

Medicaid Waiver Nursing

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Definition

Medicaid Waiver Nursing (MWN) is care of a HASCI Waiver participant age 21 years or older which is within the scope of the state's Nurse Practice Act and provided by a professional registered nurse (RN) or licensed practical nurse (LPN).

MWN is authorized based upon a physician's order that specifies the skilled care and type of nurse (RN/LPN) that is medically necessary. The amount of nursing initially authorized is determined by SCDDSN and is re-determined by SCDDSN at least annually or in another designated review period.

Service Unit

Medicaid Waiver Nursing: one unit equals one (1) hour provided by one LPN or RN

Refer to the current HASCI Waiver rate table for reimbursement amounts. *This can be accessed via the SCDDSN Application Portal >R2D2 >View Reports >Waiver >Service Rates >HASCI.*

Service Limit / Restrictions

MWN is limited to either 60 hours per week of LPN or 45 hours per week of RN.

If a combination of LPN and RN is needed, combined hours per week cannot exceed the equivalent cost of either 60 hours per week of LPN or 45 hours per week of RN. Unused units in a particular week cannot be transferred to another week.

If a HASCI Waiver participant is receiving MWN in addition to Attendant Care/Personal Assistance Services, the combination of services, whether routine or short term, may not exceed 10 hours per day or 70 hours per week. Unused units in a particular week cannot be transferred to another week.

The limits may be exceeded if applying the limit would create a substantial risk that the participant would no longer be able to live in the community, but would, because of the limit in services, require institutionalization.

MWN cannot supersede nursing available under private insurance, Worker's Compensation, Medicare, Medicaid State Plan, or any other funding.

MWN may augment another funding source if the type/amount of nursing needed by a HASCI Waiver participant age 21 years or older exceeds that covered by other funding, but is within the above MWN service limits.

Providers

MWN must be provided by an agency or company directly enrolled with SCDHHS as a provider of MWN for HASCI Waiver participants, and subject to SCDHHS Scope of Services for Nursing, including requirements for supervision of LPNs.

Arranging and Authorizing the Service

When nursing services are requested by or for a HASCI Waiver participant age 21 years or older, the need for skilled care and type of nurse (RN/LPN) must first be specified and documented in a *Physician's Order for Nursing Services* (HASCI Form 15). *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

After the Physician's Order is obtained, the amount of nursing to be authorized must be determined by SCDDSN. *See "Required Records for Review of SCDDSN Authorized Nursing Services" at the end of this section.*

When the type and amount of nursing have been determined, the participant's Support Plan must be updated to document MWN, including the service name and payer, type of nurse (RN/LPN), the amount, frequency, and duration of the service, and provider type. The Support Plan must also document all other nursing the individual will receive from any other funding sources. In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division.

Upon approval, the Waiver Case Manager must enter the service into the Service Tracking System (STS).

After the amount of nursing to be authorized is approved, the participant or legal guardian must be given choice of qualified nursing provider(s) from among those available. Offering of provider choice and provider(s) selected must be documented in a Case Note.

To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

After the initial visit with the participant, the nursing provider agency must complete a specific service plan for provision of nursing. The nursing provider agency must notify the HASCI Waiver Case Manager within two (2) working days of any significant changes in the participant's condition or status, including hospitalization.

If increased nursing units and/or change in type of nurse are requested by or for the participant, the Waiver Case Manager must submit updated information for approval by SCDDSN. If the change is approved, the participant's Support Plan must be updated, and a new authorization sent to each affected nursing agency provider.

If decreased nursing units are requested by or for the participant, approval by SCDDSN is not required. The participant's Support Plan must be updated. and a new authorization must be sent to each affected nursing agency provider.

Billing

MWN must be directly billed to SCDHHS by the nursing agency provider. This must be indicated on the authorization.

Care provided by a RN can substitute for authorized LPN care, but must be billed at the LPN rate. Care provided by a LPN cannot substitute for authorized RN care.

Monitorship

The Waiver Case Manager must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participants, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to change in the service, such as an increase/decrease in units authorized, change in provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chose provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider(s).

Some questions to consider during monitoring include:

- Is the participant receiving Nursing Services as authorized?

