



**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.

## CHAPTER 532 PRIVATE DUTY NURSING (PDN)

### BACKGROUND

Private Duty Nursing 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 FOR PRIVATE DUTY NURSING

Private Duty Nursing (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). The West Virginia Medicaid Program has contracted with a Utilization Management Contractor (UMC) to review for PDN. 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 UMC. If the member is enrolled in the Physician Assured Access System (PAAS) program, authorization or a referral must be given by the member's PCP.

#### 532.2 SCREENING CRITERIA AND SERVICE REQUIREMENTS FOR PRIVATE DUTY NURSING SERVICES

**All of the following information is required and must be submitted to the UMC within seven working days prior to the start of care date and recertification dates**

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



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- 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<sub>O2</sub> 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 include 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. Rehabilitation potential including functional limitations related to Activities of Daily Living (ADLs), types/frequency of therapies, and activity limitations per physician order;
- 8. Member is residing in a home environment;
- 9. 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;
- 10. Record the family's community support system and any transportation equipment;
- 11. Describe teaching, delegation, assignment of care and availability of PDN;
- 12. Equipment and supplies necessary for the member's care;
- 13. Acuity and Psychosocial Grid available on the [PDN webpage](#) with score meeting one of the following (13a, 13b, 13c, or 13d):
  - 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;
  - 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.**



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### THE PLAN OF CARE AND NURSING NOTES MUST ALSO BE MAINTAINED IN THE MEMBER'S HOME.

14. Family or Foster Family/in-home caregiver must require **all of the following** (14a, 14b, and 14c):
  - a. Family must have at least one person trained and fully able to care for the member in the home. 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;
  - b. Family or foster family/in-home caregiver ability to maintain a safe home environment, including an emergency plan;
  - c. Family or foster family /in-home caregiver will work toward maximum independence, including finding and using alternative resources as appropriate.
15. Home environmental must require **all of the following** (15a, 15b, 15c, 15d, 15e, and 15f):
  - 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.

### 532.3 SIGNIFICANT CHANGES IN CONDITION

Comprehensive assessments must be updated and submitted to the Utilization Management Contractor (UMC) Nurse Reviewer 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 UMC Nurse Reviewer 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 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. Full signature of the private duty nurse;



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- 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 7 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 any 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 in the benefit package, 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 BMS' Utilization Management Contractor (UMC). The UMC contact information can be found on the [PDN website](#). For those enrolled in a Managed Care Organization (MCO), the respective member's MCO must be contacted.

### 532.4.2 Services to Waiver Members Under 21 Years of Age

Individuals with Intellectual and/or Developmental Disabilities Waiver (IDDW), Aged and Disabled Waiver (ADW), and Traumatic Brain Injury Waiver (TBIW) members under the age of 21 are eligible to receive private duty nursing services. The following circumstances apply to services for those members:

- 1. There is no duplication of waiver services;
- 2. Requests for PDN services to the UMC includes waiver experience and relevant services;
- 3. PDN services are evaluated in the context of the plan of care developed by the Waiver Team.

### 532.5 PROGRAM EXCLUSIONS FOR MEMBERS

- 1. Member is residing in a nursing facility, hospital, residential care facility, intermediate care facility for developmental disabilities (ICF/IID) or personal care home at the time of delivery of PDN services;
- 2. Care solely to allow the member's family or caregiver to work or go to school;
- 3. Care solely to allow respite for caregivers or member's family;
- 4. Care at maintenance level;
- 5. 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.
- 6. PDN services for members 21 years of age or older.



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### 532.6 APPEALS PROCESS/FAIR HEARING

1. If the UMC denies prior authorization for PDN services, a reconsideration request with additional supportive documentation may be submitted to the UMC.
2. Failure to prior authorize will result in denial of the hearing request.
3. The member or provider may submit an appeal request to BMS upon receipt of the prior authorization denial.
4. A request for retrospective review is available for members with back dated medical cards and/or primary insurance denials.

