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**Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
Private Duty Nursing Services**

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Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Private Duty Nursing Services

The Virginia Medicaid Program covers Private Duty Nursing for eligible individuals through the Early and Periodic Screening, Diagnosis and Treatment benefit (EPSDT). This chapter provides details of EPSDT Private Duty Nursing including the definition of the service, individual eligibility requirements, provider requirements and the service authorization process.

The EPSDT benefit is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA 89) legislation and includes periodic screening, vision, dental, and hearing services. Federal law (42 CFR § 441.50 et seq.) requires a broad range of outreach, coordination, and health services under EPSDT distinct from general state Medicaid program requirements. EPSDT is geared to the early assessment of children's health care needs through periodic screenings. The goal of EPSDT is to assure that health problems are diagnosed and treated as early as possible, before the problem becomes complex and treatment becomes more costly. EPSDT is a Medicaid benefit and therefore there are no special enrollment procedures for members to access EPSDT services. Examination and treatment services are provided at no cost to the individual.

Section 1905(r)(5) of the Social Security Act (the Act) requires that any medically necessary health care service listed at section 1905(a) of the Act be provided to an eligible individual through EPSDT even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population. Any treatment service which is not otherwise covered under the State's Plan for Medical Assistance can be covered for a child through EPSDT as long as the service is allowable under the Social Security Act Section 1905(a) and the service is determined by DMAS, its service authorization contractor or a DMAS-contracted managed care organization (MCO) as medically necessary. Determination of whether a service is medically necessary must be made on a case-by-case basis, taking into account a particular child's needs.

EPSDT Private Duty Nursing services are available to Medicaid/FAMIS Plus members under 21 years of age and FAMIS members under the age of 19 who meet medical necessity criteria for the service. Private Duty Nursing may be provided to eligible persons who have demonstrated a medical need for nursing services according to the Nurse Practice Act. The Nurse Practice Act is defined in Chapter 30 of Title 54.1 of the Code of Virginia.

DEFINITIONS

Activities of Daily Living (ADLs): Personal care tasks such as bathing, dressing, toileting, transferring, and eating/feeding.

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Centers for Medicare & Medicaid Services (CMS): The federal agency that administers the Medicare, Medicaid, and State Child Health Insurance programs.

Commonwealth Coordinated Care (CCC) Plus Waiver: the CMS approved 1915 (c) home and community based services waiver that covers a range of community support services offered to individuals who meet the nursing facility or specialized nursing facility level of care. The CCC Plus waiver was previously known as the Elderly or Disabled with Consumer Direction (EDCD) Waiver and the Technology Assisted Waiver.

Congregate Private Duty Nursing: Private Duty nursing provided to two or more individuals who require Private Duty Nursing in the same home.

DMAS: The Virginia Department of Medical Assistance Services (DMAS) is the state Medicaid agency that is responsible for administering the Medicaid and CHIP programs.

EPSDT Screener: A DMAS enrolled or contracted Medicaid MCO enrolled Physician, Physician Assistant, or Nurse Practitioner.

FAMIS: Virginia's Children's Health Insurance Program (CHIP). FAMIS stands for Family Access to Medical Insurance Security. FAMIS is a separate federal program from Medicaid. FAMIS members are not eligible for Medicaid and are not eligible for certain EPSDT specialized services (Ex: Personal Care, and Residential Treatment) when enrolled in a FAMIS managed care organization.

Home: A place of temporary or permanent residence, not including a hospital, ICF/ID, nursing facility, or licensed residential care facility.

Home Health Certification and Plan of Care (POC): Physician certification to verify services are required. Private Duty Nursing providers may use the CMS-485 or another form that has the same information.

Home Health Nursing: Services provided by a certified home health agency on a part-time or intermittent basis to an individual in his/her place of residence. For Medicaid, the individual does not have to be home bound, but the services must be provided in the individual's home. Home health services provide skilled intervention with an emphasis on individual or caregiver teaching.

Instrumental Activities of Daily Living (IADLs): Life activities including light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, assistance with self-administration of medication and money management

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Nurse Practice Act (NPA): Set of laws established by each state or territory to protect the public by regulating who can be a nurse, and what a nurse can do based on the level and content of his or her education. The NPA includes the education and licensing requirements and provisions for the nurse and disciplinary procedures and punitive measures for those who violate the NPA. The NPA is defined in Chapter 30 of Title 54.1 of the Code of Virginia.

