



Office of
Medical Assistance

John R. Kasich, Governor
John B. McCarthy, Director



“Basic” Medicaid State Plan Private Duty Nursing (PDN) Services

Ohio Office of Medical Assistance
Bureau of Long Term Care Services & Support
and
State Plan Related Services Work Group (Hospice, Home
Health & Private Duty Nursing)

February 2013



Webinar “Housekeeping”

- **Questions -- Please send your questions to this mailbox with the subject (Re) line “Webinar – PDN”:**
BHCS@jfs.ohio.gov



Webinar “Housekeeping” (con’t)

- **Planned webinars. Pre-registration is required.**
 - **“Basic” Medicaid State Plan Private Duty Nursing Services will be rebroadcasted on Tuesday, February 19th at 1:30 pm**

<https://www3.gotomeeting.com/register/765419638>



Webinar “Housekeeping” (con’t)

- **Planned webinars. Pre-registration is required.**
 - **“Basic” Medicaid State Plan Hospice on Thursday, February 14th at 1:00 pm**
<https://www3.gotomeeting.com/register/808975254>
 - **Rebroadcasted on Wednesday, Feb. 20th at 9:00 am**
<https://www3.gotomeeting.com/register/745744966>



Objective

- Describe the main components and requirements of “basic” state plan Medicaid services and to
- Improve coordination of “basic” state plan Medicaid services with HCBS waiver services
- “Basic” and “related” state plan Medicaid services included are
 - Home health (HH) services
 - Private duty nursing (PDN) services
 - Hospice services



“Basic” Medicaid State Plan Services

- Behavioral Health
- Dental*
- Durable Medical Equipment (DME)
- **Home Health (HH)**
- **Hospice**
- Immunizations
- Inpatient Hospital
- Laboratory

***Services subject to co-payments**



“Basic” Medicaid State Plan Services (con’t)

- Outpatient Hospital
- Prescriptions**
- **Private Duty Nursing (PDN)**
- Radiology
- Therapies
- Transportation
- Vision*
- Other Services

* Services subject to co-payments

** Drug benefit provided through Medicare for certain ABD consumers



“Basic” Medicaid State Plan Benefits

- **Ohio Medicaid card**
- **All Ohio Medicaid consumers/recipients/beneficiaries**
- **No case management services for non-waiver (“basic” Medicaid state plan) consumers/recipients/beneficiaries**
- **Services must be medically necessary; and reasonable in their amount, frequency, and duration**
- **Children and adults with an Ohio Medicaid card may be enrolled in a waiver**



“Basic” Medicaid State Plan Benefits (con’t)

- **Qualified Medicare Beneficiary (QMB) Only, Specified Low-Income Medicare Beneficiary (SLMB or Q-2), and Qualified Individual (Q-1) are not Ohio Medicaid beneficiaries**
- **Recipient who has not yet met his/her spenddown requirement is not entitled to institutional room & board (revenue code 101) nor to hospice room & board (T2046) until the date the County Department of Job & Family Services (CDJFS) released his/her monthly Medicaid card**
- **If county caseworker finds improperly transferred resources, Medicaid will not pay for institutional room & board (revenue code 101) nor hospice room & board (T2046) for a specified period of time called Restricted Medicaid Coverage Period.**



Coordination of Medically Necessary Services

- **Improve coordination of “basic” state plan Medicaid services with HCBS waiver services**
- **Establish consistent care planning practices and coordinated case management**
- **Share responsibility for difficult care planning decisions**
- **Utilize services efficiently and effectively by consistent service sorting**
- **Address consumers’ needs including health and safety risk factors**



Coordination (con't)

- ***Care Planning Considerations***
 - **Assess the needs of the consumer**
 - **Identify the resources available to meet the consumer's assessed needs**
 - **Create the waiver service plan for a waiver consumer**
 - **Create the plan of care**



Coordination (con't)

Hierarchy of Services in Service Planning

- 1. Natural (family/friends) support**
- 2. Community resources**
- 3. Commercial or private insurance**
- 4. Medicare**
- 5. Medicaid state plan**
- 6. Medicaid HCBS waiver services include those administered by ODA, by DODD, and OMA**



