

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

Policy Number: MCCP2005 (previously CP100205)				Lead Department: Health Services	
Policy Title: EPSDT Supplemental Shift Nursing Services					
Original Date: 04/18/2001			Revision Date: 04/17/02, 08/20/03; 4/20/05; 1/18/06; 1/16/08; 09/19/12		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Healthy Kids	<input type="checkbox"/> Healthy Families	<input type="checkbox"/> Partnership <i>Advantage</i>	
Reviewing Entities:	<input type="checkbox"/> Credentialing	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC	
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> CEO	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE	<input checked="" type="checkbox"/> PAC
Approval Signature: <i>Robert Moore, MD, MPH</i>				Approval Date: 09/19/2012	

I. ATTACHMENTS:

- A. EPSDT Supplemental Services Review of Request
- B. EPSDT Shift Nursing Services – Individual Nurse Agreement
- C. EPSDT Shift Nursing Services – Family / Primary Caregiver Agreement

II. PURPOSE:

To define PHC's responsibility to provide Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Service Benefit for shift nursing to appropriate members under the age of 21. Under the Federal EPSDT Supplemental Services Program, Federal law ((Title 42, USC, Section 1396(a)(43) and 1396d(r) requires that state Medicaid plans provide coverage for any service that is medically necessary to correct or ameliorate a defect, physical and mental illness, or a condition for beneficiaries under 21 years of age even if the service or item is not otherwise included in the state's Medicaid plan.

III POLICY / PROCEDURES:

- A. PHC will provide or arrange for health care services under EPSDT Supplemental Services as identified in Title 22, CCR, Division 3, Subdivision 1, Chapter 3.
 - 1. All requests are subject to current Prior Authorization requirements. The services must be prescribed by the beneficiary's primary care physician in accordance with EPSDT regulatory requirements for medical necessity, CCR, Title 22, section 51340(e).
- B. Requests are authorized through Licensed and Medi-Cal certified home health agencies or individually enrolled supplemental service providers acting within their scope of practice (registered nurses and/or vocational/practical nurses). If independent service providers are to be utilized, PHC Health Services staff must verify that the services are not available through a home health agency. PHC authorizes if, and only if, services are not available through a licensed agency. The approval is contingent upon the active participation of the family and/or primary caregiver in the program and an adequate level, direct patient care to ensure the continued health and safety of the beneficiary.
- C. A family member and/or a primary caregiver should be proficient in the tasks necessary to care for the beneficiary at home to ensure care is not interrupted should an unforeseen event occur. This proficiency may be satisfied by training as necessary to safely carry out the plan of treatment and by caregiver providing four or more hours of direct care to the member per week. In keeping with this requirement, PHC reserves the right to limit skilled care to a maximum of 21 hours/day to enable primary caregiver(s) to maintain their skills.
- D. Beneficiary must have FULL SCOPE Medi-Cal benefits.
- E. Parent respite is not a benefit of this program.

Policy Number: MCCP2005 <i>(previously CP100205)</i>			Lead Department: Health Services	
Policy Title: EPSDT Supplemental Nursing Services				
Original Date: 04/18/2001			Revision Date: 04/17/02, 08/20/03; 4/20/05; 1/18/06; 1/16/08; 09/19/12	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Healthy Kids	<input type="checkbox"/> Healthy Families	<input type="checkbox"/> Partnership <i>Advantage</i>

- F. The services must be provided in the home, which has been assessed to be a safe, healthy environment.
- G. TARS and applicable documentation is reviewed by the EPSDT case manager.
- H. The total cost of providing services and all other medically necessary Medi-Cal services to the beneficiary is not greater than the costs incurred in providing medically equivalent services at the appropriate institutional level of care.
- I. The following documentation is required at the time the request for services is made and/or with request for a renewal of services:**
1. Completed TAR Form
 2. Current Nursing Care Plan of Treatment
 3. Home safety assessment
 4. Emergency Plan
 5. Report(s) of initial assessment
- J. Other documentation may be requested to clarify specific issues related to appropriate determination of care needs, such as:
1. Current History and Physical with full systems review
 2. Social Worker Assessment
 3. Regional Center Assessment
 4. Current Physician Progress Notes
 5. A needs assessment completed by an independent nurse consultant
 6. Staff timesheets
- K. Authorization period for initial requests will be 90 days. Subsequent authorizations will be 180 days, as appropriate.
- L. Independent Services Providers- Additional Requirements**
1. The family / beneficiary, independent nurses and nurse case manager must read and acknowledge their understanding of the provision of independent nursing as described in the EPSDT Supplemental Nursing Services Family/Primary Caregiver Agreement (Attachment B) and the EPSDT Supplemental Nursing Services Individual Nurse Agreement (Attachment C) prior to PHC's approval of services.
 2. See credentialing policy if services are requested by an individually enrolled supplemental service provider not associated with a home health agency. (Policy number CR #12)