Nursing: The performance of any nursing acts in the observation, care and counsel of individuals or groups who are ill, injured or experiencing changes in normal health processes or the maintenance of health and the prevention of illness or disease. Nursing includes the supervision and teaching of those who are or will be involved in nursing care along with supervision and teaching the delegation of selected nursing tasks and procedures to appropriately trained unlicensed persons as determined by the Board of Nursing. Nursing includes the administration of medications and treatments as prescribed by any person authorized by law to prescribe such medications and treatment. Professional nursing, registered nursing and registered professional nursing require specialized education, judgment, and skill based upon knowledge and application of principles from the biological, physical, social, behavioral and nursing sciences.

Personal Care Services: Support services provided through EPSDT and home and community-based waivers that are necessary to maintain or improve an individual's current health status. Personal care services are defined as help with ADLs, Instrumental Activities of Daily Living (IADLs) related to the individual, monitoring of self-administered medications, and the monitoring of health status and physical condition.

Practical Nurse (L.P.N.): "Practical nurse" or "licensed practical nurse" means a person who is licensed or holds a multistate licensure privilege to practice practical nursing.

Practical Nursing: "Practical nursing" or "licensed practical nursing" means the performance of nursing acts in the care of individuals or groups who are ill, injured, or experiencing changes in normal health processes; in the maintenance of health; in the prevention of illness or disease. Practical nursing or licensed practical nursing requires knowledge, judgment and skill in nursing procedures gained through prescribed education. Practical nursing or licensed practical nursing is performed under the direction or supervision of a licensed medical practitioner, a professional nurse, registered nurse or registered professional nurse or other licensed health professional authorized by regulations of the Board of Nursing.

Private Duty Nursing (PDN): Individualized, medically necessary nursing care services consisting of skilled interventions, assessment, monitoring and teaching of those who are or will be involved in nursing care for the individual in order to correct, ameliorate or maintain the member's health condition. **As opposed to intermittent care provided under Skilled or Home Health Nursing, Private Duty Nursing is provided on a continuous and/or regularly scheduled basis according to medical necessity.** Private Duty Nursing does not include services used to specifically monitor medically controlled disorders or to provide only unskilled

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care. Private Duty Nursing care provided can be based in the individual’s home or any setting in which normal life activities take place.

Private Duty Nursing Medical Needs Assessment (DMAS-62): A form summarizing the medical needs and used to determine the individual’s medical necessity for nursing care on a daily basis. The DMAS-62 form must be completed by a physician, physician assistant, nurse practitioner, or registered nurse and signed/dated by a physician as documentation of need for Private Duty Nursing care.

Registered Nurse (R.N.): A person who is licensed or holds a multi-state licensure privilege to practice professional nursing as defined in the Nurse Practice Act.

School Based Nursing: Nursing care that is required in a school operated by the Local Education Agency or in a private school setting. Preschool, Head Start and daycare programs are not considered “school” settings since they are not operated by the Local Education Agency.

Service Authorization: The process of determining whether or not the service request meets all criterion for that service and gives authority to providers to allow reimbursement for services.

Skilled Nursing: Nursing services that provide short-term intermittent skilled interventions with an emphasis on individual and caregiver teaching.

State Plan for Medical Assistance: The set of Medicaid benefits approved by the Commonwealth of Virginia and the Centers for Medicare and Medicaid Services (CMS).

Third Party Liability (TPL): Private or employer sponsored health insurance other than Medicaid or CHIP that is owned by the individual or purchased on the individual’s behalf. This insurance may be liable for coverage of the requested service. TPL must be billed for nursing services prior to billing DMAS or its contracted MCOs.

Unskilled care: Level of care needed when the condition of the individual is medically stable and predictable, the needs described in the plan of care do not require the skills of a licensed nurse for medical care monitoring of a specific health condition.

PROVIDER PARTICIPATION REQUIREMENTS

Participating Private Duty Nursing Service Providers

A participating provider for Private Duty Nursing services must be licensed or certified as a home health agency by the Virginia Department of Health (VDH) and must have a current, signed agreement with DMAS or its contractor to provide Private Duty Nursing services. PDN providers for MCO members must be contracted with the specific MCO.

