an RN or LPN/LVN. The decision to use an RN or LPN/LVN is dependent on the type of services required and must be consistent with the scope of nursing practice under applicable state licensure regulations. PDN performed by an LPN/LVN must be under the supervision of an RN following a plan of care developed by the physician in collaboration with the member, family/caregiver, and PDN.

6.5 PDN services include nursing and caregiver training and education.

6.6 The ordering physician must:

6.6.1 Provide examination or treatment within thirty (30) calendar days prior to the start of PDN services, or examination or treatment that complies with

the THSteps periodicity schedule, or is within six (6) months of the PDN extension Start of Care (SOC) date, whichever is more frequent;

6.6.1.2 The physician visit may be waived when a diagnosis has already been established by the physician, and the member is under the continuing care and medical supervision of the physician. A waiver is valid for no more than 365 days, and the member must be seen by his/her physician at least once every 365 days. The waiver must be based on the physician's written statement that an additional evaluation visit is not medically necessary. This documentation must be maintained by the physician and the provider in the member's medical record; AND

6.6.1.3 Certify the medical necessity of PDN; **AND**

6.6.1.4 Approve a written treatment plan with short and long term goals specified.

6.7 Medically necessary PDN services will not be denied or reduced for members based on the parent or guardian's ability to provide the necessary PDN services.

6.7.1. The fact that the nursing care can be, or is, taught to the client or to the client's family or friends does not negate the skilled aspect of the service when the service is performed by a nurse.

6.7.2 PDN services that are intended to provide mainly respite care; child care; or do not directly relate to the client's medical needs or disability are not a benefit of Texas Medicaid.

6.7.3 The delivery of PDN services may inherently result in the relief of the parent, guardian, or responsible adult, child care, or some nonmedical, nonskilled activities in the course of providing nursing care.

7 Coordination with Prescribed Pediatric Extended Care Centers (PPEC):

7.1 Both PDN and PPECC services are considered ongoing skilled nursing. A member has a choice of PDN, PPECC, or a combination of both PDN and PPECC for ongoing skilled nursing where PPECC services are available.

7.2 Skilled Nursing services are authorized for a set number of hours based on the client's medical necessity at the time of the prior authorization request.

7.3 PDN and PPECC providers must collaborate in developing their respective 24-hour flow charts found in the Nursing Addendum to Plan of Care for Private Duty Nursing and/or Prescribed Pediatric Extended Care Centers form each time a client's authorization for ongoing skilled nursing is initiated, renewed and revised.

7.4 A member receiving both PDN and PPECC services may choose to shift approved hours from one ongoing skilled nursing provider to another.

7.5 The receiving provider (PDN or PPECC provider who will gain hours in the shift) must submit all required documentation for a revision.

7.5.1 The sending provider (PDN or PPECC provider who will lose hours in the shift) will receive a notice from TCHP Prior Authorization Department with revised (decreased) hours and the effective date of the reduction.

7.5.2 The total combined hours between PDN and PPECC services are not expected to increase without member medical necessity for additional hours (e.g., change in client condition or authorized hours are not commensurate with the member's medical needs).

8 **Residence:** Members who are 17 years of age or younger or have a managing conservator or legal guardian must reside with an identified responsible adult who is either trained to provide nursing care or capable of initiating an identified contingency plan when the scheduled private duty nurse is unexpectedly unavailable.

9 **Length of Prior Authorization:** The length of the prior authorization is determined on an individual basis and is based on the goals and timelines identified by the physician, provider, and member or responsible adult. PDN is not prior authorized for more than six (6) months at a time.

**10 Amount of PDN Services [TAC §363.309]:**

10.1 The amount of medically necessary PDN services available to recipients will not be capped.

10.2 TCHP may deny or reduce PDN hours if the recipient's nursing needs decrease.

11 **Duplicate Services – SHARS:** PDN that duplicates services that are the legal responsibility of the school districts are not reimbursed. The school district, through the SHARS program, is required to meet the member's skilled nursing needs while the member is at school; however, if those needs cannot be met by SHARS or the school district, documentation supporting medical necessity may be submitted with documentation that nursing services are not provided in the school and may be considered if medically necessary. [TAC § 354.1341]

12 **Provider to Member Ratio:** PDN may be delivered in a provider to member ratio other than one-on-one. An RN or LVN may provide PDN services to more than one member over the span of the day as long as each member's care is based on an individualized POC, and each member's needs and POC do not overlap with another member's needs and POC. Only the time spent on

direct PDN for each member is reimbursed. Total PDN billed for all members cannot exceed an individual provider's total number of hours at the POS.

12.1 A single nurse may be reimbursed for services to more than one member in a single setting when the following conditions are met:

- 12.1.1.1 The hours for PDN for each member have been authorized through TCHP.
- 12.1.1.2 Only the actual "hands-on" time spent with each member is billed for that member.
- 12.1.1.3 The hours billed for each member do not exceed the total hours approved for that member and do not exceed the actual number of hours for which services were provided.

**13 Services Not Covered:** PDN services are not covered when:

- 13.1 The nurse providing care is the parent or guardian of a minor patient, the member's spouse, or the responsible adult.
- 13.2 The patient is in an acute inpatient hospital, inpatient rehabilitation, skilled nursing facility, intermediate care facility or a resident of a licensed residential care facility.
- 13.3 There is a Third Party Resource financially responsible for the services.
- 13.4 The services are for the primary purpose of providing respite care, childcare, ADLs for the member, housekeeping services, or comprehensive case management beyond the service coordination required by the Texas Nursing Practice Act. [1 TAC § 363.303(20); TMPPM § 4.1.3 & 4.1.4; 1 TAC § 363.309]

**14 Cancelling a Prior Authorization:** The member has the right to choose their home health agency provider and to change providers. If the member changes providers, TCHP must receive a change of provider letter with a new Plan of Care. The member must sign and date the letter, which must include the name of the previous provider, the current provider, and the effective date for the change. The member is responsible for notifying the original provider of the change and the effective date. Prior authorization for the new provider can only be issued up to three business days before the date TCHP receives the change of provider letter.

