MEDICAID STATE PLAN SERVICES

The services listed below are not funded through the waiver for those under the age of 21 and are not considered a "Waiver service". However, these services can be authorized by the DDSN Waiver Case Manager (DSN Board and DDSN Contracted Providers of Case Management) when the participant is enrolled in a DDSN Waiver (ID/RD, Community Supports or HASCI Waiver) and the service has been approved by the Waiver Administration Division.

Children's Personal Care (under 21)

If approved, the DDSN WCM can authorize this service for participants under the age of 21 enrolled in the ID/RD or Community Supports Waiver only. **Children's Personal Care cannot be authorized by the DDSN WCM for those enrolled in the HASCI Waiver because Personal Care is not a HASCI Waiver service.**

Incontinence Supplies (under 21)

If approved, the DDSN WCM can authorize this service for participants under the age of 21 enrolled in the ID/RD, Community Supports and HASCI Waiver.

Children's Nursing (under 21)

If approved, the DDSN WCM can authorize this service for participants under the age of 21 enrolled in the ID/RD Waiver or HASCI Waiver only. **Children's Nursing cannot be authorized by the DDSN WCM for those enrolled in the Community Supports Waiver because nursing is not a Community Supports Waiver service.**

Children's Personal Care Aide (CPCA) Services

Children's Personal Care Aide Services (CPCA) are available to Medicaid eligible children under age 21 who require daily monitoring and observation due to medical needs which could result in medical complications. The medical needs are documented and the services of a Personal care Aide are required and intended to maintain optimum health status.

Note: A personal care aide cannot perform any skilled tasks such as g-tube feeds.

To qualify for CPCA services, a child must:

- Require extensive (hands on) assistance for at least one of the Functional Deficits listed below
  AND
- Meet the Service Needs Requirement

Functional Deficits (must meet one)

1. Requires extensive (hands on) assistance in **bathing**, **dressing**, **toileting** AND **feeding**, if age appropriate.
2. Requires extensive (hands on) assistance with walking or wheelchair locomotion activities (if age appropriate).
3. Requires extensive (hands on) assistance with transfer (if age appropriate).
4. Requires extensive (hands on) assistance with daily incontinence care (if 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.

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. The ***Children's PCA Physician's Information Form (MSP-1)*** is used for this purpose and is located in Business Tools. The ***Children's PCA Physician's Information Form*** must be completed at the time of the **initial request and annually** during the development of the Support Plan.

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

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

Providers: CPCA Services must be provided to children by an agency enrolled with the Department of Health and Human Services. A list of providers must be given to the participant/legal guardian to choose from. Offering a choice of provider must be documented in the case notes.

Conflict Free Case Management

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management (WCM) services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 30 days.

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. CLTC referrals may be made by anyone with knowledge of the person's needs and the permission of the person being referred or their parent/legal guardian.

Referrals to CLTC for CPCA for those not enrolled in a DDSN Waiver may be made by calling the CLTC Centralized Intake number at 1-888-971-1637. An electronic referral is the preferred method. To make an electronic referral to CLTC, go to: https://phoenix.scdhhs.gov/cltc_referrals/new.

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 WCM. The WCM will obtain a completed Children's PCA Physician's Information Form (MSP-1) (located in Business Tools) from the child's physician. The WCM will also complete the DDSN Personal Care-Attendant Care Assessment (located in Business Tools).

Service Approval: Initially and annually during plan development, **a new *Children's PCA Physician's Information Form* and the *Personal Care-Attendant Care Assessment* must be completed and submitted for review to the Waiver Administration Division.**

Requests must:

- specifically explain need/reason for the amount of service
- include the Children's PCA Physician's Information Form
- include the completed 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: If the completed ***Children's PCA Physician's Information Form*** and/or completed ***Personal Care-Attendant Care Assessment*** indicates that either no service is needed or a reduced amount of service is needed, the WCM 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.

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 and 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 *Children's PCA Physician's Form* must be attached to the authorization**.

Monitoring Services: The WCM 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 WCM 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 Notice of Termination, Reduction, Denial or Suspension of Medicaid State Plan Service (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 of the appropriate Waiver manual for instructions 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, the WCM must also terminate CPCA services as the DDSN Case Manager can no longer authorize the service. If the participant continues to need CPCA services, see above information for Referrals to CLTC.

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

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 an Incontinence Supply provider. A list of providers must be given to the participant/legal guardian to choose from. Offering a choice of provider must be documented in the case notes.

Conflict Free Case Management:
In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 30 days.

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 confirmed by a Physician on the ***Physician Certification of Incontinence (DHHS Form 168IS).*** This will be completed and maintained by the Incontinence Supply provider.
3. The WCM must complete the ***Incontinent Supply Assessment*** to determine the frequency and amount of supplies authorized.