IV. REFERENCES: None

V. DISTRIBUTION: PHC Department Directors, PHC Provider Manual

EPSDT SUPPLEMENTAL NURSING SERVICES
REVIEW OF REQUEST

Name:
CIN #:
Diagnosis:
Provider:
Requested Services:

Review:

Skilled nursing needs:

Subacute: The intensity of medical/skilled nursing care required is such that in the absence of in-home services, the individual would be placed in a pediatric subacute care facility. Pediatric subacute care services are the health care services needed by a person under 21 years of age who uses a medical technology that compensates for the loss of a vital bodily function.

Medical necessity for pediatric subacute care services shall be substantiated by any of the following items in (1) through (4) below:

- 1) A tracheostomy with dependence on mechanical ventilation for a minimum of six hours each day;
- 2) Dependence on tracheostomy care requiring suctioning at least every six hours, and room air mist or oxygen as needed, and dependence on one of the four treatment procedures listed in (A) through (E) below:
 - A) Dependence on intermittent suctioning at least every eight hours, and room air mist or oxygen as needed;
 - B) Dependence on continuous intravenous therapy including administration of therapeutic agents necessary for hydration or of intravenous pharmaceuticals; or intravenous pharmaceutical administration of more than one agent, via a peripheral or central line, without continuous infusion;
 - C) Dependence on peritoneal dialysis treatments requiring at least four exchanges every 24 hours;
 - D) Dependence on tube feeding, naso-gastric or gastrostomy tube;
 - E) Dependence on other medical technologies required continuously, which in the opinion of the attending physician and the Medi-Cal consultant require the services of a professional nurse.
- 3) Dependence on total parenteral nutrition or other intravenous nutritional support, and dependence on one of the five treatment procedures listed in (2)(A) through (E) above;
- 4) Dependence on skilled nursing care in the administration of any three of the five treatment procedures listed in (2)(A) through (E) above.

Medical necessity for pediatric subacute skilled nursing care shall be further substantiated by all of the following conditions:

- 1) The intensity of medical/skilled nursing care required by the patient shall be such that the continuous availability of a registered nurse in the pediatric subacute unit is medically necessary to meet the patient's healthcare needs.
- 2) The patient's medical condition has stabilized such that the immediate availability of the services of an acute care hospital, including daily physician visits, are not medically necessary.

- 3) The intensity of medical/skilled nursing care required by the patient is such that, in the absence of a facility providing pediatric subacute care services, the only other medically necessary inpatient care appropriate to meet the patient's health care needs under the Medi-Cal program is in an acute care licensed hospital bed.

Skilled Nursing Facility Services - NF B: The intensity of medical/skilled nursing care required is such that in the absence on in-home services, the individual would be placed in a SNF level B facility. A need for one or more skilled nursing procedures does not necessarily indicate a medical need for skilled shift nursing services. The level of service includes the continuous availability of procedures, which require the presence of a licensed nurse. The following criteria together will assist in determining the NF-B level of care:

- 1) Dressing or postsurgical wounds, decubiti, leg ulcers, etc. Observation must be needed at frequent intervals throughout the 8-hour shift to warrant in-home shift nursing.
- 2) Tracheostomy care, nasal catheter maintenance.
- 3) Indwelling catheter in conjunction with other conditions.
- 4) Tube feedings.
- 5) Colostomy care for initial or debilitated patients. The license nurse shall be required to instruct the family in care. Colostomy care alone should not be a reason for shift skilled nursing.
- 6) Bladder and bowel training for incontinent patients.
- 7) The following may require skilled shift nursing services dependent on the severity of the condition:
 - a) Regular observation of vital signs is indicated by the diagnosis or medication and ordered by the attending physician.
 - b) Regular observation of skin for abnormal conditions.
 - c) Careful I&O is indicated by diagnosis or medication and ordered by the attending physician.
- 8) The patient needs medications, which requires skilled nursing for administration.
 - a) Injections. If this is the sole reason for skilled shift nursing, other therapeutic approaches or teaching of the family should be considered.
 - b) PRN medications dependent on the nature of the drug, the treated condition and frequency of need as documented.
 - c) Use of restricted or dangerous drugs if required more than during daytime, requiring close nursing supervision.
 - d) Use of new medication requiring close observation during the initial stabilization dependent upon the circumstances.

Intermediate Care Facility / Developmentally Disabled Nursing – ICF/DDN: The intensity of medical/skilled nursing care required is such that in the absence of in-home services, the individual would be placed in an ICF/DDN facility. In determining this level of skilled shift nursing a **regional center** must have diagnosed the child as developmentally disabled or has determined that the child demonstrates significant developmental delay that may lead to a developmental disability if not treated. The stability of the member's medical condition and frequency of skilled nursing services shall be the determining factors in evaluating the appropriateness for this level of care. The following criteria together will be used to determine the appropriate level of care:

- 1) The child shall have two or more developmental deficits in any one or combination of the following three domains:
 - a) Self-help domain-eating, toileting, bladder control, dressing
 - b) Motor domain-ambulation, crawling and standing, wheelchair mobility, and rolling and sitting
 - c) Social emotional domain-aggression (has had one or more violent episodes causing minor physical injury within the past year or has resorted to verbal abuse and threats but has not caused physical injury within the past year), self-injurious behavior which results only in minor injuries requiring first aide, smearing feces once a week or more but less than once a day, destruction of property, running or wandering away, temper tantrums or emotional outbursts, or unacceptable social behavior where positive social participation is impossible without close supervision or redirection.

- 2) In addition to the above, the individual must have need for active treatment and **intermittent** skilled nursing services such as:
 - a) Apnea monitoring
 - b) Colostomy care
 - c) Tube feeding
 - d) Tracheostomy care and suctioning
 - e) Oxygen therapy
 - f) Intermittent positive-pressure breathing
 - g) Intermittent Licensed nurse evaluation
 - h) Catheterization
 - i) Wound irrigation and dressing
 - j) Needs special feeding assistance
 - k) Needs repositioning to avoid breakdown leading to decubitus ulcers and contractions

Intermediate Care Facility / Developmentally Disabled Habilitative – ICF/DDH: The intensity of medical/skilled nursing care required is such that in the absence of in-home services, the individual would be placed in an ICF/DDH facility. In determining this level of skilled shift nursing a **regional center** must have diagnosed the child as developmentally disabled or has determined that the child demonstrates significant developmental delay that may lead to a developmental disability if not treated. The stability of the member's medical condition and frequency of skilled nursing services shall be the determining factors in evaluating the appropriateness for this level of care. The individual must have active treatment and intermittent predictable skilled nursing. Individuals who require skilled nursing procedures on an "as needed basis" are not a candidate for placement in an ICF-DDH. The following criteria together will be used to determine the appropriate level of care:

- 1) The child shall have two or more developmental deficits in any one or combination of the following two domains:
 - a) Self-help domain-eating, toileting, bladder control, dressing
 - b) Social emotional domain-aggression (has had one or more violent episodes causing minor physical injury within the past year or has resorted to verbal abuse and threats but has not caused physical injury within the past year), self injurious behavior which results only in minor injuries requiring first aide, smearing feces once a week or more but less than once a day, destruction of property, running or wandering away, temper tantrums or emotional outburst, or unacceptable social behavior where positive social participation is impossible without close supervision or redirection

Recommendation:

Level:

Hours approved

EPSDT Supplemental Nursing Services Individual Nurse Agreement

The individual nurse provider(s) has been informed prior to enrolling as an EPSDT Supplemental Service Provider of the following items prior to receiving the packet for enrollment so that he/she may determine whether or not they want to follow through with the process:

- A. The nurse provider must possess the knowledge and abilities related to the overall care of the beneficiary including use of specialized equipment such as ventilators, phrenic nerve pacers, CPAP, Bi-PAP, etc. PHC has no jurisdiction in the area of qualifications of the nurse, however an EPSDT nursing supplemental service provider must be licensed and practice accordingly under his/her nurse practice act. Currently no other requirements exist in this area (Business and Professional Code, Division 2, Chapter 6, Section 2732.05).
- B. The nurse is responsible for the development and periodic updates of the Plan of Treatment (POT). This is a nursing responsibility since the contents serve as the orders for the nursing care to be rendered and should be beneficiary specific. CCR, Title 22, Sections 51337, 74697 and 74701 provides specific information that is to be included on the POT and the receipt of orders for treatments and medications.
- C. There should be a home evaluation for safety, which addresses adequate space for beneficiary and equipment; pest infestations, refuse collection, adequacy of utilities and emergency equipment as warranted.
- D. The identified nurses for each case have the responsibility for providing the required documentation to PHC for initial and subsequent authorization of services requested (TARs), and to Provider Enrollment to process the EPSDT Supplemental Services provider number. The nurse is responsible for submission of ongoing, periodic submission of TARs as determined by PHC for nursing services rendered and a time lag may be experienced in the reimbursement process.
- E. The use of a RN hired by the family to work on the case as a coordinator is a beneficiary's/family's choice. The coordinator is not the supervisor since the nurses are not in his/her employ. Because of this, the coordinator does not have the ability to discipline the nurse in question. This identified RN would be similar in nature to a supervising nurse of a HHA and would be paid by Medi-Cal under the same conditions. Any suspicious or negligent activity on behalf of any nurse(s) on the case should be reported to the appropriate nursing board. The identification of a RN coordinator is not a PHC requirement nor is it prohibited by regulation.
- F. For RNs acting as a coordinator, their responsibilities primarily involve reviewing the overall case, assessing the beneficiary and his/her response to the POT, identification of problems with a plan for resolution, follow-up and coordinating the care provided. This information is to be provided to the PHC Special Programs Liaison in a written report for each visit made to the beneficiary.
- G. The coordinator with multiple nurses on the case needs to make sure that he/she is not acting like a home health agency, which is against the law, since he/she is not licensed as such.
- H. PHC's Role – PHC staff may make home visits to evaluate the overall home nursing program but issues with staffing or quality of care will be the responsibility of the physician and /or the family. The PHC staff person assigned to the case will carefully review the POT, with assistance from the Health Services Director or the Chief Medical Officer and request modifications as warranted.
- I. I have read, understand and agree to the above:

Signature: _____
Individual Nurse Provider

Print Name

Date: _____

**EPSDT Supplemental Nursing Services
Family / Primary Caregiver Agreement**

- A. Issues related to the care provided by nurses are to be handled by the family/caregiver and/or the appropriate nursing board depending upon the nature and severity of the issue.
- B. There is no requirement or mechanism to enforce or ensure that nurses have proper credentials related to CPR certification or malpractice insurance and if they are in place or maintained.
- C. Issues related to staffing and or quality of care will be the responsibility of the family. PHC's EPSDT Case Manager will review the treatment plan in place and may ask for modifications as indicated.
- D. The use of a RN hired by the family/primary caregiver to work on the case as the "coordinator" is the family's choice. This individual IS NOT the supervisor since nurses are not employees of this individual. Any suspicious or negligent activity on behalf of any nurse(s) on the case should be reported to the appropriate nursing board and the physician on the case.
- E. For RN(s) acting as "coordinator", responsibilities primarily involve review of the case, assessment of beneficiary and response to the Plan of Treatment, identification of problems with plan for resolution, follow-up and coordination of care provided. This information is to be documented in a written report for each visit made and forwarded to PHC's EPSDT Case Manager
- F. Nurses are to be identified and recruited by the family/primary care giver(s). They may want to evaluate the nurse's experience in the care needs of the beneficiary and use of any equipment in the home.
- G. I have read, understand and agree to the above:

Signature: _____

Family Primary Care Giver

Print Name

Date: _____