MEDICAID STATE PLAN SERVICES

***THESE SERVICES ARE NOT FUNDED THROUGH THE WAIVER AND THEREFORE DO NOT CONSTITUTE A "WAIVER SERVICE" BUT ARE AUTHORIZED BY DDSN WHEN THE PARTICIPANT IS IN THE ID/RD OR CS WAIVER.**

- **CHILDREN'S NURSING**
- **CHILDREN'S PERSONAL CARE**
- **INCONTINENCE SUPPLIES (UNDER 21)**

Children's Personal Care Aide (CPCA) Services

Children's Personal Care Aide Services (CPCA) are available to Medicaid eligible children under age 21 who meet established medical necessity criteria. To qualify for CPCA services a child must meet the Service Needs Requirement and, have one of the Functional deficits listed below:

Functional Deficits*

1. Requires extensive (hands on) assistance with bathing **and** dressing **and** toileting **and** feeding if otherwise age appropriate** functioning would normally allow these activities. (All four must be present and constitute one deficit).

2. Requires extensive (hands on) assistance with walking or wheelchair locomotion if these are otherwise age appropriate activities**.

3. Requires extensive (hands on) assistance with transfer if otherwise age appropriate activity**.

4. Requires extensive (hands on) assistance with daily incontinence care (if continence is otherwise age appropriate**) or with daily catheter or ostomy care.

* For infants ages 0-1, functional deficits generally will not apply. Medical necessity is based on Service Needs Requirement only.

** For children 0-5 years of age, Attachment A-"Guide to Developmental Stages of Children" may be used to determine age-appropriate activity.

Note: To receive CPCA services, a child must meet the Service Needs Requirements and have at least one (1) Functional Deficit.

Children's Personal Care services are not intended to supplant care provided by the parents/family or other natural/legal caregivers.

Service Needs Requirement

A physician must certify that the child requires daily monitoring and observation due to medical needs which could result in complications and that the services of a Personal Care Aide are required and intended to maintain the child's optimum health status.

CPCA Services are designed to help with normal daily activities and to monitor the medical conditions of the child. Aides providing this service may assist with ambulation/walking, bathing, dressing, toileting, grooming, preparing meals, and feeding. In addition to the hands-on care provided to the child, aides may also help to maintain the child's home environment by performing light cleaning, laundry for the child, and tasks to keep the home safe for the child but these tasks may not be performed as discrete activities.

Aides work under the supervision of an RN or LPN but may not perform any type of skilled medical services. Aides may observe the child's vital signs such as respiratory rate, pulse rate, and temperature.

During the provision of the CPCA services, aides must be actively engaged in the completion of allowable tasks determined by the Waiver Case Manager to be needed. The provision of this service does not include

supervision of the child ("childcare") as a discrete task nor does it include down-time between tasks or time waiting for a task to be needed.

A personal care aide is not allowed to render services in a school setting or during homebound instruction. CPCA must be provided in the recipient's home.

The unit of service is 15 minutes of service provided by one PCA.

Please see: Scope of Services for Personal Care 2 (PC II) Services

Providers: CPCA Services must be provided to children by an agency enrolled with the Department of Health and Human Services.

Arranging for and authorizing the service: When a child is believed to have needs that can be met through the provision of CPCA Services, access to those services may be obtained in one of two ways:

1. For children who are NOT ENROLLED in the Department of Disabilities and Special Needs' (DDSN) Intellectual Disability/Related Disabilities (ID/RD) Waiver or Community Supports (CS) Waiver, access to CPCA is gained by referring the child to the Community Long Term Care (CLTC) area office in the child's area. If a physician determines a child qualifies for CPCA service, CLTC area office staff will conduct the assessment of need and authorization for service.

2. For children who are ENROLLED in either the ID/RD Waiver or CS Waiver, if a physician determines the child qualifies for CPCA services, the assessment of need and authorization of services is made by the child's Waiver Case Manager/Early Interventionist. The Waiver Case Manager will obtain a physician's order using the attached MSP Form 1. The Waiver Case Manager will also complete the DDSN Personal Care/Attendant Care Assessment.

