

Medicaid Waiver Nursing

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 through SCDDSN's centralized nursing review process and is re-determined at least annually or in other 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.

MWN cannot supplant 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, 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 through SCDDSN's centralized nursing review process. See *SCDDSN Review of Nursing Services at end of this section. It can also be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

After the amount of nursing to be authorized is determined through SCDDSN's centralized nursing review process, 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 Service Note.

When the type of nursing, amount of nursing, and provider(s) have all 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. Budget information for the service must then be entered in the Waiver Tracking System (WTS) and service information must be entered into the Service Tracking system (STS).

To initiate the service following WTS processing, an *Authorization for Nursing Services* (HASCI Form 12D) must be completed and sent to each nursing provider agency along with a copy of the *Physician's Order for Nursing Services* (HASCI Form 15). *These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* A copy must be maintained in the participant's file.

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 Service Coordinator within two (2) working days of any significant changes in the individual'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 Service Coordinator must submit updated information for approval through SCDDSN's centralized nursing review process. If the change is approved, the person's Support Plan must be updated, budget revision entered into WTS, and a new authorization sent to each affected nursing agency provider.

If decreased nursing units are requested by or for the participant, approval through SCDDSN's centralized nursing review process is not required. The person's Support Plan must be updated, budget revision entered into WTS, and a new authorization 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 for Nursing Services* (HASCI Form 12D); a prior authorization number must be assigned.

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 Service Coordinator must monitor provision of each HASCI Waiver service received by a participant to:

- verify the service is being provided as authorized,
- assure the usefulness and effectiveness of the service,
- determine the participant's and/or representative's satisfaction with the service and service provider(s), and
- confirm health status and safety of the participant.

Monitorship includes:

- Contact with the participant and/or representative within two (2) weeks after beginning the service or beginning with a new provider of the service,

- Contact with the participant and/or representative at least bi-monthly (every other month),
- Contact with service providers as necessary to confirm health status and safety of the participant and appropriate provision of authorized services,
- Face-to-face visit with the participant at least every six (6) months (180 days), and
- Review of the participant's Support Plan as often as needed, but at least every six (6) months (180 days).

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

Information obtained during monitoring may lead to changes in authorized HASCI Waiver services, such as increased/decreased units, change of provider, or change to a more appropriate service.

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 Service Coordinator 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 Service Coordinator 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 and budget information in the Waiver Tracking System (WTS) must be adjusted accordingly. For service reduction or termination, excess or unused units must be deleted from the budget. Service information in the Service Tracking System (STS) must be updated as necessary.

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

A HASCI Service Coordinator 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 through SCDDSN's centralized nursing review process 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 gets enrolled in the HASCI Waiver, then PDN or EPDN must be re-authorized by the HASCI Service Coordinator. This must occur at enrollment or no later than 30 days following enrollment in the HASCI Waiver or completion of SCDDSN's centralized nursing review process.

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 supplant 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 through SCDDSN's centralized nursing review process. Copies of the completed PDN Form 02 and HASCI Form 15 must be submitted along with the other required documentation. *See SCDDSN Review of Nursing Services at end of this section. This can also be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

After the amount of nursing to be authorized is determined through SCDDSN's centralized nursing review process, 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 Service Note.

When the type of nurse, amount of nursing, and provider(s) have all 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 individual will receive from any other funding sources.

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 *Authorization for Nursing Services* (HASCI Form 12D) must be completed and sent to each nursing provider agency. *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* A copy must be maintained in the participant's file.

In addition to HASCI Form 12D, 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 Service Coordinator within two (2) working days of any significant changes in the individual'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 Service Coordinator must submit updated information for approval through SCDDSN's centralized nursing review process. If the change is approved, the person'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 through SCDDSN's centralized nursing review process is not required. The person'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* (HASCI Form 12D); 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 Service Coordination monitoring during required bi-monthly contacts with the participant/representative and face-to-face visits with the participant at least every 180 days to monitor his or her Support Plan and health status. These contacts and visits must be documented in Service 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 Service Coordinator 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 Service Coordinator 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.

SCDDSN Review of Nursing Services

HASCI Service Coordinators 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 formal clinical review of the need for nursing prior to the initial authorization and annually thereafter or for other designated review period. Any subsequent request for a change in type/amount of nursing services also requires formal clinical review.

Centralized review of nursing requests is conducted by the SCDDSN Director of Health Services, Vivian Koon, RN, based at Whitten Center. She can be reached by telephone at 864/938-3509.

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
 - Consumer's name, date of birth, and county of residence
 - Service Coordinator's name and contact information
- Brief description of consumer'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 person 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 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
 - Consumer's name, date of birth, and county of residence
 - Service Coordinator'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 person 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 consumer/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.

The information above must be mailed to Vivian Koon, RN at PO Box 239, Clinton, SC 29325.

If additional documentation is requested by Vivian Koon, it may be faxed to her at 864-938-3179, or scanned and sent to her electronically at vkoon@ddsn.sc.gov.