Coordination (con't)

- **The Health Care Puzzle**
 - **Care that is delivered to a consumer is the care that is financed.**
 - **Each professional has a role to play in the delivery of health care to a consumer.**
 - **Each organization has constraints, e.g. agency policies and procedures, professional standards of care, federal and state regulations, conditions of participation, etc.**
 - **Agency staff whether for profit or non-for-profit, government or private, are each other's customers.**
 - **Collaboration and coordination work together for the benefit of the consumer. They require respecting each other's professional role and keeping focused on what is best for the consumer.**



Part 2. “Basic” Medicaid State Plan – Private Duty Nursing (PDN) Services



PDN Outline

- ***History of Private Duty Nursing (PDN)***
- ***Providers of PDN services***
- ***PDN vs. HH nursing service***
- ***PDN nursing services***
- ***Requirements for PDN services***
- ***Requirements for Healthchek (Child) PDN & Adult PDN***
- ***PDN References***



History of PDN

- **Formerly called “Core Plus” & case-managed by CareStar**
- **Changed to PDN July 1, 2006**



State Plan PDN Service Providers

- **Medicare Certified Home Health Agency (MCRHHA)**
- **CHAP, ACHC, Joint Commission (JC) or other accredited organizations approved by CMS**
- **Non-agency nurses – Independent Providers (IP)**

ACHC = Accreditation Commission for Health Care

CHAP = Community health accreditation program

Joint Commission, formerly, JCAHO = Joint Commission on Accreditation of Healthcare Organizations



PDN vs. Home Health (HH) Nursing Services

- **HH = “intermittent” visit limit of 4 hours (16 units) or less**
- **PDN = “continuous” visit limit of more than 4 hours (17 units) but less than or equal to 12 hours (48 units)**



PDN Nursing Services (T1000 code)

- **Medically necessary services that can only be delivered by a licensed (LPN) or registered (RN) nurses**
- **Continuous skilled nursing**
- **Examples: ventilation care, tracheostomy care and suctioning, medication administration, oxygen, pulse oximeter monitoring**



PDN Services Requirement

- **PPACA (Patient Protection & Affordable Care Act) is “silent” regarding PDN services, perhaps because CMS does not mandate that state Medicaid programs cover PDN services**



Requirements for PDN Services

- **Performed within nurse's scope of practice**
- **Plan of care and, if on a waiver, also a services plan**
- **Face-to-face encounter for service delivery means "in-person" service visit**
- **Medically necessary**



Requirements for PDN Services (con't)

- **May include home infusion therapy for administration of medications, nutrients or other solutions intravenously or enterally**
- **Must not be habilitative care**
- **Rule is “silent” about respite care**
- **Prior authorization required (before service is delivered) unless post-hospital stay benefit**



Requirements for PDN Services (con't)

- **Place of Service:**
 - Consumer's place of residence unless medically necessary for nurse to accompany consumer into community
 - Consumer's place of residence is wherever the consumer lives, whether the home is the consumer's own dwelling, an apartment, an assisted living residence, a relative's home, or another type of living arrangement.
 - Place of residence does not include a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICR-MR, ICF-IID).
 - Place of service in the community can not be the residence or business location of the provider of PDN services.
- **NF = nursing facility**
- **ICF-MR = Intermediate Care Facility for the Mentally Retarded**
- **ICF-IID = Intermediate Care Facility for Individuals with Intellectual Disabilities**



Consumers in Other Categories

- **Program for the All-inclusive Care of the Elderly (PACE)**
 - HH services through PACE
- **Managed care plan (MCP)**
 - HH services from the MCP
- **Hospice benefit elected by consumer**
 - HH and PDN services from the hospice provider
 - Claims for PDN service T1000 code and hospice service T-codes will **not pay on the same date of service**



PDN Service Limits

- **More than 4 hours (17 units) & less than or equal to 12 hours (48 units)**
- **Minimum 2-hour break between visits**
- **No “stacking” of similar nursing services to avoid 2-hour break between visits**



