



CHAPTER 532 PRIVATE DUTY NURSING (PDN)

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.

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BACKGROUND

Private Duty Nursing (PDN) is supportive to the care provided to the member by the member's family, foster parents, and/or delegated caregivers, as applicable. Nursing services shall be based on medical necessity. Increases or decreases in the level of care and number of hours or visits authorized shall be based on a change in the condition of the member, limitation of the program, and the ability of the family, foster parents, or delegated caregivers to provide care.

POLICY

532.1 MEDICAL NECESSITY REVIEW AND PAYMENT AUTHORIZATION

The PDN services for eligible Medicaid and Children with Special Health Care Needs (CSHCN) program members are subject to the same prior authorization medical necessity requirements. Coverage for PDN services is limited to eligible members under 21 years of age (through the age of 20). All PDN services (procedure code T1000) provided to children participating in CSHCN program (Title V) and Medicaid members under age 21 years will require prior authorization from the appropriate UMC.

532.1.1 Program Exceptions

In the event of limited nursing resources for a PDN Provider, two PDN provider agencies may coordinate care and provide services to the same member as long as there is no duplication of services on the same date(s) of service and requires the following:

- The PDN providers must document the need and reason for two PDN Providers to render services to a member; and
- The two PDN providers must coordinate the member's Plan of Care, (POC) maintain the POC, and documentation on all services rendered by each PDN Provider in the member's records.

NOTE: PDN providers must agree to abide by all applicable federal and state laws, policy manuals, and other documents that govern the PDN program. Providers must also agree to make themselves, Board Members, their staff, and any and all records pertaining to PDN services available to any audit, desk review, or other service evaluation that ensures compliance with billing regulations and program goals.

Providers must ensure that all required documentation is maintained at the agency(s) as required by state and federal regulations and is accessible for state and federal audits.

532.2 SCREENING CRITERIA AND SERVICE REQUIREMENTS

All of the following information is required and must be submitted to the appropriate UMC within seven working days prior to the start of care date and recertification dates. **NOTE:** All clinical documentation, including the medication list, must be from the physician or APRN, not from the family/caregiver. The Plan of Care and nursing notes must also be maintained in the member's home.

- A. Physician (Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO)) or Advanced Practice Registered Nurse (APRN) Plan of Care (signed and dated) must include all of the following information on the Centers for Medicare and Medicaid Services (CMS) 485 form:
 1. Diagnosis and procedure;
 2. Medical history;

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3. Prognosis (include specific expectations for the member's diagnosis and condition);
 4. Approximate length of time PDN services will be needed;
 5. Medical justification for services requested, including orders;
 6. Documentation that the member is medically stable, except for acute episodes that PDN can manage.
- B. Nursing Plan of Care must include all of the following information on the CMS 485 form:
1. Proposed start of care date;
 2. International Classification of Diseases (ICD) diagnosis and procedures codes;
 3. Justification for skilled nursing services eight hours or more in a 24-hour period;
 4. Description of needs must include interventions, measurable objectives and short- and long-term goals with timeframes;
 5. Medications new or changed including dose, frequency and route;
 6. Technology dependent:
 - a) Ventilator dependent and one of the following: (1 or 2)
 - 1) Mechanical ventilator support is necessary for at least eight hours per day and not at maintenance level; or
 - 2) Oxygen supplementation for ventilator dependent members at or below an inspired fraction of 40% (FI_{O2} of 0.40).

Physician/APRN review required for:

- **Ventilator Dependent:** if indicators above (6a1 or 6a2) are not met and member also requires one or more of the following indicators below (6b, 6c, 6d or 6e):
 - **Non-Ventilator Dependent:** if one or more indicators below (6b, 6c, 6d or 6e) are required:
 - b) Non-ventilator: Tracheostomy care requires documentation of site appearance, type/frequency of wound care/dressing changes and description of any drainage around site. Also, record frequency of suctioning, including amount, color, consistency of secretions;
 - c) Oxygen: documentation required concerning rapid desaturation without oxygen;
 - d) Tube feedings: (NG tube, G-tube and J-tube) requires type and frequency of product given. Also includes bolus feeding or continuous infusion via pump;
 - e) Intravenous Infusions: Intravenous infusions, including Total Parenteral Nutrition (TPN), medications, and fluids require documentation of type of line, site, dose, frequency, and duration of infusion. Also record gravity or pump installation.
7. The PDN provider must document and maintain an effective infection control program that protects members, families, foster parents, visitors, and PDN personnel by preventing and controlling infections and communicable diseases.
 8. The PDN provider must comply with all applicable federal, state, and local emergency preparedness requirements. The PDN Provider must establish, document, and maintain an emergency preparedness program for each member.
 9. West Virginia PDN services out of state will be determined and authorized on a case by case basis - refer to [Chapter 300, Provider Participation Requirements](#), [West Virginia RN Board for License Compact Information](#), [West Virginia LPN Board](#), [West Virginia State Plan Attachments 3.1-D](#).
 10. The PDN provider cannot provide services for travel according to [Chapter 524, Transportation](#).
 11. Rehabilitation potential including functional limitations related to Activities of Daily Living (ADLs), types/frequency of therapies, and activity limitations per physician order.
 12. Member must be residing in a home environment.

