Texas Children's	Private Duty Nursing (PDN) Guidelines	
Guideline # 6195	***Categories*** Clinical →Care Management CM, TCHP Guidelines, Utilization Management UM	***This Guideline Applies To:*** Texas Children's Health Plan ***Document Owner*** Bhavana Babber

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. **Submission:** 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.

2. **Receipt:** 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 sixty (60) calendar days before, the requested authorization start date or current authorization expiration date.

3. **Requirements**

   3.1. The documentation submitted with the request is consistent and complete.

   3.2. The requested services are nursing services as defined by the Texas Nursing Practice Act and its implementing regulations.

   3.3. 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 client's medical needs. Requests for services must reflect changes in the client's condition that affect the amount and duration of PDN.

   3.4. 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.

   3.5. 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. [TMPPM § 4.1.4]

4. Documentation: To request prior authorization for PDN, the following documentation must be provided:

   4.1. Initial Requests:

      4.1.1. Nursing assessment of medical necessity that includes:

4.1.1.1. Complexity and intensity of the client's care, including dependence on technology to sustain life

4.1.1.2. Stability and predictability of the client's condition

4.1.1.3. Frequency of the client's need for skilled nursing care

4.1.1.4. Identified medical needs and goals

4.1.1.5. Description of wounds, if present

4.1.1.6. Whether the setting can support the health and safety needs of the client and is adequate to accommodate the use, maintenance, and cleaning of all medical devices, equipment, and supplies required by the client.

4.1.1.7. Comprehension level of parent, guardian, caregiver, or client.

4.1.1.8. Receptivity to training and ability level of the parent, guardian, caregiver, or client.

4.1.2. The following forms signed by the member's physician or by a Certified Nurse

4.1.3. Midwife (CNM), Nurse Practitioner (NP), or Physician Assistant (PA) when the physician has delegated this authority within 30 calendar days prior to the start of care.

4.1.3.1. Prior Authorization request form;

4.1.3.2. Home Health Plan of Care that includes:

4.1.3.2.1. A clinical summary that documents active diagnoses and current clinical condition;

4.1.3.2.2. Member's mental or cognitive status;

4.1.3.2.3. Types of treatments and services, including amount, duration and frequency;

4.1.3.2.4. A description of any required equipment and/or supplies;

4.1.3.2.5. Member's prognosis;

4.1.3.2.6. Member's rehabilitation potential;

4.1.3.2.7. Member's current functional limitations;

4.1.3.2.8. Activities permitted;

4.1.3.2.9. Member's nutritional requirements;

4.1.3.2.10. Member's medications, including dose, route and frequency;

4.1.3.2.11. Safety measures to protect against injury;

4.1.3.2.12. Instructions for timely discharge or referral;

4.1.3.2.13. Date the member was last seen by the treating physician; Members must be seen by their treating practitioner no less than once every 365 days.

4.1.3.2.14. Identification of activities of daily living and health maintenance activities with which the member needs assistance. The plan of care must indicate whether the tasks must be performed by a licensed nurse or a qualified aide, or may be performed by a personal care attendant;

4.1.3.2.15. A certification statement that an identified contingency plan exists;

4.1.3.2.16. All other medical orders. [1 TAC § 363.313.]

4.1.3.2.17. List all community or state agency services the client receives in the home including, but not limited to, primary home care (PHC), community based alternative (CBA), medically dependent children's program (MDCP)

4.1.4. Nursing Addendum to Plan of Care including:

4.1.4.1. Medical necessity for PDN;

4.1.4.2. Updated problem list;

4.1.4.3. Updated rationale/summary page;

4.1.4.4. Contingency plan;

4.1.4.5. The existing level of care and any additional health-care services including the following: SHARS program (School Health and Related Services), MDCP (Medically Dependent Children's Program), Community Based Alternative (CBA), Occupational Therapy (OT), Physical Therapy (PT), Speech Therapy (ST), primary home care (PHC), and case management services;

4.1.4.6. 24-hour daily care flowsheet;

4.1.4.6.1. If the member requires assistance with activities of daily living (ADLs) or health related functions that do not need to be provided by a nurse as determined by the RN performing the assessment, these should be documented on the flow sheet as well.

4.1.4.7. Safety of providing care in the proposed setting;

4.1.4.8. Availability of a responsible adult who is either trained to provide nursing care or is capable of initiating an identified contingency plan when the scheduled private duty nurse is unexpectedly unavailable; and Signature of the RN that performed the member's assessment within the member's home environment.

4.2. Revision of Services During Current Authorization:

4.2.1. Requests for revision of services during the current authorization period must include all required documentation for initial requests revised to reflect the updated medical needs.

4.2.2. 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.

4.3. Recertification of Authorization (Service Extension):

4.3.1. All required documentation for initial requests;

4.3.2. The member's responsible adult, physician, and provider agree that a recertification authorization is appropriate.

4.3.3. Statement of the appropriateness of the length of the recertification.

4.3.4. Medical necessity established by the ordering physician. Members must be seen by their treating practitioner no less than once every 365 days.

4.3.5. 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 the TCHP prior authorization nurse or physician reviewer, these additional documents are required to adequately assess medical necessity for the requested private duty nursing services.

4.4. Total Parenteral Nutrition (TPN) (TMPPM section 3.4.3.4)

4.4.1. If the skilled nurse (RN) is to administer total parenteral nutrition (TPN) the following documentation must be provided:

4.4.1.1. Training of the RN(s) who will administer the TPN in the administration of TPN and in the prevention of Central Line Associated Blood Stream Infections (CLABSI).