PDN Prior Authorization

- Claim modifiers should not be included in a prior authorization request.
- For consumers on waivers administered by the Ohio Department of Aging (ODA) or the Ohio Department of Developmental Disabilities (DODD)
 - ODA OR DODD case manager or SSA (Service and Support Administrator) emails a scanned, completed JFS Form # 02374 (Private Duty Nursing Services Request Form) to PDN_BCSP@jfs.ohio.gov, or fax it to 614-387-7661.
- Administration of waivers may change in the future so stay tuned.
 - Effective January 1, 2013, the administration of the Transitions Developmental Disabilities (TDD) waiver transferred from OMA/JFS to DODD. Providers and consumers must work with the DODD SSA to incorporate PDN services into the individual service plan.



PDN Prior Authorization

- **For consumers on Ohio Home Care Waiver administered by the Ohio Office of Medical Assistance (OMA/ODJFS)**
 - CareStar case managers handle the prior authorization process
 - In the future there will be case management regions in Ohio.
- **For non-waiver consumers only using state plan services**
 - PDN provider must submit the prior authorization request electronically to OMA thru the Medicaid Information Technology System (MITS) portal or the appropriate case management agency (CMA) in the future.



Emergency Situations When Existing PDN Authorization

- **New PDN authorization must be obtained after the delivery of medically necessary services to protect the health and welfare of the recipient.**
- **Provider shall notify DODD service and support administrator or ODA case manager in writing on JFS 02374 when this occurs immediately or no later than the first business day following emergency provision.**
- **For non-waiver consumer, provider shall notify OMA in writing on JFS 02374 when this occurs immediately or no later than the first business day following emergency provision.**
- **For consumers on the Ohio Home Care waiver, provider should notify CareStar.**



Emergency Situations When Existing PDN Authorization (con't)

– Examples of an Emergency Situation

- Relief nurse does not show up.
- Change of condition with new physician orders.
- Primary caregiver is experiencing medical distress and/or becomes immediately unable to deliver care due to a crisis situation so PDN nurse stayed until primary caregiver's backup plan is in place.



Extended PDN Service Limits

- **If unusual, occasional circumstance requires a medically necessary visit up to & including 16 hours (64 units) or**
- **Less than a 2 hour lapse between visits & length of PDN service requires an agency to provide a change in staff or**
- **Prior-authorization required for one or more provider(s) in visits of 4 hours or less to assure the health & welfare of the consumer**



PDN Service Limits (con't)

- **Post-hospital Limit**
 - Up to 56 hours/week (224 units/week)
 - Up to 60 days from inpatient hospital discharge after 3-day (overnight) stay
 - Hospital discharge date required on claim
 - No prior authorization for qualifying post-hospital service



Requirements for Post-hospital PDN

- **Any age Medicaid consumer**
- **JFS 07137 “Certificate of Medical Necessity for HH Services and PDN Services” (rev. 2/2011) by treating physician certifies medical necessity at <http://www.odjfs.state.oh.us/forms/results1.asp>**
- **No prior authorization for post-hospital PDN**



Requirements Post-hospital PDN (con't)

- **Comparable skilled level of care (SLOC)**
- **Comparable SLOC are not a determination of a LOC for waiver eligibility or admission into a medicaid NF or ICF-MR**
- **Requires continuous nursing**
- **Post-hospital PDN not for provision of maintenance care**



Requirements for PDN Post-hospital Claims

- Hospital discharge date is required for all post-hospital PDN claims
- Modifiers for increased services (U5 Healthcek and U6 PDN authorization) should not be used on post-hospital claims



Requirements for Child PDN (Healthchek)

- **Early, Periodic, Diagnosis, & Treatment (EPSDT) in federal regulations**
- **Under age 21**
- **Requires continuous nursing, including the provision of on-going maintenance care but not habilitative care**



Requirements for Child PDN (con't)