- Does the provider show up on time and stay the scheduled length of time? If the provider does not show up to provide care to the individual, who is providing back-up care in the provider absence?
- Does the provider show the participant courtesy and respect?
- Has the participant's health status changed since the last monitoring? If so, does the service need to continue at the level at which it has been authorized? If the individual is receiving the service for an acute condition, has the physician been consulted about the continuation of Nursing Services and the skill level required?
- Have there been any changes to the participant's specific nursing plan developed by the provider? If so, is a copy of the current nursing plan present in the participant's Waiver Case Management record?
- Is the participant pleased with the service being provided, or is assistance needed in obtaining a new provider?
- What is the expected duration of services at the current level?

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Case Notes.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)

- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated. Budget information in the Waiver Tracking System (WTS) must be adjusted accordingly.

Service information in the Service Tracking System (STS) must be updated by the Waiver Case Manager as necessary.

Children's Private Duty Nursing Funded through Medicaid State Plan for HASCI Waiver Participants Under Age 21 Years

A HASCI Waiver Case Manager must authorize nursing services for a HASCI Waiver participant under age 21 years to be funded through the Medicaid State Plan. It is authorized as either Private Duty Nursing (PDN) or Enhanced Private Duty Nursing (EPDN), depending upon specific medical condition(s) of the child.

Children's Private Duty Nursing funded through Medicaid State Plan for a HASCI Waiver participant is authorized based upon a physician's order that specifies skilled care and type of nurse (RN/LPN) that is medically necessary. The physician's order also documents whether the child qualifies for PDN or EPDN.

The amount of nursing initially authorized is determined by SCDDSN and is re-determined at least annually or in other designated review period.

If a child already receiving PDN or EPDN authorized by SCDHHS subsequently becomes enrolled in the HASCI Waiver, then PDN or EPDN must be re-authorized by the HASCI Waiver Case Manager. This must occur at enrollment or no later than 30 days following enrollment in the HASCI Waiver.

When a HASCI Waiver participant ages out of eligibility for PDN or EPDN (at age 21 years), services must be re-authorized as Medicaid Waiver Nursing. To avoid a lapse in services, authorization of Medicaid Waiver Nursing must occur prior to, but no more than 30 days before the participant's 21st birthday.

Service Unit

Children's PDN: one unit equals one (1) hour, provided by one LPN or RN

Children's EPDN: one unit equals fifteen (15) minutes, provided by one LPN or RN

Refer to the current HASCI Waiver rate table for reimbursement amounts. *This can be accessed via the SCDDSN Application Portal >R2D2 >View Reports >Waiver >Service Rates >HASCI.*

Service Limit / Restrictions:

Medicaid State Plan does not establish a service limit for Children's Private Duty Nursing. The amount of nursing care that is authorized must be justified by assessed need and professional review of medical necessity.

Children's Private Duty Nursing funded through Medicaid State Plan for a HASCI Waiver participant cannot supersede nursing available to the child under private insurance or any other funding.

Providers

Children's PDN or EPDN may be provided only by an agency or company directly enrolled with SCDHHS as a provider of Children's Private Duty Nursing and subject to SCDHHS Scope of Services for Nursing, including requirements for supervision of LPNs.

Arranging and Authorizing the Service:

To receive Children's Private Duty Nursing services through Medicaid State Plan, a participant must meet criteria indicated on the "*Medical Necessity Criteria for Private Duty Nursing Care Coordination*" (PDN Form 01). If the participant meets these criteria, the *Checklist for Medical Necessity Criteria for State Plan Private Duty Nursing Service* (PDN Form 02) must be completed. *These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

Need for skilled care and type of nurse (RN/LPN) and eligibility for PDN or EPDN must be specified and documented in a *Physician's Order for Nursing Services* (HASCI Form 15). *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

After the Physician's Order is obtained, the amount of nursing to be authorized must be determined by SCDDSN. Copies of the completed PDN Form 02 and HASCI Form 15 must be submitted along with the other required documentation. *See "Required Records for Review of SCDDSN Authorized Nursing Services" at the end of this section.*

When the type and amount of nursing have been determined, the participant's Support Plan must be updated to document Children's Private Duty Nursing funded by Medicaid State Plan, including the service name, type of nurse (RN/LPN), the amount, frequency, and duration of the service, and provider type. The Support Plan must also document all other nursing the participant will receive from any other funding sources. In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division.

After the amount of nursing to be authorized is determined by SCDDSN, the participant or legal guardian must be given choice of qualified nursing provider(s) from among those available. Offering of provider choice and provider(s) selected must be documented in a Case Note.

Because Children's Private Duty Nursing is a Medicaid State Plan service, budget information is not entered into the Waiver Tracking System (WTS) and service information is not entered into the Service Tracking System (STS).