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13. Social History: number, names, and relationship of family members to the member. List the family or foster family/in-home caregivers that are trained to care for the member with supplement of PDN and other health professionals.
14. Record the family's community support system and any transportation equipment.
15. Describe teaching, delegation, assignment of care and availability of PDN.
16. Equipment and supplies necessary for the member's care.
17. Acuity and Psychosocial Grid available on the [PDN webpage](#) with score meeting one of the following (17a, 17b, 17c, or 17d):
 - a. 61 points and above: up to 24 hours per day immediately after discharge from a hospital or if there is a significant worsening or decline of condition;
 - b. 50-60 points: up to 16 hours per day immediately after discharge from a hospital or if there is a significant worsening or decline of condition;
 - c. 40-49 points: up to 12 hours per day immediately after discharge from a hospital or if there is a significant worsening or decline of condition; or
 - d. 30-39 points: eight hours per day, if the score is 24 or above on the Psychosocial Grid in conjunction with the 30-39 points on the Acuity Grid.

NOTE: Physician/APRN review is required if the information on the acuity is less than 30 or the psychosocial grid does not support the other clinical information provided.
18. Family or Foster Family/in-home caregiver must require **all of the following** (18a, 18b, 18c, 18d, and 18e):
 - a. Family or foster family/in-home caregiver must have at least one responsible person trained and fully able to care for the member in the home at all times that is not an employee of the PDN agency. Documentation of the demonstration by family or foster family/in-home caregiver of specific skills, including Cardiopulmonary Resuscitation (CPR) instruction and certification. A ventilator dependent member requires the availability of two or more trained caregivers that are not employees of the PDN agency;
 - b. Family or foster family/in-home caregiver ability to maintain a safe home environment;
 - c. Each member's home environment must have a documented emergency response plan that includes "emergency drills" performed by the family or foster family/in-home caregiver at least every six months;
 - d. PDN provider must monitor and document caregiver's compliance with emergency plan; and
 - e. Family or foster family/in-home caregiver will work toward maximum independence, including finding and using alternative resources as appropriate.
19. Home environmental must require **all of the following** (19a, 19b, 19c, 19d, 19e, and 19f):
 - a. Adequate electrical power including back-up power system;
 - b. Adequate space for equipment and supplies;
 - c. Adequate fire safety and adequate exits for medical and other emergencies;
 - d. Clean environment to the extent that the member's life and health is not at risk
 - e. Working telephone (e.g. landline, cell, or 911 phone) maintained in the home and available 24 hours a day;
 - f. Notification to power companies, fire department, and other pertinent agencies of the presence of a special needs person in the household, to ensure appropriate response in case of power outage or other emergency.

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532.3 SIGNIFICANT CHANGES IN CONDITION

Comprehensive assessments must be updated and submitted to the appropriate UMC by the next workday after any significant change of condition, (e.g., emergency room visit, hospital admission), any change in status that will increase or decrease services. Also notify the appropriate UMC if the member expires or is discharged from PDN services.

532.4 EXTENSION OF SERVICES

At least seven working days prior to the expiration of current authorization, all of the following must be submitted to the appropriate UMC for review:

- A. Daily nursing notes from past 30 days; documentation of Private Duty shift care must be written at least every hour on the nursing notes and must include all of the following:
 1. Name of member on each page of documentation;
 2. Date of service;
 3. Time of start and end of service delivery by each caregiver;
 4. Anything unusual from the standard plan of care must be explained on the narrative;
 5. Interventions;
 6. Outcomes including in the member/family's response to services delivered;
 7. Nursing assessment of the member's status and any changes in that status per each working shift;
 8. Signature with credentials of the private duty nurse;
- B. Updated plan of care, including new goals and objectives outlined;
- C. Updated medical and social information;
- D. Progress reports, including the member's potential for discharge with timeframes;
- E. Physician's (MD or DO) or APRN orders for service must be dated within seven days prior to the date of request;
- F. Recent, significant clinical findings from physician;
- G. Current (within seven working days) completed Acuity Grid;
- H. Documentation of delegation, teaching, and assignment of care.