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Parents(natural, step-parent, adoptive, foster parent, or other legal guardian), spouses, siblings, grandparents, grandchildren, adult children of, or any person living under the same roof with, the minor child who qualifies to receive Private Duty Nursing care will not be reimbursed by DMAS for providing nursing care to their children. Agencies may not employ a child’s parent as the nurse assigned to provide nursing care to their child. Payment will only be made for services furnished by other family members if there is objective written documentation as to why no other providers are available to provide the care. Family members who provide Private Duty Nursing services must meet the same standards as nurses who are unrelated to the individual and must be employed by an agency.

Private Duty Nursing agencies provide professional nursing services to individuals in a home- or community-based setting. As discussed in the Service Initiation and Authorization section, DMAS, the MCO or DBHDS must authorize payment for Private Duty Nursing for individuals who have been assessed and determined to require PDN services in order to correct, ameliorate or maintain a health condition. Nurses employed by the Private Duty Nursing agency will administer medications, treatments, and care according to an authorized plan of care (CMS-485 or equivalent) which specifies the amount and type of care to be rendered. Private Duty Nursing must be provided by a registered nurse (R.N.) or licensed practical nurse (L.P.N.) employed by a Private Duty Nursing provider enrolled with DMAS or a DMAS-contracted MCO.

PROVIDER ENROLLMENT

All providers who wish to participate with Virginia Medicaid are being directed to complete their request via the online enrollment through Virginia’s Medicaid web-portal. If a provider is unable to enroll electronically through the website, they can download a paper application from the Virginia Medicaid web-portal and follow the instructions for submission. Please go to www.viriniamedicaid.dmas.virginia.gov to access the online enrollment system or to download a paper application.

If you have any questions regarding the online or paper enrollment process, please contact the Conduent Provider Enrollment Services at toll free 1-888-829-5373 or local 1-804-270-5105.

For children whose EPSDT Private Duty Nursing is service authorized by a Medicaid MCO, providers should contact the MCO for provider enrollment information.

Upon receipt of the above information, the ten-digit National Provider Identifier (NPI) number that was provided with the enrollment application is assigned to each approved provider. This number must be used on all claims and correspondence submitted to DMAS.

NPIs may be disclosed to other Healthcare Entities pursuant to CMS guidance. The NPI Final Rule requires covered healthcare providers to disclose their NPIs to any entities that request the NPIs

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for use of the NPIs in HIPAA standard transactions. DMAS may share your NPI with other healthcare entities for the purpose of conducting healthcare transactions, including but not limited to Referring Provider NPIs and Prescribing Provider NPIs.

Instructions for billing and specific details concerning the EPSDT Private Duty Nursing Program are discussed in this manual. Providers must comply with all sections of this manual to maintain continuous participation in DMAS programs.

ELIGIBILITY CRITERIA

Children who are eligible for Medicaid/FAMIS Plus (under the age of 21), or FAMIS (up to age 19) may receive Private Duty Nursing services. **Private Duty Nursing is available only to individuals who meet medical necessity criteria for Private Duty Nursing services.** Medical necessity for Private Duty Nursing must be documented during either a routine well-child visit, or during a screening for diagnosis or assessment of a specific medical or mental health condition. The DMAS-62 and Home Health Certification and Plan of Care (CMS-485) are required to document the need for Private Duty Nursing. The need for distinct monitoring and evaluative services must be documented in the provider's nursing POC; the need for medical monitoring must be documented in the comments section of the DMAS-62 Nursing Needs Assessment and must be documented in the nursing notes. The scope and duration of services will be determined on a case-by-case basis by reviewing the POC, the DMAS-62 and other supporting documentation provided by the physician and/or nursing company. Additional detail on documentation requirements for the DMAS-62, nursing Plan of Care are provided in the Service Initiation and Authorization section.

While children enrolled in FAMIS Plus with third party health insurance are eligible to receive coverage for Private Duty Nursing services, the third party insurance must be billed prior to billing DMAS. Below is a clarification of eligibility within the different programs and delivery systems.

