



# PEDIATRIC PRIVATE DUTY NURSING POLICY GUIDANCE DOCUMENT

October 2021

Dear Parents, Home Care Agencies and other interested parties,

Welcome to the Pediatric Private Duty Nursing (PDN) Policy Guidance Document. We hope that this document will serve as your resource guide and will clarify how medically necessary PDN services are assessed and authorized under RI Medicaid. Please note that this document pertains to children enrolled in Medicaid fee-for-service only. Children enrolled in Medicaid managed care will continue to follow the guidelines specified by the managed care organization in which the child is enrolled. Please retain this document for use as a reference tool. This document will also be posted on both the RI Department of Human Services (DHS) and the Executive Office of Health and Human Services (EOHHS) websites.

Sincerely,

DHS and OHHS

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## Introduction

Pediatric Private Duty Nursing (PDN), when medically necessary, is a Medicaid covered service for children birth up to age 21 (through age 20) under the EPSDT (Early, Periodic Screening, Diagnosis and Treatment) provision as specified in Section 1905(r) of the Social Security Act. (See also 42 CFR § 440.345 - *EPSDT and other required benefits* and [https://www.medicaid.gov/sites/default/files/2019-12/epsdt\\_coverage\\_guide.pdf](https://www.medicaid.gov/sites/default/files/2019-12/epsdt_coverage_guide.pdf) for further information.) The EPSDT benefit is a robust benefit to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. All services covered by Medicaid must meet medical necessity.

The term “medical necessity,” “medically necessary,” or “medically necessary service” means medical, surgical, or other services required for the prevention, diagnosis, cure, or treatment of an injury, health related condition, disease or its symptoms. For members under the age of 21, the term also includes the EPSDT services described in [Section 1905\(r\) of the Social Security Act](#), including services necessary to correct or ameliorate a defect or physical or mental illness or condition discovered through EPSDT screenings. A service is considered medically necessary if it is rendered for any of the following situations:

- (1) Is provided in response to a life-threatening condition or pain;
- (2) To treat an injury, illness or infection;
- (3) To achieve a level of physical or mental function consistent with prevailing community standards for the diagnosis or condition;
- (4) To provide care for a mother and child through the maternity period;
- (5) To prevent the onset of a serious disease or illness;
- (6) To treat a condition that could result in physical or behavioral health impairment; or
- (7) To achieve age-appropriate growth and development or to attain, maintain, or regain functional capacity.

The RI Department of Human Services clinical team is responsible for the determination of the clinical eligibility for Pediatric Private Duty Nursing (PDN) for children enrolled in Medicaid Fee-for-service (FFS). If the child is in one of the three Rhode Island Medicaid managed care plans (Neighborhood Health Plan of Rhode Island, Tufts Health Plan, or UnitedHealthcare), the child will be assessed and authorized for PDN services by the managed care plan. The majority of children on Medicaid in Rhode Island are enrolled in managed care with the exception of those who have other private/commercial insurance coverage. For children who have other insurance coverage in addition to Medicaid, Medicaid is always secondary payer. In that instance, the child’s primary insurance is the first payer and Medicaid is the second payer. For the purpose of this policy document, we are addressing the PDN processes for children in Medicaid FFS.

It is the role of the DHS Registered Nurse (RN) to conduct an initial clinical assessment as well as annual reassessments to determine the child’s clinical needs. In addition to the authorization of PDN and Certified Nursing Assistant (CNA) services, the nurse is responsible for informing the family of other home and community-based services that may benefit the child. These may include but not limited to the following: Home Based Therapeutic Services (HBTS), Kids Connect, Personal Assistance and Support Services (PASS), and Respite.

## Section 1: Person and Family-Centered Approach to Service Provision

EOHHS supports a “person-centered” and “family-centered” approach to the delivery of services. Person-centered practice is ensuring that the individual requires the right services at the right time. Family-centered practice is a way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children. It focuses on children’s

health, safety, welfare and needs within the context of their families and communities and builds on the family's strengths to achieve optimal outcomes. Families are defined broadly to include birth, blended, kinship, foster and adoptive families.