Service Approval: Initially and thereafter during plan review, all children enrolled in the ID/RD or CS Waiver **must have submitted a new Physician's Order Form and CPCA Request for review. The SCDDSN Waiver Administration Division will review CPCA request, once approved an initial authorization is required. Thereafter, a new authorization is only required if units are being changed.** Requests must:

- specifically explain need/reason for the amount of service
- include the completed SCDDSN Personal Care/Attendant Care Assessment
- include the proposed schedule for service delivery
- include supporting medical documentation
- be submitted to the SCDDSN Waiver Administration Division

NOTE: CPCA Services should not be included in the Waiver budget.

NOTE: If the completed physician's order or CPCA screening or CPCA request indicates that either no service is needed or a reduced amount of service is needed, the Waiver Case Manager must issue a Notice of Termination/Reduction or Suspension at least ten (10) working days prior to the actual termination/reduction of the service. The reconsideration/appeals process must be attached.

Once the Waiver Case Manager has assessed the amount of services needed, obtained a Physician's order, and, obtained approval from SCDDSN, the parents/guardian should be given a listing of available Personal Care providers from which to choose. This offering of provider choice must be documented. To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. The service must be Direct-billed to SCDHHS. This must be indicated on the

authorization. Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year. **The physician's order must be attached to the authorization**.

Monitoring Services: You 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 participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of 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 chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the parent/guardian including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the parent/guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. **The attached MSP Form 4 will be used to reduce, suspend or terminate the service when applicable.**

NOTE: When a child turns 21 years old, CPCA Services can no longer be received as a State Plan Medicaid Service. Please refer to the Enrollments Chapter/information from the appropriate Waiver manual for instruction on how to transition a child from CPCA services to waiver funded Personal Care Services.

If a child who is receiving CPCA Services is disenrolled from the ID/RD or Community Supports Waiver and will continue to need CPCA services, a referral must be made immediately to the CLTC office in the child's county area. Contact the DDSN Central Office Waiver Coordinator if assistance is needed for transition.

Guide to Developmental Stages of Children

1 month
- Makes crawling movements when prone
- When held in standing position, body limp at knees and hips
- In sitting position back is uniformly rounded, absence of head control

2 months
- Turns from side to back
- When prone, can lift head almost 45 degrees off table
- When held in sitting position, holds head up but head bobs forward

3 months
- Holds head high, makes crawling movements when prone
- Able to hold head more erect when sitting, but still bobs forward
- When held in standing position, able to bear slight fraction of weight on legs
- Supports weight on forearms
- Able to raise head and shoulders from prone position to 45-90 degree angle from table
- Opens hand spontaneously

4 months
- Rolls from back to side
- Able to sit erect if propped up
- Supports weight on feet briefly with underarm support

6 months
- When held in standing position, bears almost all of weight
- Sits with support
- Lifts legs high, holds them out straight

7 months
- Bears full weight on feet
- Rolls over easily
- Sits without support
- Pushes up on hands and knees and rocks

8 months
- Readily bears weight on legs when supported, may stand holding onto furniture
- Crawls on belly – arms used to pull body forward

9 months
- Crawls, may progress backward at first
- Sits steadily on floor for prolonged time (10 minutes)
- Pulls self to standing position and stands holding onto furniture
- Makes stepping movements

10 months
- Pulls self up
- Can hold bottle and feed self crackers
- Can drink from cup
- Crawls by pulling self forward with hands
- Pulls self to sitting position
- Stands while holding onto furniture, sits by falling down

12 months
- Begins to stand alone and toddle
- Uses spoon
- Cruises or walks holding onto furniture or with hand held
- May attempt to stand alone momentarily

- Can sit down from standing position without help

15 months
- Walks without help (usually since age 13 months)
- Creeps up stairs
- Assumes standing position without support
- Uses cup well
- Feeds self with regular cup with little spilling

18 months
- Runs clumsily, falls often
- Walks upstairs with one hand held
- Seats self on chair
- Manages spoon, but some spilling
- Takes off gloves, socks, and shoes and unzips

24 months
- Walks up and down stairs, has steady gait
- Holds cup for drinking
- Feeds self with spoon
- Cooperates with toilet training
- Runs fairly well, with wide stance
- Dresses self in simple clothing
- Participates in bathing

3 years
- Undresses self, washes and dries hands
- Feeds self with spoon
- May attend to toilet needs without help except for wiping
- Buttons and unbuttons accessible buttons
- Pulls on shoes
- Should have achieved daytime bowel and bladder control with occasional accidents

4 years
- Buttons front and side of clothes
- Bathes self with directions

5 years
- Has good motor control
- Washes self
- Cares for self totally, occasionally needing supervision in dress or hygiene
- Should have achieved daytime and nighttime bowel and bladder control

Revised 10/7/09

Medicaid State Plan
Incontinence Supplies (Under 21)

Incontinence Supplies are available to Medicaid eligible children under age 21 who meet established medical necessity criteria.