### 532.7 BILLING PROCEDURES

1. Claims from providers must be submitted on the BMS designated form or electronically transmitted to the BMS fiscal agent and must include all information required by BMS to process the claim for payment.
2. 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.
3. All claims must be billed using the CMS 1500 or the equivalent electronic format.

### 532.8 PRIVATE DUTY NURSING (PDN) STAFF FINGERPRINT-BASED BACKGROUND CHECK REQUIREMENTS, RESTRICTIONS AND MEDICAID EXCLUSION LIST

At a minimum, a state level fingerprint-based background check, must be conducted by the West Virginia State Police initially and again every three years for all PDN provider staff providing direct care services to members including direct-care personnel. If a prospective or current employee has lived out of state within the last five years, an FBI fingerprint-based criminal history check must also be conducted. Prior to providing PDN services, required fingerprint-based checks must be initiated. PDN providers **may** do a preliminary check utilizing on-line internet companies and use these results until the fingerprint results are received. An individual who is providing direct care services by a PDN provider cannot be considered to provide services if ever convicted of the following:

- A. Abduction
- B. Any violent felony crime including but not limited to rape, sexual assault, homicide, felonious physical assault or felonious battery
- C. Child/adult abuse or neglect
- D. Crimes which involve the exploitation, including financial exploitation, of a child or an incapacitated adult
- E. Any type of felony battery
- F. Felony arson
- G. Felony or misdemeanor crime against a child or incapacitated adult which causes harm
- H. Felony drug related offenses within the last 10 years
- I. Felony DUI (Driving Under the Influence) within the last 10 years
- J. Hate crimes
- K. Kidnapping
- L. Murder/ homicide
- M. Neglect or abuse by a caregiver



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- N. Pornography crimes involving children or incapacitated adults including but not limited to, use of minors in filming sexually explicit conduct, distribution and exhibition of material depicting minors in sexually explicit conduct or sending, distributing, exhibiting, possessing, displaying or transporting material by a parent, legal representative or custodian, depicting a child engaged in sexually explicit conduct
- O. Purchase or sale of a child
- P. Sexual offenses including but not limited to incest, sexual abuse, or indecent exposure
- Q. Healthcare fraud
- R. Felony forgery

Fingerprint-based background check results, other than those listed above, which may place a member at risk of personal health and safety or have evidence of a history of Medicaid fraud or abuse must be considered by the licensed PDN provider before placing an individual in a position to provide services to the member.

If aware of a recent conviction or change in status of an agency staff member providing PDN services, the PDN provider must take appropriate action, including notification to the BMS PDN Program Manager.

The PDN Provider is responsible for ensuring that all staff are appropriately licensed and qualified to provide services.

The PDN Provider must make sure all subcontractors comply with rules and regulations.

The OIG Exclusion List must be checked for every agency employee who provides Medicaid services prior to employment and monthly thereafter. Persons on the OIG Exclusion List cannot provide Medicaid services. This list can be obtained at <http://exclusions.oig.hhs.gov>.

All payments for services provided by excluded providers or employees will be recovered by BMS.

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### 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.

Ensure that all required documentation is maintained at the agency on behalf of the State of West Virginia and accessible for state and federal audits.

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### 532.10 HOW TO OBTAIN INFORMATION

Please refer to the [Private Duty Nursing](#) website.

Private Duty Nursing Approved Forms  
<http://www.dhhr.wv.gov/bms/Programs/PDN/Pages/Manual-and-Forms.aspx>

All forms may be photocopied.

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### Program Contact Information

<http://www.dhhr.wv.gov/bms/Programs/PDN/Pages/Program-Contact-Information.aspx>

## 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 (ADLs):** 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.

**Physician Assured Access System (PAAS):** a program that enrolls and assigns Medicaid members to a primary care provider (PCP) who provides, coordinates, and/or authorizes all medically necessary services.

**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:** 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.



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

**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 a Registered Nurse and the direction of a physician.

### 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\(8\)](#).

### CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter	Private Duty Nursing		September 15, 2015

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