To initiate the service, an electronic authorization must be completed and submitted the chosen provider. Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

Copies of the *Checklist for Medical Necessity Criteria for State Plan Private Duty Nursing Service* (PDN Form 02) and the *Physician's Order for Nursing Services* (HASCI Form 15) must be sent to each nursing provider agency.

After the initial visit with the participant, the nursing provider agency must complete a specific service plan for provision of nursing. The nursing provider agency must notify the HASCI Waiver Case Manager within two (2) working days of any significant changes in the participant's condition or status, including hospitalization.

If increased nursing units and/or change in type of nurse are requested by or for the participant, the Waiver Case Manager must submit updated information for approval by SCDDSN. If the change is approved, the participant's Support Plan must be updated, and a new authorization sent to each affected nursing agency provider.

If decreased nursing units are requested by or for the participant, approval by SCDDSN is not required. The participant's Support Plan must be updated, and a new authorization sent to each affected nursing agency provider.

Billing

Children's Private Duty Nursing must be directly billed to SCDHHS by the nursing agency provider. This must be indicated on *Authorization for Nursing Services*; a prior authorization number must be assigned.

Care provided by RN can substitute for authorized LPN care, but must be billed at the LPN rate. Care provided by a LPN cannot substitute for authorized RN care.

Monitorship:

Because Children's Private Duty Nursing is not a HASCI Waiver service, it is addressed in routine Waiver Case Management monitoring. These contacts and visits must be documented in Case Notes. Information obtained during monitoring may lead to

changes, such as increased/decreased units, change of provider, or change to a more appropriate service.

Service Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied Children's Private Duty Nursing or denied an increase in units already authorized, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

If a HASCI Waiver participant's authorized units of Children's Private Duty Nursing must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including the reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated.

Required Records for Review of SCDDSN Authorized Nursing Services

HASCI Case Managers authorize Private Duty Nursing funded by Medicaid State Plan for HASCI Waiver participants under age 21 years and Medicaid Waiver Nursing for HASCI Waiver participants age 21 years and older. To assure the amount of nursing services is justified, SCDDSN requires that the need for nursing services be evaluated prior to authorization and annually (or at another designated frequency) thereafter. Any subsequent request for a change in type/amount of nursing services also requires formal review by SCDDSN.

For **children or adults requesting nursing for the first time** through either Medicaid State Plan or HASCI Waiver, **or whenever increased nursing is requested**, the following information must be submitted for review prior to issuing an authorization to provider(s):

- Cover sheet indicating:
 - New nursing request or Increased nursing request
 - Participant's name, date of birth, and county of residence
 - Case Manager's name and contact information

- Brief description of participant's living situation, including paid/unpaid caregivers. State why nursing or increased nursing is needed. For increased nursing, specify type and weekly amount currently authorized by all payers. If the participant also receives Children's PCA or Attendant Care/Personal Assistance Services or it will be authorized, specify the amount.
- Copy of the Physician's Order for Nursing Services (*HASCI Form 15*)
- Copy of primary physician's assessments/progress notes for the past 3 months
- Copy of all specialist physician's summaries/treatment for the past 3 visits
- Copy of discharge reports for hospitalizations in the past twelve (12) months

For **children or adults already getting nursing** through either Medicaid State Plan or HASCI Waiver, the following information must be submitted to SCDDSN for **review prior to annual update of the Support Plan or for other designated review period**:

- Cover sheet indicating:
 - Review of nursing for update of the Support Plan or other designated review
 - Participant's name, date of birth, and county of residence
 - Case Manager's name and contact information
- Brief description of consumer's living situation, including paid/unpaid caregivers. Specify type and weekly amount of nursing currently authorized by all payers. If the participant receives Children's PCA or Attendant Care/ Personal Assistance Services through HASCI Waiver, specify the weekly amount authorized.
- Copy of most recent Physician's Order for Nursing Services (*HASCI Form 15*)
- Copy of nursing assessments/daily notes/flow charts for the past 3 months
- Copy of primary physician's assessments/progress notes for the past 3 months
- Copy of all specialist physician summaries/treatment regime for the past 3 visits
- Copy of discharge reports for all hospitalizations in the past 12 months

If the nursing review requires that adjustments be made to current authorization(s), these changes must be discussed with the participant/family during annual planning or other designated review period. If the nursing review is still underway when the new or updated Support Plan takes effect, the current authorization(s) will continue until the nursing review is completed.