Key components of person and family-centered practice include:

- Working with the family unit to ensure the safety and well-being of all family members.
- Strengthening the capacity of families to function effectively by focusing on solutions.
- Engaging, empowering, and partnering with families throughout the decision- and goal-making processes.
- Developing a relationship between parents and service providers characterized by mutual trust, respect, honesty, and open communication.
- Providing individualized, culturally responsive, flexible, and relevant services for each family.
- Linking families with collaborative, comprehensive, culturally relevant, community-based ~~networks~~ of supports and services, including but not limited to Home Based Therapeutic Services (HBTS), Kids Connect, Personal Assistance and Support Services (PASS), and Respite.

## **Section 2: Description of Pediatric Private Duty Nursing Services**

As described in Rhode Island's 1115 Waiver, Private Duty Nursing is individual and continuous skilled care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of state law and as identified in the child's plan of care. These services are provided to a Medicaid recipient at home. These children have chronic health care needs that require health related services beyond those typically required for children of the same age.

PDN services are medically necessary, hourly, skilled nursing services to support a child with complex medical issues to remain in the home. The intent of PDN is not to replicate a nursing home level of care in the child's home. It is to supplement the care and natural supports provided by the parents/caregivers. The cost of Home and Community-Based Services (including but not limited to PDN, CNA, DME and supplies, respite, transportation services) must not exceed the cost of care if a child were to be in an institutional setting. Prior to authorization of services, the State must consider the cost-effectiveness of whether home-base services are as effective at meeting a child's needs at an equal or lower cost than that care provided in an institutional setting.

## **Section 3: Criteria for Authorization of PDN Services**

Private Duty Nursing services may be considered medically necessary when all the following criteria are met:

- The child's condition requires continuous skilled care greater than two (2) hours per day that can only be conducted by an RN or LPN according to practice standards.
- The services are ordered by a licensed physician (MD, DO, NP, PA) as part of a treatment plan for a covered medical condition.
- The cost of services in the home do not exceed the cost of services if the child were to be in a skilled nursing facility.
- The child can be safely maintained in the home.
- There is a written treatment plan with short- and long-term goals specified.
- The services provided are reasonable and necessary for care of a child's condition and are within accepted standards of nursing practice.
- The services are performed by a Rhode Island licensed nurse, i.e., Registered Nurse or Licensed Practical Nurse, in accordance with the scope of practice of a licensed nurse (216-RICR-40-

05-3).

- The services must be skilled and not custodial in nature.
- The child's needs for skilled care are greater than what can be provided by a Certified Nursing Assistant (CNA).
- The severity and/or instability of the child's clinical condition make the services medically necessary to ensure patient safety.

Private duty nursing is considered supportive to the care provided to a child by the child's caregiver in maintaining the child at home. It is not intended to replicate the services of a nursing home and must not cost the state more than that of a nursing home. The caregiver must be able to care for the child should the nurse be unable to make a shift. It will be assumed that within a finite and reasonable period of time, the caregiver will become knowledgeable, independent, and safe in providing the established plan of care. If the child is hospitalized, prior to discharge, the hospital staff should train the caregivers to provide all aspects of the child's care. Home care nurses are expected to reinforce that training with the caregiver.

Services must be consistent with prevailing, accepted standards of medical practice and according to the State of Rhode Island Nurse Practice Act (216-RICR-40-05-3).

#### **Section 4: Limitations of Private Duty Nursing Services**

- Private duty nursing is not covered if the child is a resident of a nursing facility, hospital, or licensed residential care facility.
- Private duty nursing is not covered solely to allow the child's family or caregiver to work or attend school. (See sections 6 and 11 of this document.)
- Parents or any individual with legal or financial responsibility for the child are not eligible to be reimbursed to provide PDN services.
- PDN will not be authorized if services can be provided by a lower level professional (e.g., CNA).
- PDN identified in a child's Individual Education Plan (IEP) as a necessary service for the child to receive a Free and Appropriate Education (FAPE) will be covered by the Local Education Agency (LEA)/school district, not by Medicaid. School-based PDN services are authorized separate and apart for the Medicaid authorized PDN. (See section 13 for further information.)

