

# POLICY AND PROCEDURE

<b>POLICY NAME:</b> Review of Private Duty Nursing Requests	<b>POLICY ID:</b> FL.UM.26
<b>BUSINESS UNIT:</b> Sunshine State Health Plan	<b>FUNCTIONAL AREA:</b> Utilization Management
<b>EFFECTIVE DATE:</b> 06/2015	<b>PRODUCT(S):</b> Managed Medical Assistance (MMA), Children's Medical Services (CMS), Serious Mental Illness (SMI) and Child Welfare (CW)
<b>REVIEWED/REVISED DATE:</b> 06/2015, 08/2016, 11/2017, 03/2018, 03/2019, 07/2019, 07/2020, 08/2021, 04/2022, 07/2022, 07/2023	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> 06/2015	

## POLICY STATEMENT:

Sunshine Health's Private Duty Nursing Criteria clinical policy supports the management of the Managed Medical Assistance (MMA), Children's Medical Services (CMS), Serious Mental Illness (SMI) and Child Welfare (CW) benefit for private duty nursing as described in the Florida Agency for Health Care Administration (AHCA) Service-Specific Policies entitled, Private Duty Nursing Services Coverage Policy and Home Health Visit Services Coverage Policy.

## PURPOSE:

To establish clinical criteria on which to review requests for private duty nursing services to provide medically necessary, age-appropriate nursing care to eligible members with medical needs beyond a skilled care nursing visit. The services will assist in maintaining the member in their home and community environment, in a safe manner.

**SCOPE:** Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Children's Medical Services (CMS), Serious Mental Illness (SMI) and Child Welfare (CW) product lines. This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

## DEFINITIONS:

**Medically Complex:** A member is medically complex if he/she has chronic debilitating diseases or conditions of one or more physiological or organ systems that make the person dependent upon 24-hour per day medical, nursing or health supervision or intervention.

**Private Duty Nursing Services:** are services that are medically necessary skilled nursing services that can be provided to members under the age of 21 in their home or other authorized settings to support the care required by their complex medical problems and require more extensive and continual care than can be provided through a home health nurse visit. Private duty nursing is furnished for the purposes of performing skilled interventions or monitoring the effects of prescribed treatment.

## Private Duty Nursing Benefit:

Private duty nursing (PDN) services provide skilled nursing services for members who are under the age of 21. The services must be provided in the member's home or other authorized setting to support the care required by the child's medically complex condition(s).

PDN is considered for members:

- Who have complex medical problems
- Require more extensive and continual care than can be provided through a home health nurse visit

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## PROCEDURE:

### Review Process

To assist in determining the medical necessity of private duty nursing, the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review and Continuity of Care
- FL.UM.02.00 - Use of Clinical Criteria

- Any decision to deny, reduce, suspend, or terminate services must be made by a Sunshine Health Medical Director as outlined in the policy Use of Clinical Criteria FL.UM.02.00. Determinations and provider notifications will be made according to the expediency of the case as described in FL.UM.05.00 Timeliness of UM Decisions and Notifications.

### Specific Clinical Information/Criteria

- I. Services and supplies for medically fragile children include home health and private duty nursing services directly related to their care. It is the policy of Sunshine Health Plan that services for medically fragile children are **medically necessary** when all of the following apply:
  - A. Member is enrolled in a Florida Medicaid Sunshine Health Plan
  - B. Member is under the age of 21 years old
  - C. Member is enrolled in complex case management OR is deemed as medically fragile/medically complex.
  - D. There is a signed plan of care and order for the requested services.
  