Providers: Incontinence supplies must be provided by licensed vendors enrolled with SCDHHS as Incontinence Supply provider.

Covered Supplies: Medicaid State Plan offers the following incontinence supplies based on medical necessity:

- One (1) case of diapers or briefs [1 case = 96 diapers or 80 briefs]
- One (1) case of incontinence pads/liners [1 case = 130 pads]
- One (1) case of under pads
- One (1) box of wipes

Note: Requests for additional supplies will be considered on a case by case basis **and** if medical necessity is justified.

Criteria: The following criteria must be met for children to receive incontinence supplies:

1. The child must be between ages 4 - 20.
2. The child's inability to control bowel or bladder function must be must be confirmed by a Physician on the Physician Certification of Incontinence (DHHS Form 168IS). This will be completed and tracked by the Supply Provider.
3. The Waiver Case Manager must conduct an assessment to determine the frequency and amount of supplies authorized.

Arranging for the Service: Once the child's need has been identified and documented in the plan and in the participant record, you must determine if the participant is eligible for incontinence supplies by having a physician complete the **Physician Certification of Incontinence (DHHS Form 168IS).** This form must be completed annually. Upon completion of the physician certification, you must conduct a telephone assessment to determine the frequency of incontinence and the amount of supplies to be authorized. The frequency definitions are as follows:

Occasionally Incontinent
- Bladder—Not daily. Approximately 2 or less times a week
- Bowel—Approximately once a week

Frequently Incontinent
- Bladder—Approximately between 3 to 6 times a week, but has some control OR if the client is being toileted (w/extensive assistance) on a regular schedule.
- Bowel—Approximately between 2 to 3 times a week.

Totally Incontinent
- No control of bladder or bowel

NOTE: If the child has an ostomy or catheter for urinary control and an ostomy for bowel control, only under pads may be authorized.

NOTE: If the child has an appliance for bowel <u>or</u> bladder control, diapers may be authorized based on the frequency of incontinence.

When conducting the assessment, you should determine the number of diapers used on average per day to calculate the number of cases of diapers and other supplies needed per month. This should be thoroughly recorded in service notes to justify the need. The participant's Support Plan must be updated to include the amount, frequency and duration. The SCDDSN Waiver Administration Division will review the request.

To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. The service must be Direct-billed to SCDHHS. This must be indicated on the authorization.

Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

FOR PARTICIPANT'S UNDER AGE 21, INCONTINENCE SUPPLIES WILL NOT BE ADDED TO THE BUDGET.

<u>**Note:**</u> An authorization for wipes is based on the presence of an incontinence need only. <u>**Wipes cannot be authorized for cosmetic or other general hygiene purposes**</u>. They can only be authorized for the participant's incontinence care.

<u>**Monitoring Services**</u> You 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 participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of 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 chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Children's Nursing Services

<u>Definition:</u> Nursing services are continuous or intermittent skilled care provided by a nurse, licensed in accordance with the State's Nurse Practice Act, in accordance with the participant's Support Plan, as deemed medically necessary by a physician. This service is provided to the participant in the participant's natural environment. Services are not allowable when the participant is in an institutional or school setting, if the school receives *Individual with Disabilities Education Act (IDEA)* funds. The amount of time authorized does not include travel time.

<u>NOTE:</u> This service is provided to the participants 21 and under in the participant's natural environment. Services are not allowable when the participant is in an institutional setting or school setting, if the school receives *Individual with Disabilities Education Act (IDEA)* funds. The amount of time authorized does not include travel time.

The unit of service for Nursing Services through the waiver and for Private Duty Nursing through State Plan Medicaid is one hour, provided by one LPN or one RN. The unit of service for Enhanced children's Private Duty Nursing through State Plan Medicaid (LPN or RN) is 15 minutes.