532.4.1 Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)

Any services identified through an EPSDT screening that are conducted by a PDN provider that are medically necessary are covered for members up to 21 years of age (through the age of 20). Please refer to [Chapter 400, Member Eligibility](#) for additional information on the EPSDT program.

To obtain authorization for services that have been identified as a result of the EPSDT exam that are not covered under the Medicaid State Plan, or for service limitations that have been previously met, the service provider must provide the medical documentation for the service requested and fax to the attention of the appropriate UMC.

532.4.2 Services to Home and Community-Based Services (HCBS) Members

Intellectual and/or Developmental Disabilities Waiver (IDDW), Aged and Disabled Waiver (ADW), Children with Serious Emotional Disorder Waiver (CSEDW), and Traumatic Brain Injury Waiver (TBIW)

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members under the age of 21 are eligible to receive private duty nursing services. The following circumstances apply to services for those members:

- There is no duplication of waiver services;
- Requests for PDN services to the appropriate UMC includes waiver experience and relevant services; and
- PDN services are evaluated in the context of the plan of care and the Service Plan developed by the waiver team. Copies of both Plans must be maintained in the PDN and Waiver records.

532.5 NON-COVERED SERVICES

Private duty nursing services are not billable in the following situations:

- PDN services for members 21 years of age or older.
- Member is residing in a nursing facility, hospital, residential care facility, intermediate care facilities for individuals with intellectual developmental disabilities (ICF/IID) or personal care home at the time of delivery of PDN services.
- Care solely to allow the member's family, foster family, or in-home caregiver to work, go to school, or to run errands.
- Care solely to allow respite for member's caregivers and/or family.
- Care at maintenance level.
- Care solely to allow vacation and/or vacation travel with family, foster family, or in-home caregiver within or outside the state of West Virginia.
- Only the agency authorized to provide the PDN services can bill. If the agency finds it necessary to subcontract services due to staffing needs, the services provided by the subcontractor are not reimbursable by Medicaid.
- No PDN (RN and/or LPN) shall work more than 16 hours in a 24- hour period in accordance with the [West Virginia Code §21-5F Nurse Overtime and Patient Safety Act](#).

532.6 APPEALS PROCESS/FAIR HEARING

Non-covered services are not eligible for West Virginia Department of Human Services (DoHS) Fair Hearings or Desk/Document Reviews. See [42 CFR § 431.220, When a hearing is required](#) for more information.

- If the UMC denies prior authorization for PDN services, a reconsideration request with additional supportive documentation may be submitted to the appropriate UMC.
- Failure to prior authorize services will result in denial of the hearing request.
- The member or provider may submit an appeal request to BMS upon receipt of the prior authorization denial.
- A request for retrospective review is available for members with back dated medical cards and/or primary insurance denials. Please refer to [Chapter 400, Member Eligibility](#).

532.7 BILLING PROCEDURES

The PDN service billing requirements are as follows:

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- Claims from providers must be submitted on the CMS 1500 form or electronically transmitted to the appropriate fiscal agent and must include all information required to process the claim for payment.
- Claims must be filed on a timely basis, i.e., filed within 12 months from date of service, and a separate claim must be completed for each individual member.
- For members who have other insurance coverage, a denial letter must be submitted from the primary insurer in order to bill Medicaid for services.

532.8 CRIMINAL BACKGROUND CHECKS

Please see [Chapter 700, West Virginia for Clearance Access: Registry & Employment Screening \(WV CARES\)](#) for criminal background information.

532.9 RECOVERY OF OVERPAYMENTS

Overpayments identified through review of claims data or audits are subject to recovery. Employment of an individual with one or more sanctions, license restrictions, or criminal convictions will result in recoupment of monies paid for services provided during the applicable period or post-conviction date.

For more information, please see [Chapter 800, Program Integrity](#).

REFERENCES

West Virginia State Plan references Private Duty Nursing Services at sections [3.1-A\(8\)](#), [3.1-B\(8\)](#), and [supplement 2 to attachments 3.1-A](#) and [3.1-B\(8\)](#).

Please refer to the Private Duty Nursing website:
<https://bms.wv.gov/nursing-services>

Private Duty Nursing Approved Forms:
<https://bms.wv.gov/private-duty-nursing-program-policy-and-forms>

Program Contact Information:
<https://bms.wv.gov/private-duty-nursing-program-contact-information>

West Virginia Code 5F. Nurse Overtime and Patient Safety Act
<https://code.wvlegislature.gov/21-5F/>

West Virginia Registered Nurses (RN) Board: Nursing Licensure Compact Information (NLC) - Enhanced Nursing Licensure Compact (eNLC)
<https://wvrnboard.wv.gov/Pages/License-Compact-Information.aspx>

West Virginia Licensed Practical Nurses (LPN) Board
<http://www.lpnboard.state.wv.us/mainright.htm>

Note: All nurses must refer to their primary state of residence licensure board(s) periodically for future updates and final rulings.