Nursing and Community Based Care Medicaid Waivers

Although EPSDT services are not waiver services, EPSDT services may be provided to a child is enrolled in a Home and Community Based Care Waiver such as the Commonwealth Coordinated Care (CCC) Plus waiver Community Living (CL) Waiver and Family and Individual Support (FIS) Waiver. Current CMS guidelines require that individuals under age 21 who meet medical necessity for Private Duty Nursing services request services through EPSDT PDN. Effective 8/1/17, the Department of Behavioral Health and Disability Services (DBHDS) service authorizes EPSDT Private Duty Nursing for children enrolled in the FIS and CL Waivers, including children enrolled in Medallion 4.0 and CCC Plus Managed Care.

Children enrolled in Commonwealth Coordinated Care (CCC) Plus Managed Care

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CCC Plus Managed Care is a statewide Medicaid managed care program. CCC Plus Managed Care serves individuals with complex care needs, including children enrolled in Home and Community Based Waivers, through an integrated delivery model that includes medical services, behavioral health services and long-term services and supports. Children enrolled in CCC Plus Managed Care, with the exception of those children enrolled in the CL and FIS Waivers, will receive EPSDT PDN, including eligible nursing in the school setting, through the MCO. Providers and families should contact the MCO for information on obtaining service authorization for EPSDT PDN.

Children enrolled in Medallion 4.0

Many Medicaid and FAMIS members receive primary and acute care through DMAS contracted managed care organizations (MCO) under the Medallion 4.0 Program. EPSDT Private Duty Nursing is service authorized by the Medallion 4.0 MCO for children enrolled in Medallion 4.0, with the following exceptions:

- School-based EPSDT Private Duty Nursing, when not included in a child’s Individual Education Plan (IEP), is carved out of the Medallion 4.0 contract and service authorized by DMAS or its contractor.
- Children enrolled in the FIS and CL Waivers receive service authorizations for EPSDT PDN from DBHDS. This includes both school-based and home hours.

Providers should contact the MCO for information on accessing EPSDT Private Duty Nursing. Information for Providers on MCOs is located at <https://www.dmas.virginia.gov/for-providers/managed-care/ccc-plus/> and <https://www.dmas.virginia.gov/for-providers/managed-care/medallion-40/>.

Family Access to Medical Insurance Security (FAMIS)

Most FAMIS benefits are administered through DMAS contracted MCOs. Benefits for FAMIS-Children under age 19 are administered through the Medallion 4.0 contracted MCOs. Providers should contact the MCO for information on accessing EPSDT Private Duty Nursing. A list of Medallion 4.0 MCOs is located at www.virginiamanagedcare.com.

FAMIS members who are not enrolled with a DMAS-contracted MCO receive services directly through DMAS as a fee-for-service benefit.

COVERED SERVICES AND LIMITATIONS

Providers must employ an RN Supervisor who shall:

- Use and foster a person centered planning team approach to nursing services;

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- Ensure choice of services is made by the individual, legally authorized guardian, or responsible party if a minor;
- Ensure personal goals of the individual are respected;
- Conduct the initial evaluation visit to initiate EPSDT PDN services in the primary residence;
- Regularly evaluate the individual's status and nursing needs and notify the primary care provider if the individual no longer meets criteria for PDN;
- Complete the POC on the CMS-485 and update as necessary for revisions. The new POC should be sent to the service authorization entity at the beginning of each new certification period;
- Assure provision of those services requiring substantial and specialized nursing skill and that assigned nurses have the necessary licensure;
- Initiate appropriate preventive and rehabilitative nursing procedures;
- Perform an assessment, at least every 30 days (the monthly nursing assessment cannot be made by the nurse providing care in the home); RN Monthly Supervisory Visits shall be completed in the primary residence at least every other visit. Pediatric visits may be conducted in the school every other visit if necessary;
- Coordinate PDN services;
- Inform the physician and case manager as appropriate of changes in the individual's condition and needs;
- Educate the individual and family/caregiver in meeting nursing and related goals; and
- Supervise and educate other personnel involved in the individual's care.
- Ensure that required documentation is in the individual's agency record;
- Ensure that all employees are aware of the requirements to report suspected abuse, neglect, or exploitation immediately to Adult Protective Services or Child Protective Services, as appropriate-A civil penalty may be imposed on mandated reporters who do not report suspected abuse, neglect or exploitation to VDSS as required;
- Ensure services are provided in a manner that is in the best interest of the individual and does not endanger the individual's health, safety, or welfare;

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- Recommend staff changes when needed;
- Report to DMAS or it's contractor any unethical or incompetent practices that jeopardize public safety or cause a risk of harm to individuals, including household issues that may jeopardize the safety of the PDN; and
- Ensure that all nurses and caregivers are aware that timesheets must be accurate with arrival and departure time of the nurse and that falsifying timesheets is Medicaid fraud.