- 15 Termination of Authorization:** Authorization for PDN services will be terminated when: (a) the member is no longer eligible for Medicaid; (b) the member no longer meets the medical necessity criteria for PDN services; (c) the place of service does not support the health and safety of the member; or (d) the member, parent, or guardian refuses to comply with the service plan and compliance is necessary to assure the health and safety of the member. [TAC § 363.311]
- 16 Denial or Reduction of Requested Services:** Requests that do not meet the criteria established by this guideline will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Notice Policy and Procedure will be followed. [1 TAC § 363.311]
- 16.1 TCHP may not deny or reduce services based solely on the recipient's diagnosis, type of illness, or health condition.
  - 16.2 TCHP may not deny or reduce services solely because the recipient's condition or health status is stable or has not changed.
  - 16.3 TCHP may deny or reduce PDN services when the:
    - 16.3.1 Request is incomplete;
    - 16.3.2 Information in the request is inconsistent;
    - 16.3.3 Documentation does not explain to TCHP's satisfaction the medical need for a private duty nurse or no longer supports the medical need for a private duty nurse;
    - 16.3.4 Documentation does not address how PDN services correct or ameliorate the recipient's disability or physical or mental illness or condition;
    - 16.3.5 Requested PDN services are not nursing services as defined by the Texas Nursing Practice Act and its implementing regulations;
    - 16.3.6 Medical director or physician reviewer, after conferring with the recipient's treating physician, determines the requested PDN services are not medically necessary to correct or ameliorate the recipient's disability or physical or mental illness or condition; or
    - 16.3.7 Recipient's nursing needs could be met through a visiting nurse
- 17 Prior Authorization is Not a Guarantee:** Prior authorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if prior authorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service.

All services are subject to benefit limitations and exclusions. Providers are subject to federal, state, and local laws and regulations and failure to comply may result in retrospective audit and potential financial recoupment. [1 TAC § 363.311]

**18 Continuity of Care:** TCHP ensures that members receiving services through a prior authorization from either another Managed Care Organization (MCO) or Fee for Service (FFS) provider receive continued authorization of these services for the same amount, duration, and scope for the shorter period of one of the following:

- 18.1 90 calendar days after the transition to a new MCO
- 18.2 Until the end of the current authorization period
- 18.3 Until TCHP has evaluated and assessed the member and issued or denied a new authorization

## REFERENCES:

### Peer Reviewed Publications:

- Borchers EL. Improving nursing documentation for private-duty home health care. *J Nurs Care Qual.* 1999; 13(5):24-43.
- Donaghy B, Wright AJ. New home care choices for children with special needs. *Caring.* 1993; 12(12):47-50.
- Duncan BW, Howell LJ, deLorimier AA, et al. Tracheostomy in children with emphasis on home care. *J Pediatr Surg.* 1992; 27(4):432-435.
- Jessop DJ, Stein RE. Providing comprehensive health care to children with chronic illness. *Pediatrics.* 1994; 93(4):602-607.
- Roemer NR. The tracheotomized child. *Private duty nursing at home. Home Health Nurse.* 1992; 10(4):28-32.
- Sperling RL. New OSHA standards managers must know. *Home Health Nurse Manag.* 2000; 4(4):11-16.

### Government Agency, Medical Society, and Other Publications:

- Texas Medicaid Provider Procedures Manual – December 2020: Volume 2, Home Health Nursing and Private Duty Nursing Services Handbook. Accessed December 20, 2020 [https://www.tmhp.com/sites/default/files/microsites/provider-manuals/tmppm/html/index.html#t=TMPPM%2F2 HH Nursing and PDN Srvs%2F2 HH Nursing and PDN Srvs.htm%23XREF 84371 Home Health](https://www.tmhp.com/sites/default/files/microsites/provider-manuals/tmppm/html/index.html#t=TMPPM%2F2%20HH%20Nursing%20and%20PDN%20Srvs%2F2%20HH%20Nursing%20and%20PDN%20Srvs.htm%23XREF%2084371%20Home%20Health)
- Submission of Prior Authorization Recertification Requests for Texas Medicaid, Effective October 1, 2020. Accessed September 30, 2020. <https://www.tmhp.com/news/2020-09-25-submission-prior-authorization-recertification-requests-texas-medicaid-effective>
- Texas Administrative Code Tit.1, Part 15, Chapter 354, Subchapter A, School Health and Related Services

- Texas Administrative Code Tit.1, Part 15, Chapter 363, Subchapter C
- Texas Administrative Code Tit. 22, Part 11, Chapter 224 and 225
- STAR Kids Contract
- American Academy of Pediatrics Committee on Children with Disabilities. Guidelines for home care on infants, children, and adolescents with chronic disease. Pediatrics. 1995; 96(1 Pt 1):161164.
- American Academy of Pediatrics Section on Home Health Care. Guideline for pediatric home health care, 2nd edition. Libby RC, Imaizumi SO Editors. 2009. pp87-88.

<b>Status</b>	<b>Date</b>	<b>Action</b>
Approved	3/01/2021	Clinical & Administrative Advisory Committee Reviewed and Approved for Implementation

Original Document Creation Date: 10/21/2016	This Version Creation Date: 12/20/2020	Effective/Publication Date: 03/18/2021
--	---	---