- II. It is the policy of Sunshine Health Plan that services and supplies for medically fragile children require **mandatory secondary review** if any of the following apply:
  - A. Out of state services
  - B. Experimental/Investigational services
  - C. Any increase in Private Duty Nursing Hours
  
  - D. All new initial Private Duty Nursing Requests

### Information Required for the Initial Review

The treating provider must submit to Sunshine Health's utilization management department the following information when initially requesting private duty nursing services:

- Signed, completed current Plan of Care (POC)
- Documentation of the member's medically complex condition(s), system, and organ function of the member. This would include but not be limited to diagnosis related to:
  - Illness/Injury/Exacerbation/Surgery
  - Discharge from inpatient facility
  - Newborn/infant and poor weight gain
- Documentation to support reason that the member needs more extensive and continual care than can be provided through a home health nurse visit. This would include, but not be limited to:
  - Modification of initial or on-going treatment/medication regimen
  - Lack of adherence
  - Management of plan of care
  - Exacerbation of known illness
- Documentation on why the member needs services in the home, or other approved location:
  - Assessment of home environment
  - Activity restrictions requiring ≥ minimum assistance in transfer/bed mobility/locomotion to leave home/residence
  - Isolation and/or immunocompromised host/communicable disease
  - Specific skilled nursing interventions needed
  
- Information on the member's ADL and IADL needs, and level of support needed
- Summary of other services that are in place for the member in the member's residence or other requested location
- Clinical documentation on the need for the amount, duration, and scope of private duty nursing

Upon receipt of the information provided by the treating physician, the Sunshine Health utilization management nurse review for medical necessity for private duty nursing will consider such criteria as:

- Home environment
- Care required in the home or other authorized setting
- Current documentation of organ system dysfunction including but not limited to:
  - Genitourinary system
    - Initiate/continue teaching of self-catheterization and voiding schedule
    - Catheter change/irrigation/reinsertion
    - Post void residual
    - Suprapubic tube
  - Cardiovascular system

- Significant arrhythmias
- Blood pressure monitoring
- Signs of congestive heart failure
- Endocrine system
  - Fluid monitoring for diabetes insipidus
  - Care for diabetes mellitus including
  - Insulin injections/pump
  - Blood sugar testing/monitoring
  - Diet/Meal planning
  - Eye/foot/skin care
- Gastrointestinal system and nutrition
  - Initiate/continue teaching of prescribed bowel regimen
  - Manual disimpaction
  - Aspiration precautions
  - Feeding tube care (includes pump management)
  - TPN
  - Formula medication administration
  - Site care/dressing
- Hematologic system
  - Administration of injectable anticoagulants
- Neurologic system
  - Seizure precautions/interventions
  - Vagal nerve stimulator
- Musculoskeletal system
  - Cast care Wound care
  - Decubiti/pressure ulcers
- Respiratory system
  - Tracheostomy care
  - Technology dependent child

This information is reviewed to determine the medical necessity of private duty nursing and the level of support based on InterQual skilled nursing criteria supplemented by information in this policy.

### **Redetermination**

Prior to the expiration of the initial authorization period, the requesting provider must submit to Sunshine Health's utilization management department information on the member's status for a review for a subsequent approval using "Information Required for Initial Review".

### **Limitations and Exclusions:**

- Members, who may benefit from private duty nursing, include those eligible members who are under the age of 21, only.
- Banking or flex hours of approved private duty nursing hours is not allowed. Only the number of hours that are approved as medically necessary can be approved. The total number of hours per week, hours per day, and days per week approved must be followed. Any variations would need to be requested and approved in advance by Sunshine Health.
- Private duty nursing is not covered for respite care. Examples are parent or legal guardian recreation, socialization, and volunteer activities or periodic relief to attend to personal matters unrelated to the medical necessary care of the member.
- Private duty nursing can be covered outside the member's residence if the services are unavailable through other public or private resources, including schools (with documentation of such) and the services are medically necessary while the member is outside his/her home.
- Private duty nursing services can be considered for the medically complex member at school if both of the following are met:
  - The member's primary care physician provides documentation that he/she considers going to school a viable option given the member's medical status, and
  - The school system is not currently providing the intensity of nursing care required by the child, and private duty nursing services would enable the member to attend school (with documentation of such).
- Private duty nursing services are not covered in the following locations:
  - Hospitals
  - Nursing facilities
  - Intermediate care facilities for individuals with intellectual disabilities