Private Duty Nursing Assessment

Upon receipt of a referral and prior to the delivery of EPSDT PDN services, the registered nurse supervisor from the provider agency must make an evaluation visit to the individual's home to conduct an assessment and introduce the nurse(s) to the individual and parent/caregiver and orient the nurse(s) to the needs of the individual.

The nursing supervisor should discuss the individual's goals, needs and physician's orders to develop the POC on the CMS-485 with the individual, family/caregiver and the private duty nurse(s) to ensure that there is complete understanding of the individual's goals and services to be provided. A copy of the current POC must be kept in the individual's home at all times. The nurse(s) should be instructed to use the POC as a guide for daily service provision. The most current POC must accompany the individual and nurse to school and whenever they leave the primary residence.

The PDN provider may not bill DMAS until the MD has signed and dated the POC. A signed copy of the current POC must be kept in the individual's home record.

It is the provider's responsibility to determine whether the agency can adequately provide services to an individual prior to accepting a referral. If, during the initial assessment, the RN supervisor determines the individual is not appropriate for PDN services because of health, safety, or welfare reasons or because the provider is unable to staff the case, the agency should not open the case to PDN. The provider RN should notify the referral source (case manager or primary care provider) that PDN services will not be provided by the agency and the reason why.

Monthly RN Supervisory Visits are performed at least every 30 days to provide oversight for all EPSDT PDN services in the home. These visits are the provider's responsibility and will include:

- An assessment of the individual based on their skilled needs
- Review of the home medical record
- A determination that health care needs are met in the home
- Documentation of the individual's satisfaction and choice of services
- Documentation of satisfaction of the service plan meeting their personal goals
- A review of the POC to ensure physician orders are accurate, current and being followed

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The individual receiving EPSDT services must be present during every supervisor monthly visit.

Private Duty Nursing

Private Duty Nursing can be provided as either individual nursing or congregate nursing. Congregate Private Duty Nursing must be provided when more than one individual who receives Private Duty Nursing resides in the same home. Congregate Private Duty Nursing shall be limited to a maximum ratio of one private duty nurse to two individuals who receive nursing. The hours for each child are approved separately and a congregate rate is assigned to the hours of services that are provided to both children based on each child's medical necessity. When three or more individuals receiving Private Duty Nursing share a home, service staff ratios are determined by assessing the combined needs of the individuals. Individuals who receive congregate nursing hours may also require additional individual Private Duty Nursing hours, if medically necessary. The additional Private Duty Nursing hours may be allowed to manage higher intensity care needs or hours may be allowed to provide nursing services while the other congregate member is not present in the home.

School Based Nursing

School based nursing services are not covered by DMAS-contracted Medallion 4.0 MCOs. School based nursing services are covered by CCC Plus Managed Care MCOs. DMAS provides coverage for FFS and Medallion 4.0 enrolled members who require Private Duty Nursing in the school setting when nursing services are not being provided by the member's Local Education Agency.

Providers are responsible for determining if the individual is receiving the appropriate nursing benefit in the school system. When nursing is required during school hours, the provider must document whether nursing is included in the child's Individualized Education Program (IEP) and/or document how the school is providing or coordinating the member's nursing services. Members and their caregivers are responsible for ensuring that the student's IEP includes appropriate nursing coverage during school hours. Local School Divisions may access reimbursement using DMAS Local Education Agency/School Health Services.

Private Duty Nursing Non-Covered services:

- Care and supervision that is not medically necessary; and
- Respite.

SERVICE INITIATION AND AUTHORIZATION

All services must be service authorized. The service authorization entity varies depending on the managed care and/or waiver program in which the child is enrolled.