Arranging for the Service: Once the amount and frequency of incontinence supplies has been determined, approval must be requested from SCDDSN Waiver Administration Division. To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider along with a copy of the ***Physician Certification of Incontinence (DHHS Form 168IS).*** **Only the top portion of this form should be completed in order to provide the Incontinence Supply Provider with the Physician contact info as well as the individual's demographic information.** Upon completion of the physician certification, the WCM 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 <u>and</u> an ostomy for bowel control, <u>only</u> 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, the WCM 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.

<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>**. Wipes can only be authorized for the participant's incontinence care and can only be authorized when used with diapers or briefs.

<u>Monitoring Services:</u> The WCM 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 WCM monitor 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.

<u>Reduction, Suspension or Termination of Services:</u> If services are to be reduced, suspended or terminated, a <u>written</u> 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 Notice of Termination, Reduction, Denial or Suspension of Medicaid State Plan Service (MSP Form 4)*** will be used to reduce, suspend or terminate the service when applicable.

Children's Nursing Services (Under 21)

Definition: 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.

NOTE: If approved, the DDSN WCM can authorize nursing services for participants under the age of 21 enrolled in the **ID/RD Waiver and HASCI Waiver only**. **Children's Nursing cannot be authorized by the DDSN WCM for those enrolled in the Community Supports Waiver.**

NOTE: This service is provided to participants 21 and under in the participant's natural environment. **Services are not allowed 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.

For children under the age of 21 who are not enrolled in the ID/RD or HASCI Waiver but need nursing services, a referral can be made to CLTC. **Referrals to CLTC for Nursing** for those not enrolled in a DDSN Waiver may be made by calling the CLTC Centralized Intake number at 1-888-971-1637. An electronic referral is the preferred method. To make an electronic referral to CLTC, go to: https://phoenix.scdhhs.gov/cltc_referrals/new

*The unit of service for **Nursing through the waiver** and for **Private Duty Nursing through State Plan Medicaid** is one hour, provided by one LPN or one RN. 1 unit = 1 hour

*The unit of service for **Enhanced Children's Private Duty Nursing through State Plan Medicaid** (LPN or RN) is 15 minutes. 1 unit = 15 minutes

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

Providers: Nursing services are provided by agencies or companies contracted with SCDHHS to provide Nursing Services. A list of providers must be given to the participant/legal guardian to choose from. Offering a choice of provider must be documented in the case notes.

Conflict Free Case Management

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 30 days.

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

Arranging for and Authorizing Services: To receive Private Duty Nursing services through State Plan Medicaid, a participant must, at minimum, meet the criteria indicated on the ***Medicaid State Plan – Private Duty Nursing (PDN Form-001).*** 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).

Prior approval for nursing services 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 the plan review process to SCDDSN. The required information 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 each year during the annual plan process (unless otherwise instructed by SCDDSN during the previous review). The request should be sent at least 30 days in advance of the plan expiration date to allow enough time for review.

Checklist for Children's Enhanced Private Duty Nursing
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 (LPN-S47 or RN-S07) can be approved and authorized.

When submitting the required documents/records to SCDDSN for review, the need for the service, as well as its amount, frequency and duration must be documented by the WCM in the participant's Support Plan. **The Support Plan will indicate Nursing as a separate need with State Plan Medicaid as the funding source.** The WCM will only monitor State Plan Private Duty Nursing as part of routine Case Management monitoring.

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 an LPN; however, the provider can only claim the LPN rate for that participant when billing SCDHHS. An LPN **cannot** provide services when a RN is ordered by the physician.

For 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 WCM 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 WCM will follow all the steps listed above including obtaining approval from SCDDSN 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 WCM 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 WCM will follow all the steps listed above including obtaining approval from SCDDSN and will indicate the amount needed and that State Plan Medicaid is the funding source in the participant's Support Plan.

  The WCM will issue an electronic authorization for Nursing Services 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 WCM will follow all the steps listed above including obtaining approval from SCDDSN and will indicate the needed amount of Nursing Services and that State Plan Medicaid is the funding source in the participant's Support Plan. The electronic authorization for Nursing Services will be completed for the amount needed.

When sending the Authorization for Nursing Services to the selected Nursing provider, the WCM 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 WCM within two (2) working days of any significant changes in the participant's condition or status. The WCM must respond to requests from the provider to modify the participant's Support Plan within three (3) working days of receipt by completing a plan change request to notify SCDDSN 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 a child (under age 21) enrolled in the ID/RD 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 WCM 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 their 21st birthday, the WCM 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 participant who has been receiving Private Duty Nursing through State Plan Medicaid is enrolled in the ID/RD Waiver, the WCM becomes the authorizer of services. If for any reason the participant 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 WCM 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 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 Notice of Termination, Reduction, Denial or Suspension of Medicaid State Plan Service (MSP Form 4)*** will be used to reduce, suspend or terminate the service when applicable.

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 WCM. 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.

- Participant 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.

- Participant 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.