- **Comparable LOC (SLOC, ILOC, ICF-MRLOC) or enrollment in HCBS waiver**
- **PDN prior-authorized**
- **ODJFS 02374 “Private Duty Nursing Request Form”**



Requirements for Adult PDN

- **Age 21 or older**
- **Requires continuous nursing including maintenance care but not habilitative care**
- **Comparable LOC (SLOC, ILOC, ICF-MRLOC) or enrollment in a HCBS waiver**
- **PDN prior-authorized by OMA or designee unless post hospital benefit**
- **ODJFS 02374 “Private Duty Nursing Request Form” a <http://www.odjfs.state.oh.us/forms/results1.asp>**



PDN References

- **Ohio Administrative Code (OAC)**
 - **OAC 5101:3-12-02 PDN: services, provision requirements, coverage, & service specification**
 - **OAC 5101:3-12-02.3 PDN: procedures for service authorization**
 - **OAC 5101:3-12-03.1 Non-agency nurses and otherwise-accredited agencies: qualifications and requirements**
 - **OAC 5101:3-12-04 HH and PDN: visit policy**
 - **OAC 5101:3-12-06 Reimbursement: PDN services**
 - **OAC 5101:3-12-07 Reimbursement: exceptions**



Level of Care References

- **Level of Care (LOC)**
 - **OAC 5101:3-3-08 Skilled (SLOC)**
 - **OAC 5101:3-3-08 Intermediate (ILOC)**
 - **OAC 5101:3-3-15.3 & 15.5 ICF/MR LOC (ICF/IID LOC)**
 - **OAC 5101:3-3-06 Protective LOC**



PDN Links

- eManuals <http://jfs.ohio.gov/ohp/provider.stm>
 - Miscellaneous links at this location include ‘Billing’, ‘Enrollment & Support’, ‘Provider Types’, ‘Other Resources’ (eManuals, forms, etc.), and ‘News’
 - **Under ‘Other Resources’ Click on eManuals > Provider Types (more) > Ohio Health Plans – Provider (more) > Home Health-Private Duty Nursing**
 - Here you can click on Home Health/Private Duty Nursing Rules, Forms, General Billing Instructions, Medical Assistance Letters, & Miscellaneous Medicaid Handbook Transmittal Letters
 - Rules at this location have changes [deletions (struck or lined out) and additions]



More OAC Links

- **Ohio Administrative Code (finalized rules)**

<http://codes.ohio.gov/oac>

- **Register of Ohio (rules in progress)**

<http://www.registerofohio.state.oh.us/>



Links to OMA/ODJFS Web Pages

Private Duty Nursing (PDN) Services

**[http://jfs.ohio.gov/
ohp/consumers/PrivateDutyNursing.stm](http://jfs.ohio.gov/ohp/consumers/PrivateDutyNursing.stm)**

Medicaid Information Technology System (MITS)

<http://jfs.ohio.gov/mits/index.stm>

Ohio Medicaid Providers (billing, enrollment, etc.)

<http://jfs.ohio.gov/ohp/provider.stm>



Links to OMA/ODJFS Web Pages (con't)

- PDN prior-authorization mailbox
PDN_BCSP@jfs.ohio.gov
- ODJFS Form # 02374 and # 07137 available at
<http://www.odjfs.state.oh.us/forms/inter.asp>
- Home Health (HH) Services
<http://jfs.ohio.gov/ohp/providers/HHS.stm>



Ohio Department of Aging Resources

- **Ohio Revised Code 173.431 Administration of budget**
- **Ohio Revised Code 173.432 Care management and authorization services**
- **Ohio Administrative Code 173-39-02.11 Personal care service**



Myth or Fact – Indicate which

- **2 -- A Medicaid recipient may not receive Medicaid private duty nursing services and Medicaid Hospice services simultaneously because MITS will not pay claims for Medicaid private duty nursing and Medicaid hospice on the same date of service. *Myth/ Fact***
- **9 -- It is the case manager's responsibility to educate the consumer about the Medicare and Medicaid home health services they qualify for. *Myth/ Fact***
- **Answer key –**
 - **Myths –**
 - **Facts – 2, 9**



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