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Program	Service Authorization Entity (Non School Hours)	Service Authorization Entity - School Hours (not covered by IEP)
FFS*	Service authorized by DMAS or its contractor.*	Service authorized by DMAS or its contractor.*
Medicaid Medallion 4.0 MCOs and FAMIS MCOs	Service authorized by MCO. Contact the MCO for service authorization information.*	Service authorized by DMAS or its contractor.*
CCC Plus Managed Care *	Service authorized by MCO, contact the MCO for service authorization information.*	Service authorized by MCO, contact the MCO for service authorization information.*
CL and FIS Waivers	Service authorized by DBHDS	Service authorized by DBHDS

*with the exception of those children enrolled in CL and FIS Waivers effective 8/1/17

PDN services are authorized based on the DMAS-62 form, Home Health Certification, Plan of Care (CMS-485) and any required documentation as detailed in the most current instructions for the DMAS-62. The individual/family or case manager acting on their behalf may request that a Physician, Physician Assistant, or Nurse Practitioner complete the DMAS-62; a physician must sign and date the DMAS-62. The nursing agency must send required documentation to DMAS or its contractor for final approval and authorization of Private Duty Nursing hours. DMAS or its contractor will review the DMAS-62 and the POC to assess the level of need and determine if the requested service amount meets DMAS criteria for reimbursement. Private Duty Nursing services are limited to the hours of skilled medical care and skilled supervision as specified in the POC signed by the child’s physician and limited to the number of hours approved by DMAS or its contractor. Please see Appendix A to this Supplement for additional service authorization information.

Nursing needs of the individual documented in the DMAS-62 indicate the type and complexity of care required by assigning nursing need scores based on the time required to perform tasks corresponding to needs. The total amount of approved nursing hours may include both nursing and personal care time if the personal care tasks are incidental to the nursing care. The need for nursing care defines the amount of nursing services that are approved. The total score for the nursing needs section must be approved by DMAS or its contractor and will determine the medical necessity for nursing care.

The determination of Private Duty Nursing care hours is defined as:

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Score	Nursing Hours
1 to 6 points	Individual Consideration; Consider Home Health, Skilled Nursing (if ID/DD), Personal Care Services and/or adaptive technologies
7 to 22 points	Up to 8 hours/day
23 to 36 points	Up to 12 hours/day
37 to 49 points	Up to 16 hours/day
>49 points	Individual Consideration

Dates of service for the authorization for Private Duty Nursing services cannot be before or beyond the dates of service noted on the POC. Initial requests can be submitted for up to 60 days and subsequent requests can be submitted for up to 6 months as long as the physician signs the plan to authorize that the services are medically necessary for the length of time requested. Subsequent requests for services must be authorized by DMAS or its contractor.

Hospital discharge situations may require the provision of related services such as family training provided by a nurse. The trach/vent infants going home from the NICU/PICU setting may require a higher level of nursing services to assist with the transition home. This must be documented in the 485, DMAS-62 and the nursing POC and approved by DMAS or its contractor. Nursing may be available for up to 24 hours per day during this initial period if the individual's medical necessity warrants such intensive nursing care and the care can be safely provided in the home environment.

Individuals who receive Private Duty Nursing services must receive a re-assessment by a physician every 6 months. A copy of the updated DMAS-62 must be submitted with the service authorization request. .

Private Duty Nursing will not duplicate Home Health Nursing services. If Home Health Nursing services are denied or terminated, then an individual under the age of 21 may request PDN.

MCO Service Requests

MCO members must request Private Duty Nursing through their respective MCO.

Medallion 4.0 MCO Addresses and Telephone Numbers can be found on the DMAS website at www.virginiamanagedcare.com or by calling the Medicaid Managed Care Help Line at 1-800-643-2273. Contact information for CCC Plus Managed Care MCOs is located at http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx.

SERVICE AUTHORIZATION REQUIREMENTS FOR FEE-FOR-SERVICE MEMBERS

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Please refer to the EPSDT Manual, Service Authorization Appendix A, for further information regarding service authorization requirements, timely submittal of requests and service specific details.

Accurate and complete authorization requests help reduce delays in authorization and service initiation. Providers wishing to start services prior to the receipt of authorization do so with the knowledge that they are taking a risk of not receiving reimbursement for services provided. The provider must have a member identification number for any authorized individual prior to requesting services.

Discharges, Transfers and Provider Notification Requirements

Providers must notify the family in writing five days prior to service termination or suspension when the discharge is not due to the health safety and welfare of the provider. The provider must notify DMAS or its contractor of all service discharges or transfers within three days of the last date of service.

