



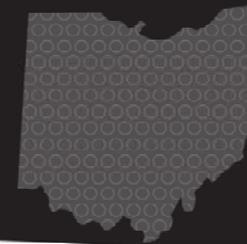
Department of Job  
and Family Services

Ted Strickland, Governor  
Douglas E. Lumpkin, Director



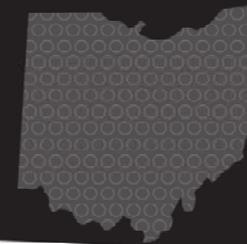
# PRIVATE DUTY NURSING

A State Plan Service



# Overview

- History of Private Duty Nursing (PDN)
- Who is eligible for PDN services
- What services are provided
- PDN process
- Stats



# HISTORY of PDN

- Used to be called Core Plus
- Managed by CareStar
- Now a state plan service since July 1, 2006
- Has to be authorized by BLTCSS unless enrolled on the Ohio Home Care Waiver or any other BLTCSS managed waiver
- Non waiver consumers are not case managed



# Eligibility:

- Any age
- Must be on Medicaid Fee for Service (FFS)
- Comparable institutional level of care (ILOC, ICF/MR and SLOC)
- If on HMO, the HMO must provide comparable services.

If living in a county that has mandatory HMO enrollment, the following are exempt from being mandated to be enrolled in a HMO:

- Children under the age of 19:
  - Receiving SSI
  - Receiving services through the ODH Bureau for Children with Medical Handicaps
  - Foster care or out of home placement
  - Receiving foster care or adoption assistance under Title IV E



# SERVICES PROVIDED

Medically necessary PDN services can only be delivered by a licensed (LPN) or registered (RN) nurses who for the following groups:

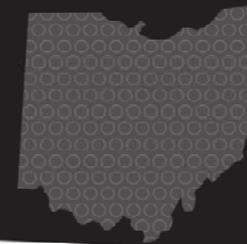
- Non waiver
- DD
- ODA



## SERVICES PROVIDED

### Services must be:

- Continuous skilled nursing
  - More than 4 hours but less than or equal to 12 hours a nursing visit “shift”
- **Some examples of skilled nursing:**
- Vent, trach care and suctioning, medication administration, oxygen, pulse ox monitoring



# SERVICES PROVIDED

- Can be for the provision of maintenance and respite care.
- Cannot be for the purposes of habilitative care
- If receiving additional nursing services through State Plan Home Health Nursing, there must be a 2 hour break in between PDN and Home Health Nursing.



## DEFINITIONS

- Maintenance: OAC 5101:3-12-01 (D) (4) (a) defines maintenance care as the care given to a consumer for the prevention of deteriorating or worsening medical conditions or the management of stabilized chronic diseases or conditions. Services are considered maintenance if the consumer is no longer making significant improvement in his or her medical condition
- Habilitative care: means services designed to assist individuals in acquiring, retaining, and improving the self-help, socialization, and adaptive skills
- Respite care: care provided to a consumer in the absence of the primary care giver
- Group visit: OAC 5101: 3-12-04 (D) defines a group visit as a visit where service(s) is provided to more than one



# PROVIDERS

- Medicare Certified Home Health Agency
- CHAP/JACHO accredited home health agencies,
- Non-agency nurses – Independent Providers (IP)



# PDN Process

- For consumers enrolled in I/O, Level 1, and ODA waivers, the ODJFS 02374 (Private Duty Nursing Request Form) is completed and faxed to BLTCSS by the DODD or ODA case manager.
- For consumers who are not enrolled on a waiver the ODJFS 02374 (Private Duty Nursing Request Form) is completed and submitted by the provider of the PDN service.



# PDN PROCESS

- When PDN request received, Medicaid Eligibility is checked
- PDN assessment is assigned to a registered nurse (RN)
- RN schedules an appointment to complete the assessment.
- A face-to-face assessment is done to confirm that the consumer has a medical condition and a comparable ILOC that requires medically necessary PDN services.

# PDN PROCESS

- RN Completes assessment using variety of tools, critical thinking skills, and
  - Inform the consumer/guardian of PDN authorization.
  - Have consumer/guardian sign PDN outcome
  - Notify of hearing rights if disagree with the amount of hours authorized.
- Submits assessment back to BLTCSS
- PDN manager verifies need for PDN, amount, scope and duration of services
- Base, subunits, and money are calculated



Department of Job  
and Family Services

Ted Strickland, Governor  
Douglas E. Lumpkin, Director

BCSP will:



- ❖ Notify the DODD, ODA case manager or provider in writing on the ODJFS 02374 of the authorized amount, scope and duration of PDN services and the PDN authorization number.



# PDN PROCESS

- Authorized hours, scope of service, and duration is entered into PDN data base and MMIS PA sub system



# PDN PROCESS

- The DODD or ODA case manager will forward the complete authorization to the PDN provider.

The PDN provider will begin furnishing PDN services to the consumer upon receipt of written PDN authorization.



BLTCSS will authorize the amount, scope, and duration of PDN services.

- PDN services will be authorized for no more than 1 year for consumers enrolled on an DODD or ODA administered waiver and for no more than 6 months for consumers not enrolled on waiver.
- For consumers enrolled on waiver (I/O, Level 1, ODA) PDN Services must be identified on the service plan.



# PDN PROCESS

- Should the consumer continue to need services beyond the authorized amount of time, a new request for authorization (ODJFS 02374) must be submitted in a timely fashion.



# PDN PROCESS

- The PDN provider will notify BLTCSS and if appropriate, the DODD or ODA case manager in writing, using the ODJFS 02374, when there is a change in the consumer's condition that warrants a change in the amount, scope or duration of PDN services.
- If the change in condition warrants an increase in the amount, scope or duration of PDN services, BLTCSS will request supporting documentation and will conduct a desk review to determine the medical necessity of the request.



# PDN Process

- BLTCSS will notify the PDN provider and if appropriate the DODD or ODA case manager on the ODJFS 02374 if the amount, scope or duration of the PDN service has been changed as a result of the request for an increase.



# PDN PROCESS

- For consumers enrolled on a waiver, the DODD or ODA case manager shall notify BLTCSS on the ODJFS 02374 when there is a change in the consumer's level of care.



## If BLTCSS cannot confirm the medical necessity of PDN services BLTCSS will:

- o Deny the PDN authorization request and issue a denial notice and hearing rights to the consumer using the ODJFS 02373.
- o For consumers enrolled in a HCBS Waiver, notify the DODD or ODA case manager in writing via the ODJFS 02374 of the denial of PDN authorization request.
- o The DODD or ODA case manager shall notify the PDN provider of the denial via the ODJFS 02374.



If BLTCSS cannot confirm the medical necessity of PDN services BLTCSS will:

- o Inform the provider in writing via the ODJFS 02374 of the denial of PDN authorization request for consumers not enrolled on a HCBS waiver.



# Stats

- 75% are not on waivers
- 82% under 21 years old
- 56% of authorized hours are 8 hours/day or less per day
- Most reside in NE , Center, and SW areas of Ohio