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GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

Activities of Daily Living (ADL): Activities usually performed in the course of a normal day in a member's life, such as eating, dressing, bathing and personal hygiene, mobility, and bowel and bladder control.

Admission: Acceptance of the member into the private duty nursing program contingent upon meeting the criteria.

Family or Foster Family/In-Home Caregiver: Any person who assumes a portion of the member's nursing care in the home when Private Duty Nursing staff is not present. Family or Foster/in-home caregivers may live in the member's home, or may come to the member's home to provide care.

Initial Hospital Discharge: First hospital discharge that occurs after the member's birth or the first hospital discharge after the onset of the condition that resulted in the need for Private Duty Nursing.

Length of Time: Assignment of time for authorization of private duty services not to exceed 60 calendar days.

Maintenance Care: Level of care needed when the goals and objectives of the care plan are reached, and the condition of the member is stable/predictable. Example: For the mechanical ventilated member, stable condition will be evidenced by ability to clear secretions from tracheostomy, vital signs stable, blood gases stable with oxygen greater than 92% and the pulse oximetry greater than 92%, the plan of care does not require the skills of a licensed nurse in continuous attendance, or the member, family, foster parents, or caregivers have been taught and have demonstrated the skills and abilities to carry out the plan of care.

Nurse Licensure Compact Administration (NLCA): An Act passed by the United States Congress in January 2000 that permits a nurse licensed in one "home" compact state to practice in a participating compact state without seeking an additional nursing license. West Virginia became a participating Nurse Licensure Compact (NLC) – Enhanced Nursing Licensure Compact (eNLC) state effective January 19, 2018.

Plan of Care: Written instructions detailing services the member will receive. The plan is initiated by the Private Duty Nurse or nursing agency with input from the prescribing physician.

Private Duty Nursing (PDN): Face-to-face skilled nursing that is more individualized and continuous than the nursing that is available under the home health benefit or routinely provided in a hospital or nursing facility.

Referring Provider: A Doctor of Medicine (MD), osteopathy (DO) or Advanced Registered Nurse Practitioner (APRN) who must be a West Virginia Medicaid enrolled provider.

Re-hospitalization: Any hospital admission that occurs after the initial hospitalization as defined above.

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Respite: Short-term or intermittent care and supervision in order to provide an interval of rest or relief to family or caregivers.

Skilled Nursing: Services provided under the licensure, scope and standards of the West Virginia Nurse Practice Act, by a registered nurse (RN) under the direction of a physician, or a licensed practical nurse (LPN) under the supervision of an RN and the direction of a physician.

CHANGE LOG

REPLACE	TITLE	EFFECTIVE DATE
Entire Chapter	Private Duty Nursing	September 15, 2015
Entire Chapter	532.2,B, 532.5, 532.5.1, 532.6, 532.7, 532.8, and Glossary. Screening Criteria and Service Requirements For Private Duty Nursing Services, Program Exclusions for Members, Appeals Process/Fair Hearing, Billing Procedures, Criminal Background Checks, and Glossary.	December 21, 2016
Entire Chapter	<p>532.2: Screening Criteria and Requirements for PDN Services Section – Added statements re: #7. Infection Control, #8. Emergency Preparedness, #9. Updated PDN services Out of State. Under Plan of Care and Nursing Notes Maintained in the Home Environment: 18a statement was updated, 18b was updated, and added 18c and 18d statements.</p> <p>532.4.2: Updated Section heading to: Services To Home And Community-Based Services (HCBS) Members and added Children with Serious Emotional Disorder Waiver (CSEDW).</p> <p>532.5: Program Exclusions Section – Updated bullet #3 and added bullet #6 statement.</p> <p>Added 532.5.1 Program Exceptions for limited nursing resources and note.</p> <p>532.8: Criminal Background Checks – Replaced entire section with Chapter 700 WVCARES Policy link.</p> <p>532.10: Updated How to Obtain Information section. Added West Virginia Code Chapter 21.Labor. Article 5F. Nurse Overtime and Patient Safety Act.</p> <p>Glossary: Updated Nurse Licensure Compact Administration (NLCA/eNLC) Definition for West Virginia.</p>	May 1, 2020