The Private Duty Nursing agency must transfer a member's care to another nursing agency whenever the agency is no longer able to sufficiently staff the individual's care or the individual requests services from another agency.

For service transfers both the old provider and the new provider must exchange the individual's information prior to the new service provider beginning services.

Individuals Using Two Providers

DMAS allows more than one provider to provide Private Duty Nursing to a single individual. Each agency must coordinate their services to ensure that the individual's service needs are met. Each agency must provide a distinct POC which includes a detailed schedule of the nursing services they provide. Both providers must perform monthly supervisory visits and send all verbal orders to the co-sharing agency. Weekly communication between agencies in shared cases is encouraged regarding PDN hours, billing, and health, safety or welfare issues. In the event one agency releases a portion of or all approved hours to a different agency, the Medicaid LTSS Communication form (DMAS-225) must be completed by the releasing agency specifying the other PDN agency as well as the number of hours. The receiving agency must include this form when submitting their authorization request.

To inquire about the status of completed service authorization decisions:

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MediCall

You may check the MediCall Automated Voice Response System 24- hours-per-day, seven days a week, to confirm recipient eligibility status, claim status and check status. The numbers are:

1-800-772-9996	Toll-free throughout the US
1-800-884-9730	Toll-free throughout the US
(804) 965-9732	Richmond and Surrounding Counties
(804) 965-9733	Richmond and Surrounding Counties

Providers access the system using their National Provider Identifier (NPI) number as identification.

Automated Response System (ARS)

Providers may use the Internet to verify recipient eligibility and perform other inquiry functions. You may contact the Conduent Web Support Call Center at 1-800-241-8726 if you have any questions or problems regarding the ARS Web Site.

DOCUMENTATION REQUIREMENTS

Services not specifically documented in the individual’s record as having been rendered will be deemed not to have been rendered, and any inappropriate payment may be recovered by DMAS.

The medical record must contain sufficient information to clearly identify the individual, to justify the diagnosis and treatment, and to document the results accurately.

All record documentation must be signed with the employee initials, last name, and title and be dated with complete dates (month, day, and year). A required physician signature for Medicaid purposes may include signatures, written initials, computer entries, or rubber-stamps initialed by the physician. The physician must initial and completely date all rubber-stamped signatures.

The physician’s orders may be documented on the CMS-485 form or an equivalent form which must include the following:

- Individual’s ID number
- National Provider Identifier (NPI)
- Individual name and address
- Diagnosis and prognosis
- Functional limitations

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- Activities permitted
- Mental status
- Safety measures
- Orders for medications/treatments
- Orders for dietary/nutritional needs
- Orders for therapeutic services
- Orders for skilled nursing services that include a specific number of nursing hours per day (i.e., not a range of hours)
- Orders for medical tests
- Measurable goals for treatment with established time frames
- Frequency/duration of services
- Rehabilitation potential
- Instructions for discharge or referral
- Discharge Status and family notification of discharge

NOTE: When designing nursing plans, please note whether a service can be safely and effectively performed (or self-administered) by the average non-medical person without the direct supervision of a licensed nurse. Nurse delegation practices as defined in the Nurse Practice Act may be used to augment the care for individuals as medically appropriate and available.

Nursing documentation for each individual must be kept at the nursing agency. The individual's nursing record must include the following:

- All plans of care (CMS-485) which must be **signed** and **dated** by the provider and the physician (per Virginia Code § 54.1-2957 and § 54.1-2957.02, signature by a Nurse Practitioner is acceptable in certain circumstances);
- CMS-485 or other form documenting the nursing POC;
- DMAS-62 **signed** and **dated** by the physician (per Virginia Code § 54.1-2957 and § 54.1-2957.02, signature by a Nurse Practitioner is acceptable in certain circumstances);
- Any required documentation for service authorization as detailed in the most current instructions for the DMAS-62;
- Any correspondence with the member's MCO to include the clinical documentation in relation to the PDN request, i.e., the plan of treatment, medical nursing needs assessment, service authorization etc;
- Social history including the family/caregivers that are trained and willing to care for the child with the supplement of nursing services and other health professionals;
- The family's support system in a schedule format;
- Any transportation requirements and how they are being met;
- Availability of the nurse including a schedule of daily nursing hours;

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- Teaching efforts including delegation, assignment of care and demonstrations from caregivers regarding competency with procedural practices;
- Notes documenting each nursing visit; and
- Equipment and supplies necessary for the individual's care.