#### **Section 5: Requirements for Pediatric Private Duty Nursing Providers**

- Home care agencies providing private duty nursing care must be licensed by the RI Department of Health as a Home Nursing Care Provider or a Home Care Provider (216-RICR-40-10-17) and must be enrolled as a Rhode Island Medicaid provider.
- Parents or family members cannot be paid to provide these services to their children.
- Each PDN agency is required to obtain physician, PA, or NP orders prior to the provision of such services.
- The attending physician must approve a written treatment plan with short- and long-term goals specified (CMS - Form 485).
- Private duty nursing performed by an LPN must be under the supervision of an RN following a plan of care developed by the physician, PA, NP in collaboration with the individual, family/caregiver, and Home Care Agency.
- Agencies must have specific policies and procedures related to documentation of medication administration.

## Section 6: Process for Requesting PDN Authorizations

A request for private duty nursing services for a Medicaid-eligible client should be made by the child's physician and emailed to the DHS Clinical Team at [DHS.PedClinicals@dhs.ri.gov](mailto:DHS.PedClinicals@dhs.ri.gov). The request must include current medical information that would support a need for the service. The DHS Clinical Team will review this request for any initial approval or change in approved PDN. The required medical documentation to include:

- History & Physical
- Recent Assessment/Treatment Plan
- Document addressing functional/cognitive abilities/delays
- Physician recommendation letter of child's skilled needs

Once clinical information is received, the DHS Nurse will contact the family to set up the clinical home assessment. Any person seeking home and community-based services (HCBS), including children, are subject to a functional assessment that includes a standard set of evaluation criteria that consider the individual's physical, medical, behavioral, and social needs. The standardized evaluation will be conducted using a standardized Assessment Tool. The assessment tool uses an algorithm to determine the number of PDN hours that are medically necessary based on the child's medical condition.

The process for approval of PDN services includes the clinical document(s) review and a clinical home assessment visit (telephonic assessment may substitute for the home visit when community restrictions are in place). Physician and parent/guardian will receive an Approval/Denial Letter of the Private Duty Nursing hours along with a copy of the completed Assessment Tool, with a copy to the identified PDN agency, if appropriate.

On average, services are authorized for a six-month period of time. In some cases, especially when a child is being discharged from the hospital, higher hours may be authorized initially for a short period of time, with the understanding that those hours will decrease over time.

The approved hours must be billed monthly by the home care agency and cannot be carried over from one month to the next. If, at the end of the month, the provider has exceeded the authorized hours, those hours will deny for payment. To request a special exception to cover denied hours, the provider must submit a request to the DHS Clinical Team clearly explaining the clinical reason(s) for the overage of hours. A physician statement supporting that overage must accompany the request. Requests must be submitted within ten (10) calendar days of the overage. Exceptions will be granted on case by case basis.

Process:

1. Physician must send in request for PDN with supporting clinical documentation.
2. DHS Clinical Team will conduct a clinical documentation review.
3. DHS Clinical Team will set up a home visit and conduct an assessment using a standardized assessment tool.
4. If it is determined that the child meets criteria for PDN, the DHS Clinical Team will enroll child in Program Code MCC010, Severely Disabled Home Care Services. Upon receipt of the Medicaid Prior Authorization Form from the Home Care Agency, the DHS Clinical Team will enter the approved authorized hours (units) in the appropriate MMIS screen.
5. Authorizations will be visible to providers in the Provider Portal.
6. Letters will be sent via secure email to the physician, parents, and home care agency, as appropriate. A copy of the assessment and appeals information and an appeals request form will be included in the email.

7. The DHS Clinical Unit will document (in a case note) in RI Bridges.
8. Copies of the Approval Letter & Medicaid Prior Authorization Form (approved) will be scanned into RI Bridges under “Disability/Medical Documentation.”

### **Section 7: Documentation Requirements – Clinical Home Care Records**

Nursing documentation must provide an accurate and honest account of what and when events occurred, as well as identify who provided the care. Documentation must be factual, accurate, complete, organized, and compliant with standards of nursing practice. Documentation includes written or electronically generated information that describes the clinical needs and medical status of the child obtained through the nursing process. Medication administration documentation requirements include Client Identification, Date, Time, Route, Medication, Dosage and Nurse Signature.

Documentation should provide a chronological record of events and delivery of services. Payment will not be made for services where the documentation does not support the definition of, and provision of skilled nursing. Each agency authorized to provide private duty nursing services must maintain a clinical record of the child’s care. The State has the authority to conduct post payment claims reviews at its discretion.