Please see: Scope of Services for Nursing Services on the DHHS website (http://www.scdhhs.gov) for further information

<u>Providers:</u> Nursing services are provided by agencies or companies contracted with SCDHHS to provide Nursing Services.

<u>Service Limits:</u> There is no preset service limit for children's Private Duty Nursing through State Plan Medicaid. **The amount authorized is based on assessed need.**

<u>Arranging for and Authorizing Services:</u> To receive Private Duty Nursing services through State Plan Medicaid, a participant must, at minimum, meet the 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) should be completed. A physician's order for Nursing Services (ID/RD Form 28) must be completed by a licensed physician, specifying the skill level required (RN or LPN). Additionally, **prior approval must be obtained from SCDDSN who will also determine the number of units needed. This approval can be obtained by submitting a packet, as part of plan review to SCDDSN, the information required can be found in the "Required Records for Review for DDSN Authorized Nursing Services" at the end of this chapter. This review by SCDDSN is required at least annually thereafter at the time of the annual assessment/plan development <u>(unless otherwise instructed by the SCDDSN during the previous review)</u>. The packet should be sent, as part of plan review to SCDDSN far enough in advance of the plan date (+/- 30 days) to allow for ample time for review.**

If a child (under 21 years old) is receiving ventilator care, tracheostomy care, endotracheal care, nasopharyngeal or tracheostomy suctioning, enteral feedings or parenteral feedings, the Checklist for Children's Enhanced Private Duty Nursing (ID/RD Form A-12A) should be completed and a copy included in the packet sent to the Director of Health Services so that Enhanced Private Duty Nursing (S47-LPN or S07-RN) can be approved and authorized.

The need for the service, as well as its amount, frequency and duration must be documented by the Waiver Case Manager in the participant's Support Plan. **The Support Plan will indicate Nursing as a separate need with State Plan Medicaid as the funding source, and the service will <u>not</u> be included in the waiver budget.** The Waiver Case Manager/Early Interventionist will only monitor State Plan Private Duty Nursing as part of routine Case Management monitoring.

Once the physician orders the services, the Waiver Case Manager should provide the participant/legal guardian with a list of Medicaid-contracted Nursing Services providers and document the offering of a choice of providers. To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. The service must be Direct-billed to SCDHHS. This must be indicated on the authorization.

Note: A RN can provide care if the order is written for a LPN; however, the provider can only claim the LPN rate for that participant when billing SCDHHS. A LPN **cannot** provide services when a RN is ordered by the physician.

For those participants who have private insurance, Nursing Service providers must bill the participant's private insurance carrier prior to billing SCDHHS for all nursing services provided. Private Duty Nursing services should not be billed to SCDHHS until all other resources, including private insurance coverage, have been exhausted. The Waiver Case Manager/Early Interventionist must first determine if the ID/RD Waiver participant has private insurance and if the insurance policy covers nursing services. In no instance should SCDHHS be billed for any amount that is the responsibility of a third party resource. Medicaid is the payer of last resort.

The following guidelines are to be followed when authorizing Nursing Services:

- When private insurance covers **all** Nursing Services
  - The Waiver Case Manager/Early Interventionist will follow all the steps listed above including obtaining approval from the DDSN and will indicate the needed amount of Nursing Services and that the private insurance carrier is the funding source in the participant's Support Plan. No authorization is necessary for the services.
- When private insurance covers **a portion** of the Nursing Services
  - The Waiver Case Manager/Early Interventionist will indicate the needed amount of Nursing Services that the private insurance carrier will provide and will indicate the private insurance carrier as the funding source in the participant's Support Plan.
  - For those additional hours not covered by the private insurance carrier, but deemed medically necessary, the Waiver Case Manager/Early Interventionist will follow all the steps listed above including obtaining approval from the DDSN and will indicate the needed amount and that State Plan Medicaid is the funding source in the participant's Support Plan.
  - The Waiver Case Manager/Early Interventionist will issue an Authorization for Nursing Services (ID/RD Form A-12) for the amount not covered by private insurance. Providers of Nursing Services must only bill SCDHHS for that amount.
- When private insurance covers **none** of the Nursing Services or the participant does not have private insurance
  - The Waiver Case Manager/Early Interventionist will follow all the steps listed above including obtaining approval from the DDSN and will indicate the needed amount of Nursing Services and that State Plan Medicaid is the funding source in the participant's Support Plan. He/she will complete the Authorization for Nursing Services (ID/RD Form A-12) for the amount needed.