Nursing notes must include all of the following:

- All plans of care and Medical Needs Assessment Forms (DMAS-62) **signed** and **dated** by the provider and the physician (per Virginia Code § 54.1-2957 and § 54.1-2957.02, signature by a Nurse Practitioner is acceptable in certain circumstances);
- First and last name of individual on each page of documentation;
- Date of each visit;
- Time at start and end of service delivery by each nurse;
- Comprehensive assessment including medical status, functional status, emotional/mental status, nutritional status, any special nursing procedures, and identification/resolution of acute episodes;
- Treatment and/or caregiver instruction provided including the caregiver receptiveness to instruction;
- Outcomes including the individual/family's response to services delivered and response to training;
- Demonstrations of caregiver competencies in nurse-delegated tasks;
- Nursing assessment of the individual's status and any changes in status per each working shift; and
- Full signature and title of nursing provider. All signatures must include dates.

Documentation by the RN Supervisor to Support the Monthly Supervision Visit:

The RN Supervisor makes monthly home visits to assess the quality and provision of Private Duty Nursing services. This includes review of the following:

- Consistency and Continuity of Care: The degree to which the individual receives services from nursing staff familiar with the individual's needs, home environment, and POC and receives services continuously according to the POC;
- Adherence to the POC: It is the provider's responsibility to provide the necessary amount and type of services, as reflected in a current POC. A POC that calls for services to be rendered on a seven-day-a-week basis must be staffed on that basis unless the provider has discussed with the individual and social support the provider's inability to render care, and the individual's social support must be able to provide the coverage in the absence of the usual agency staff. This must be documented in the individual's file. Holidays are not exempt from the criteria;

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- Documentation of Ancillary Services: The degree to which the individual receives services other than nursing;
- Identification of all other services that are needed for the individual to be maintained in the home. The documentation shall include, as appropriate, speech therapy, occupational therapy, physical therapy, transportation, physician services, the frequency and amount of service needed, the provider of the service, and the payment source;
- Contacts for the equipment supplier and respiratory therapist;
- Documentation of services (as needed and appropriate) including, but not limited to, the school system; Special Supplemental Nutrition Program for Woman, Infants, and children (WIC); child development clinic services; and other Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) services;
- Identification of the primary care physician who has agreed to manage the medical care of the individual;
- Documentation of hospitalizations and medical procedures, both inpatient and outpatient;
- Current Physician Orders for Medical Care: Physician orders must be signed and dated;
- Progress Notes: The degree to which nursing documentation reflects the individual's status, the technology required, and the skilled nursing care provided;
- Quality of Care: As reported by the individual or family or observed by the analyst during home visits;
- Health and Safety Needs of the Individual: Has the provider identified any special needs of the individual and acted to refer the individual to service providers to meet those needs?

Documentation for re-certification of services:

- All plans of care and medical needs assessment documents must be **signed** and **dated** by the provider and the physician
- Home Health Certification and Plan of Care (may use the CMS-485 or equivalent to meet documentation requirements) signed and dated by the ordering physician who is most familiar with the care needs of the individual
- The Home Health Certification and Plan of Care must contain the individual ID number, provider number, and documentation which reflects the nursing care as described in the Medical Needs Assessment (DMAS-62) form
- Medical Needs Assessment Form (DMAS-62) signed and dated by physician (required every six months)
- Any documentation required for recertification as detailed in the most current instructions for the DMAS-62.

CLAIMS AND BILLING

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The unit of service for Private Duty Nursing is one hour. Payment is available only for allowable activities that are pre-authorized and provided by a qualified provider in accordance with an approved POC that meets Private Duty Nursing program criteria. Private Duty Nursing services are limited to the hours of skilled medical care and skilled supervision as specified in the POC and limited to the number of hours authorized by DMAS.

All Private Duty Nursing services are service authorized by DMAS or its contractor. Payment for Private Duty Nursing services requires an existing service authorization.

Private Duty Nursing Reimbursement Table

SERVICE NAME	REIMBURSEMENT CODE
Private Duty RN	S9123
Private Duty LPN	S9124
Private Duty Congregate Nursing RN	G0493
Private Duty Congregate Nursing LPN	G0494