Once PDN services have been authorized, the home care agency must submit quarterly nursing summaries (CSM-485 & Nursing Progress Notes) to the DHS Clinical Team. Any significant change in health status and/or a critical incident should be reported within five (5) business days to the Team. Some examples of significant change in condition are hospital admission/discharge, change in status, discharge from care or death

The nursing care plan must document that the nurse, through case management and ~~collaboration~~ with all interdisciplinary staff, provides services to attain or maintain the highest level of physical, behavioral, and psychological well-being of each child. The nursing care plan must be completed before initiation of private duty nursing shifts. It must be reviewed, updated, and modified whenever the child's needs change, but at least every ninety days. The agency must provide, at a minimum, quarterly nursing summary detailing the child's progress in response to the medical and nursing care plan. For continued requests for private duty nursing, nursing notes/summaries with measurable long and short-term goals and a plan of care are required. Documentation of the actual time the services are provided, such as assessment of lung sounds, tracheal suctioning, pulse oximetry results, respiratory treatments, administration of tube feedings, etc., and must be present in the medical record

### **Section 8: The Development of the Plan of Care**

The Nursing Assessment is a systematic, dynamic way to collect and analyze data about the child, including medical, developmental data, sociocultural, and family life-style factors as well. Components of the nursing assessment include medical history, physical examination, review of other sources of assessment data (such as the child's family, other members of the health care team and hospital discharge summary) as well as identification of the child's strengths and needs.

The nursing diagnosis is the nurse's clinical judgment about the child's response to actual or potential health conditions or needs. The diagnosis reflects not only the child's condition, but if that condition has caused other problems. The diagnosis is the basis for the nurse's care plan.

The nursing care plan is based on the assessment and diagnosis. The nurse sets measurable and achievable short and long-range goals for child which focuses on child-specific nursing outcomes that are realistic for the child. It includes nursing interventions which are focused on the etiologic or risk factors of the identified



diagnoses. The plan of care must be clear to everyone reading the chart. Nursing care is implemented according to the care plan for continuity of care. Both the child’s status and the effectiveness of the nursing care must be continuously evaluated, and the care plan modified as needed.

**Section 9: Annual Clinical Reassessments**

Medicaid is required to conduct annual reassessments (210-RICR-50-00-5.8 B) of all HCBS services. If the reassessment were to result in decreased hours, the family will be given a three-month notice before any reduction occurs. In addition to an annual reassessment, reassessments are required if an increase in hours is requested, as well as at the discretion of the DHS Clinical Team if they determine, for any reason, a reassessment is necessary to better understand the child’s current clinical needs.

**Section 10: Billing of PDN Services**

All private duty nursing services require Medicaid prior authorization (PA). Before requesting PDN services, an agency must ensure that the child is Medicaid eligible. A recipient's eligibility status should be verified by using the RI Medicaid Health Care Portal. Providers may also choose to call the RI Medicaid Help Desk (401) 784-8100 or 1-800-964-6211 to verify a recipient's eligibility with a Customer Service Representative.

The procedure code for PDN is T1000 (Nursing care, in the home, by registered nurse or licensed practical nurse, one unit = 15 minutes). Services are reimbursed according to the level of clinician (RN or LPN) and with the shift in which the care is provided.

Procedure Code	Type of Professional	Shift	Modifier
T1000	RN	Day	No modifier
T1000	RN	Evening 3PM-11PM	UH
T1000	RN	Night 11PM-7AM	US
T1000	RN	Weekend	TV
T1000	RN	Holiday	TU
T1000	LPN	Day	TE
T1000	LPN	Evening 3PM-11PM	UH TE
T1000	LPN	Night 11PM-7AM	UJ TE
T1000	LPN	Weekend	TV TE
T1000	LPN	Holiday	TU TE

Nursing Assessment/Evaluation is billable for the following events: intake to service, readmission to service after hospitalization, and/or significant change in client’s health status. Documentation must accompany billing of a service. A PDN Assessment is billed with code T1001 - Nursing Assessment/Evaluation, one unit.