- Physician offices
- Clinics
- Prescribed pediatric extended care centers
- There are times during the day when skilled interventions are not required for a member receiving private duty nursing services. In these cases, parents or legal guardians must provide assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) for the member, to the fullest extent possible. If parents or legal guardians need training to safely perform these ADL and IADL tasks, the home health provider must provide training and document the methods used to train the parent or legal guardian in the member's medical record. If the parents or legal guardians are willing and capable of providing more ADL and IADL care, private duty nursing can be authorized to supplement the care provided by those parents or legal guardians.
- Private duty nursing services can be approved for a member whose parent or legal guardian is not available or able to provide ADL or IADL care. Documentation must be provided with a request for private duty nursing services in order to substantiate a parent or legal guardian's inability to participate in the care of the member (i.e., work or school schedules and medical documentation). If a parent or legal guardian is unable to provide a work schedule, a statement attesting to the work schedule must be presented to Sunshine Health when making the request.
- For MMA, CMS, SMI and Child Welfare members, a home health agency can allow payment for up to 40 hours per week of private duty nursing services provided by a parent or legal guardian if that parent or legal guardian has a valid license as a RN or LPN in the state of Florida and is employed by a contracted home health agency. Parents or legal guardians must participate in providing ADL and IADL care to the fullest extent possible and are expected to continue to provide non-reimbursed care as the primary parent or legal guardian.
  - If a child is receiving private duty nursing services that are performed by a primary parent or legal guardian, the servicing agency must submit the "Sunshine Health Request for Authorization for Private Duty Nursing by a Parent or Legal Guardian" form with the request for authorization to Sunshine Health Plan. If a parent or guardian requests to provide PDN services after the start date of the authorization, the form may be submitted by the agency for Sunshine Health signature prior to the authorization end date. The Sunshine Health Request for Authorization for Private Duty Nursing by a Parent or Legal Guardian" form does not replace the need for medical necessity review of services.
  - The Sunshine Health prior authorization nurse receives the submitted forms, reviews for completion, signs the form and faxes a copy of the signed form to the requesting agency. The signed form is electronically attached to the member's record in TruCare.
  - Additionally, the Sunshine Health prior authorization nurse will contact the members assigned care manager (CM) to communicate outcome of approval by calling the assigned CM and following up with an email.
- Approval is not provided for additional private duty nursing hours for the member so that the member's parent or legal guardian who is providing private duty nursing for the member can also work outside the home or for respite. The parent or legal guardian is not eligible to participate in this program if the required care cannot be provided because of a medical condition or disability of the parent or legal guardian.
- The absence of an available care giver does not make the requested services skilled care, and therefore is not criteria used for determining medical necessity of private duty nursing.
- Services that can be provided safely and effectively by a non-clinically trained person are not considered skilled when a non-skilled caregiver is not available.
- Services that involve payment of family members or nonprofessional caregivers for services performed for the member are not considered as medically necessary for authorization of private duty nursing services.
- Long Term Care members may receive nursing care of both a supportive and healthy related nature, specific to the needs of a medically stable, physically handicapped member aged 21 and older who requires more individual and continuous care than an intermittent nursing visit. The scope and nature of these services do not otherwise differ from private duty nursing services. This service is providing under attendant nursing care authorizations.

**REFERENCES:**

Agency for Healthcare Administration, Provider General Handbook, July 2012,  
[http://ahca.myflorida.com/medicaid/review/General/59G\\_5020\\_Provider\\_General\\_REQUIREMENTS.pdf](http://ahca.myflorida.com/medicaid/review/General/59G_5020_Provider_General_REQUIREMENTS.pdf)

Agency for Healthcare Administration, Private Duty Nursing Services Coverage Policy and Home Health Visit Services Coverage Policy, November 2016

[http://ahca.myflorida.com/medicaid/review/Specific/59G-4-261\\_Private\\_Duty\\_Nursing\\_Services\\_Coverage\\_Policy.pdf](http://ahca.myflorida.com/medicaid/review/Specific/59G-4-261_Private_Duty_Nursing_Services_Coverage_Policy.pdf).  
 Accessed 07-27-20.