When sending the Authorization for Nursing Services to the selected Nursing provider, the Waiver Case Manager/Early Interventionist must attach a copy of the Physician's Order for Nursing Services (ID/RD Form 28) and a copy of the Checklist for Medical Necessity Criteria for State Plan Private Duty Nursing Service (PDN Form 02).

The Private Duty Nursing provider must notify the Waiver Case Manager within two (2) working days of any significant changes in the participant's condition or status. The Waiver Case Manager must respond to requests from the provider to modify the participant's Support Plan within three (3) working days of receipt by notifying the SCDDSN Director of Health Services of the change in condition/status. SCDDSN will determine any needed changes prior to the participant's Support Plan being revised. Once the Support Plan is updated, a new authorization will be sent to the provider, reflecting the new number of units and start date.

Note: If ever a child (under age 21) enrolled in the waiver needs only Nursing Services (i.e. no other waiver-funded services), then that child must be referred for State Plan Private Duty Nursing by submitting the Medicaid State Plan - Private Duty Nursing (PDN) Service Intake and Referral Information (PDN Form 001). The Waiver Case Manager should coordinate the transition and complete and send the Memorandum of Transition Between the ID/RD Waiver and Children's Private Duty Nursing (MR Form 18-NUR). **Disenrollment from the ID/RD Waiver must also be coordinated with DHHS PDN Services to coincide with the transition to Private Duty Nursing.**

Note: When a waiver participant who receives Private Duty Nursing through State Plan Medicaid is approaching his/her 21st birthday, the Waiver Case Manager/Early Interventionist must work with DHHS's PDN Services to coordinate the transition to waiver-funded Nursing Services so as to avoid a lapse in services.

Note: When a consumer who has been receiving Private Duty Nursing through State Plan Medicaid is enrolled in the ID/RD Waiver, the Waiver Case Manager/Early Interventionist becomes the authorizer of services. If for any reason the consumer loses their waiver slot DDSN is no longer the authorizer of services and a Termination form must be sent (MSP Form 4). As soon as disenrollment is a possibility the Waiver Case Manager/Early Interventionist must work with DHHS PDN Services to coordinate the transition out of waiver funded nursing in order to avoid a lapse in service.

See "Instructions for Transitioning From a Community Long Term Care (CLTC) Medicaid Program or SCDDSN HASCI to the SCDDSN ID/RD Waiver" in Chapter 6.

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent (**Using MSP Form 4**) to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

Required Records for Review for DDSN Authorized Nursing Services

For those enrolled in the ID/RD or HASCI Waiver, Nursing Services [*both* State Plan funded (for those under 21) *and* HCB Waiver funded] are authorized by the person's Waiver Case Manager or Early Interventionist. In order to assure that the appropriate amount of Nursing Services are authorized and continue to be authorized, DDSN is requiring that the need for nursing services be evaluated prior to authorization and annually thereafter.

For those determined for the first time to need nursing services, the following information must be submitted to SCDDSN as part of plan review.

- Consumer Name, Date of Birth , County of Residence
- Personal Physicians assessments/progress notes for the past three (3) months
- All Specialized Physicians summaries/treatment regime for the past three (3) visits
- All Hospitalization Discharge summaries for the past twelve (12) months
- CM/EI name and contact information

For those currently receiving, the following information should be gathered prior to the annual plan date and submitted to SCDDSN for review. If the review requires that adjustments be made to the authorization, those changes must be discussed with the family at the time of annual planning.

- Consumer Name, Date of Birth , County of Residence
- If currently receiving nursing services, nursing assessments/notes/flow charts (if applicable) for the past three (3) months
- Personal Physicians assessments/progress notes for the past three (3) months
- All Specialized Physicians summaries/treatment regime for the past three (3) visits
- All Hospitalization Discharge summaries for the past twelve (12) months
- CM/EI name and contact information.

SAMPLE