**Timely Filing Guidelines**

All Medicaid claims must be received within 365 days of the first date of service in order to be accepted for processing and payment. If there is other insurance, Medicaid is secondary payer. The claim must be submitted to the other insurance first and the claim to Medicaid must include the explanation of benefits from the primary insurance. If the claim is past the 365-day limit, then an exception will be allowed to process the claim if the other insurance EOB is within the past 90 days. The claim and supporting documentation to prove timely filing must be submitted on the appropriate paper claim form to your Provider Representative.

## **Section 11: PDN Hours for Respite**

Attachment B of RI's 1115 Waiver, Core, Preventive, and Therapeutic Home and Community-based Service Definitions states that, "The Respite Program for Children allows parents or guardians caring for a child with disabilities, to have time off for themselves. To be eligible for the Respite for Children Program, a child must meet an institutional level of care that can best be described as the type of care typically provided in a hospital, nursing home or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID). Parent/guardian is required to find their own respite worker. Assistance is available from certified Respite agencies."

Medicaid understands that children with significant special needs may require a nurse to provide the respite which are not available in the current respite program. To address this issue, Medicaid will authorize a maximum of seventy-two (72) PDN hours per year for respite purposes provided the following criteria is met:

- The child is currently authorized and receiving Medicaid PDN services.
- The child meets an institutional level of care (if child does not have a LOC because their Medicaid eligibility category does not require it - an income eligible child or child on SSI - the DHS clinical team will obtain the clinical information necessary to determine that the child would meet an institutional level of care).
- The family submits a physician's note confirming that only a nurse can provide the respite care due to the child's complex medical needs.

Process:

1. Parent must send an email to the DHS Clinical Team at [DHS.PedClinicals@dhs.ri.gov](mailto:DHS.PedClinicals@dhs.ri.gov) stating the reason for the respite request along with a physician's note documenting the need for a nurse to provide the respite care with a copy to the home health agency that will be providing the service.
2. The parent/caregiver's request for respite hours must include date(s) and additional respite hours needed above their authorized weekly PDN hours.
3. DHS Clinical Team will conduct a clinical assessment if one has not been completed in over twelve months and authorize the additional respite hours.
4. Maximum hours authorized will be seventy-two 72 per calendar year.
5. These hours must be billed using the same process as is done to bill other PDN services. Agency providing the respite PDN staffing, must submit a Medicaid PA Form for the additional hours to DHS Clinical Team for authorization.
6. The DHS Clinical Unit will document in RI Bridges the number of hours requested, approved and balance remaining for that calendar year.
7. Respite hours cannot be carried over from year to year.
8. If the child is 21 or older and enrolled in BHDDH, respite services may be available through BHDDH and family will be directed accordingly.

## **Section 12: PDN Hours for Family Vacation**

Medicaid will not authorize additional PDN hours for the sole purpose of a family vacation. If the family wishes to use their allocated hours while on vacation, and the nurse and Home Care Agency agree with this, this would be a decision between the staff nurse, family, and agency.

## **Section 13: School-Based Services**

Per IDEA regulation § 34 CFR 300.34(13), the local education authorities (LEAs) are responsible to provide services necessary for a child to receive a free and appropriate education (FAPE). Whether the child is physically in the school building or distance learning, he/she is entitled to the services identified in her/his IEP. Payment for private duty nursing provided to the child in the school setting is the responsibility

of the Local Education Authority (LEA). It is the responsibility of the parents to work with their child's school district to determine if the child is entitled to school-based services in order to receive a free and appropriate education. Medicaid is not involved with that process.

Medicaid hours are authorized separate and apart for school-based services. Medicaid will determine how many PDN hours per month are medically necessary based on the child's clinical condition regardless of whether the child receives additional hours from the school. Those Medicaid hours will be capped at that authorized amount unless/until the child is reassessed and determined to need additional hours. Therefore, if the child does not attend school due to sickness or vacation, the parents may use their Medicaid authorized PDN hours to cover those gaps. Additional hours will not be authorized for the purpose of covering school sick or vacation days.