[https://ahca.myflorida.com/medicaid/review/Specific/59G-4-130\\_Home\\_Health\\_Visit\\_Services\\_Coverage\\_Policy.pdf](https://ahca.myflorida.com/medicaid/review/Specific/59G-4-130_Home_Health_Visit_Services_Coverage_Policy.pdf).  
 Accessed 07-27-20.

[Florida Medicaid Statewide Medicaid Managed Care Long-Term Care Program Coverage Policy :](https://ahca.myflorida.com/medicaid/review/Specific/59G-4.192_LTC_Program_Policy.pdf)

[https://ahca.myflorida.com/medicaid/review/Specific/59G-4.192\\_LTC\\_Program\\_Policy.pdf](https://ahca.myflorida.com/medicaid/review/Specific/59G-4.192_LTC_Program_Policy.pdf). Accessed 07-27-20.

FL.UM.02.00 – Use of Clinical Criteria  
 FL.UM.02.01 – Medical Necessity Review and Continuity of Care  
 FL UM 05.00 - Timeliness of UM Decisions and Notifications

**ATTACHMENTS:**

“Sunshine Health Request for Authorization for Private Duty Nursing by a Parent or Legal Guardian”



SH Auth for Private  
 Duty Nursing 8.24.11

**ROLES & RESPONSIBILITIES:** Utilization Management

**REGULATORY REPORTING REQUIREMENTS:** N/A

**REVISION LOG**

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy Created	06/2015
Annual Review	Reference to FL.UM.02.02 updated to reflect new condensed policy FL.UM.02 Practice Guidelines and Clinical Criteria policy and procedure; Added language to clarify that a servicing provider may request to have a parent or legal guardian provide PDN for a member and is required to completed and submit the “Sunshine Health Request for Authorization for Private Duty Nursing by a Parent or Legal Guardian” form; New form created; Clarified internal communication between UM and CM teams re: form approval; clarified that the PDN policy applies to LTC, MMA, CW and HK. However, for HK, while there is a PDN benefit, the parent cannot be the nurse that is paid to provide PDN services	08/2016
Annual Review	References to AHCA Provider General Handbook and Home Health Visit Services Coverage policy updated. Updated title of Policy FL.UM.02 - Use of Clinical Criteria.	11/2017
Annual Review	<ul style="list-style-type: none"> <li>• Added and Continuity of care to 1st point under Review Process</li> <li>• Added and Notifications to 3rd point under Review Process</li> <li>• Changed FL.UM.02 to FL.UM.02.00</li> <li>• Changed FL.UM.05 to FL.UM.05.00</li> </ul> Added link to Private Duty Nursing	03/2019
Policy Update	Removed LTC Updated Healthy Kids information to add benefit limitations	07/2019
Annual Review	Removed Healthy Kids. Updated AHCA coverage policies for PDN and	07/2020

	HH visits. Changed approver 3 from CMO to VP Medical Affairs.	
Annual Review	No changes needed	08/2021
Annual Review	Transferred Policy to New Template Added: SMI and CMS to Product line and added "Specific Clinical Information/Criteria"	04/2022
Ad Hoc Review	Updated 1D from: There is a signed plan of care <b>or</b> order for the requested services to There is a signed plan of care <b>and</b> order for the requested services	07/2022
Annual Review	Updated "Policy ID" Updated dates to the correct format Added policy name to "Footer" Removed Signature Lines Corrected grammatical errors	07/2023

### **POLICY AND PROCEDURE APPROVAL**

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.