4.4.1.2. Documentation that client or caregiver has been educated regarding in-home administration of TPN.

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

5.1. PDN services are available to EPSDT-eligible members when the services are medically necessary to correct or ameliorate the member's disability, physical or mental illness, or chronic condition and require continuous, skillful observations, judgments, and interventions. The services correct or ameliorate when they improve, maintain, or slow the deterioration of the member's health status. [TMPPM § 4.1.1; 1 TAC § 363.307]

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

5.2.1. Client requires skillful observations and judgement to improve health status, skilled assessment, or skilled treatments or procedures.

5.2.2. Client requires individualized, intermittent, acute skilled care.

5.2.3. Client requires skilled interventions to improve health status, and if skilled intervention is delayed, it is expected to result in:

5.2.3.1. Deterioration of a chronic condition;

5.2.3.2. Loss of function;

5.2.3.3. Imminent risk to health status due to medical fragility; or risk of death. [TMPPM § 4.1.1]

5.3. The services are skilled nursing services as defined by the Texas Nursing Practice Act and its implementing regulations and not considered to be assistance with ADL or HMA for a member with a stable and predictable condition. [TMPPM § 4.1.2]

5.3.1. The skilled nursing services must be reasonable and necessary to the diagnosis and treatment of the client's illness or injury within the context of the client's unique medical condition

5.3.2. 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 service cannot be regarded as a skilled nursing service.

5.3.3. Services that can typically be performed by the average non-medical person include:

5.3.3.1. Oral feeding

5.3.3.2. Administration of medications by mouth

5.3.3.3. Assistance with bathing, toileting, transfers

5.3.3.4. Assistance with activities of daily living

5.3.3.5. Supervision of behavior

5.3.4. 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 SN service.

5.4. 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. [TMPPM § 4.1.4]

5.5. 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. [TMPPM § 4.1.2]

5.6. PDN services include nursing and caregiver training and education. [TMPPM § 4.1.2]

5.7. The ordering physician must:

5.7.1. 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; (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

5.7.2. Certify the medical necessity of PDN; **AND**

5.7.3. Approve a written treatment plan with short and long term goals specified. [TMPPM § 1.2]

5.8. The service must be appropriate with regard to standards of good medical practice and not solely for convenience.

5.8.1. Services primarily for the convenience of the caregiver will not be covered

5.9. Skilled nursing visits requested primarily to provide the following will not be prior authorized:

5.9.1. Respite care

5.9.2. Child care

5.9.3. Activities of daily living for the client

5.9.4. Housekeeping services

5.9.5. Routine post-operative disease, treatment, or medication teaching after a physician visit

5.9.6. Routine disease, treatment, or medication teaching after a physician visit

5.10. When a client, client's responsible adult, or client's physician notifies the SN and/or HHA service provider that the client also receives services from a PPECC, the SN

and/or HHA service provider must coordinate services with the PPECC provider to prevent duplication of services. (TMPPM § 3.4)

Note: *It is anticipated that the provision of SN and/or HHA services, in addition to PPECC would be uncommon.*

6. **Parent/Guardian's Ability to Provide the Service Not Considered**: Medically necessary PDN services will not be denied or reduced based on the parent or guardian's ability to provide the necessary PDN services. [TMPPM § 4.1.2] [TAC §363.309]**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. [TMPPM § 4.1.3]

7. **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. [TMPPM § 4.1.4.4]

8. **Amount of PDN Services** [TAC §363.309]:

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

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

   8.3. TCHP may not deny or reduce PDN when the recipient's nursing needs have not decreased.

9. **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. [TMPPM § 4.1.5.1; 1 TAC § 354.1341]

10. **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.

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

10.1.1. The hours for PDN for each member have been authorized through TCHP.

10.1.2. Only the actual “hands-on" time spent with each member is billed for that member.

10.1.3. 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. [TMPPM § 4.1]

11. Services Not Covered: PDN services are not covered when:

11.1. The nurse providing care is the parent or guardian of a minor patient, the member’s spouse, or the responsible adult.

11.2. 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.

11.3. There is a Third Party Resource financially responsible for the services.

11.4. 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]

12. 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 POC. 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. [TMPPM § 3.4.3.7]

13. 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. [TMPPM § 4.1; 1 TAC § 363.311]

14. 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]

14.1. TCHP may not deny or reduce services based solely on the recipient's diagnosis, type of illness, or health condition.

14.2. TCHP may not deny or reduce services solely because the recipient's condition or health status is stable or has not changed.

14.3. TCHP may deny or reduce PDN services when the:

14.3.1. Request is incomplete;

14.3.2. Information in the request is inconsistent;

14.3.3. 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;

14.3.4. Documentation does not address how PDN services correct or ameliorate the recipient's disability or physical or mental illness or condition;

14.3.5. Requested PDN services are not nursing services as defined by the Texas Nursing Practice Act and its implementing regulations;

14.3.6. 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

14.3.7. Recipient's nursing needs could be met through a visiting nurse

15. **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]

16. **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:

16.1. 90 calendar days after the transition to a new MCO

16.2. Until the end of the current authorization period

16.3. Until TCHP has evaluated and assessed the member and issued or denied a new authorization

REFERENCES:

Peer Reviewed Publications:

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- 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.

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