#### **Section 14: Private Duty Nursing Discharge from Home Care**

Private duty nursing services become maintenance care and will no longer be considered medically necessary when any one of the following are met:

- Medical and nursing documentation supports that the condition of the child is stable/predictable.
- The plan of care does not require a Licensed Nurse to be in continuous attendance.
- The child, family, foster parents, or caregivers have been taught the nursing services and have demonstrated the skills and ability to carry out the plan of care; or
- Combined score on the Acuity Grid and Psychosocial Grid is less than the minimum score necessary to warrant PDN

#### **Section 15: Private Duty Nursing and Transition from Child to Adult Medicaid Eligibility**

Many families of children receiving PDN services will have had the opportunity to meet with a representative from the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) prior to the child's twenty-first (21<sup>st</sup>) birthday to introduce and discuss the DD Adult Service System. At age seventeen (17), BHDDH will generate a letter to families of children receiving PDN services (as well as other children with disabilities), with a copy to the Home Health Agency providing services to the family, informing them of the opportunity to receive Person-Centered Options Counseling (PCOC). The purpose of PCOC is to make the family aware of their child's options as they age into adulthood. Medicaid services to which a child under 21 is entitled differ from services to which an adult (21 and older) is entitled. If the child will continue to need home and community-based care, he/she must apply for Long Term Services and Supports through DHS and/or BHDDH.

Private Duty Nursing is generally not a covered benefit for adults in the RI Medicaid program. However, children who have been receiving PDN services as a child will be reassessed upon turning 21 to determine their needs in the adult world. A large percentage of children with special needs will be eligible for services through the BHDDH waiver. In those instances, the DHS clinical team will work with the BHDDH team to determine the scope of services needed and available to the young adult. Families will be given a period of three months prior to any reduction of PDN hours.

#### **Section 16: Appeals**

Parents may appeal if they disagree with the clinical decision. Appeals language can be found in RI regulation 210-RICR-10-05-2.

## **Section 17: Confidentiality**

A child and his/her family have a right to protection of their privacy with respect to the access, storage, retrieval and transmit-call of their records. These rights and the obligations of public agencies are outlined in The Health Insurance Portability and Accountability Act of 1996 (HIPAA) which provides federal protections for individually identifiable health information held by covered entities and their business associates and gives patients an array of rights with respect to that information. Health care professionals should view security of documentation as a serious issue. Failure to comply with keeping records as required, falsifying or furnishing false information and/or providing information about a child without the consent of the child/child's representative or agency administration can constitute professional misconduct. It is important that home care agencies have policies in place outlining who should be able to access the health records and how the child/child's representative will be made aware of the importance of maintaining confidentiality.

## **Section 18: Quality Improvement/Assurance and Risk Management**

Clear, complete, and accurate nursing documentation facilitates quality improvement initiatives and risk management analysis for the child's staff and provider agencies. Through chart audits and performance reviews, documentation is used to evaluate quality of services and appropriateness of care.

## **Section 19: Legal Requirements**

The child's record is a legal document and can be used as evidence in a court of law or in a professional conduct proceeding. Courts may use the health record to reconstruct events, establish time and dates, refresh one's memory and substantiate and/or resolve conflicts in testimony.

## **Section 20: Requirements for the Use of Multiple Home Care Providers**

If the child is receiving services from two or more agencies, each agency must establish separate records. Each record will contain at a minimum the following:

- Child and family demographics
- Emergency contact number
- Physician contact information
- Initial intake/referral form
- Consent forms
- Patient Rights
- Nursing Assessment
- Current Plan of Care
- Current physician's orders
- Quarterly Supervisory notes
- Nursing notes

The agency policy must clearly articulate where documentation is to occur on the health record to ensure consistency. To determine what is essential to document, for each episode of care or service the health record should contain:

- A clear, concise statement of child status (including physical, developmental, and psychological)
- Relevant assessment data (include child/family comments as appropriate)
- All ongoing monitoring and communications

- The care and services provided (all interventions, treatments, medications, and teaching)
- An evaluation of outcomes, including the child's response and plans for follow up
- Discharge planning

### **Section 21: Critical Incident Reports**

A critical incident is an event which is not consistent with the routine operations of the child's care. Examples include patient falls, medication errors, needle stick injuries, or any circumstances that places child, family or staff at risk of injury. Incidents must be recorded in the child's record and submitted on an incident report to [DHS.PedClinicals@dhs.ri.gov](mailto:DHS.PedClinicals@dhs.ri.gov)

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