
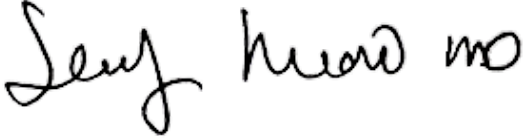




Promise Health Plan

Policy Title: Private Duty Nursing		POLICY #: 10.02.51	
		Line of business: Medi-Cal	
Department Name: Utilization Management	Original Date 7/31/2022	Effective Date 7/22, 10/22	Revision Date 10/22, 2/23, 3/24
VP Approval: Tracy Alvarez, VP, Medical Care Solutions 		Date of Approval: 3/12/2024	
Medical Services/P&T Committee: (If Applicable) Jennifer Nuovo, MD 		Date of Committee Review: 3/12/2024	

A. PURPOSE:

To provide guidance on how Blue Shield of California Promise Health Plan (Blue Shield Promise) provides Private Duty Nursing.

B. DEFINITIONS:

1. Custodial Care – Any non-medical care that can reasonably and safely be provided by non-licensed caregivers. Involves help with daily activities like bathing and dressing. Reimbursed when member resides in a nursing home setting.
2. Private Duty Nursing (PDN) - the provision of medically necessary, complex skilled nursing care in the home by a registered nurse (RN) or licensed vocational nurse (LVN). The purpose of PDN is to assess, monitor and provide more individualized and continuous skilled nursing care in the home on an hourly basis; to assist in the transition of care from a more acute setting to home; and to teach competent caregivers the assumption of this care when the condition of the individual is stabilized. The length and duration of PDN services is intermittent and temporary in nature and not intended to be provided on a permanent ongoing basis. Such services are normally billed at an hourly or shift rate. The Private Duty Nurse cannot be a member of the individual’s immediate family or anyone living in the home.
3. Skilled Care – Medically necessary care that can only be provided by or under the supervision of skilled or licensed medical personnel. Can take place at home or in a skilled nursing facility.

C. POLICY:

- I. Private Duty Nursing is limited to home health care programs for infants, children, or adolescents under the age of 21 years, and offers advantages of supporting the child's growth and development in a family environment without

compromising comprehensive health care. For Blue Shield Promise beneficiaries under 21 years of age, PDN services may be medically necessary. Home health agencies (HHA) offering PDN services, must be Medi-Cal enrolled. If HHAs are not enrolled as Medi-Cal providers, Blue Shield Promise network will contact HHAs and assist with navigating the process to enroll as a Medi-Cal provider.

- II. PDN services for members over 21 years of age are provided through the In-Home Operations (IHO) Waiver program. See UM P&P 10.02.18 Home & Community Based Services (HCBS) Waiver Program.
- III. PDN services must be authorized by Blue Shield Promise, unless the PDN services are considered a carve-out, such as California Children's Services (CCS).
- IV. Members enrolled in Blue Shield Promise who have a potential CCS-eligible medical condition must fax a Service Authorization Request (SAR) to the member's local CCS County office for authorization of PDN services.
- V. When PDN is medically necessary, services are provided in a member's home by a RN or LVN for a member who requires individual and continuous care. RNs and LVNs providing PDN services to Blue Shield Promise members must either be Medi-Cal enrolled as individual providers who offer PDN services independently, or they may offer services through a Medi-Cal enrolled HHA. An HHA is a state-licensed public or private organization that provides in-home skilled nursing services.

D. PROCEDURES:

I. CLINICAL INDICATIONS

- a. Initial, Renewal, and Transition of Services for Private Duty Nursing are considered medically necessary when the following intensity of care criteria are demonstrated in the clinical notes:
 - i. The individual's condition must be unstable and require frequent nursing assessments and changes in the plan of care. Instability of the individual's condition means that an individual's condition changes frequently, or rapidly, so constant monitoring or frequent adjustments of treatment regimens are required. It must be determined that these needs could not be met through a skilled nursing visit, but could be met through private duty nursing, and
 - ii. The physician has ordered nursing for constant monitoring and evaluation of the individual's condition on an ongoing basis and makes any necessary adjustments to the treatment regimen, and
 - iii. The nursing and other adjunctive therapy progress notes indicate that such interventions or adjustments have been made at least monthly and as necessary.
- b. Service requests for PDN services must be submitted with the following clinical documentation:
 - i. Treatment Authorization Request (TAR) for requested skilled nursing,

number of units, assessment of the scope and duration of the PDN services to be provided, **and**

- ii. Home Health Certification and Plan of Care (CMS-485), **and**
- iii. Plan of Care signed by the treating provider (MD or DO), **and**
- iv. Comprehensive assessment of the member's health status including documentation of the skilled need and medication administration record:
 - 1. Written monthly progress summary with long and short-term goals and a plan of care to determine if the member has reached recovery, and a caregiver has been taught to assume care;
 - 2. Consultation notes if the member is receiving services from a subspecialist.

II. CAREGIVER TRAINING

a. **Caregiver Training** is authorized when the following criteria are met:

- i. Private duty nursing is appropriate for short-term training for the caregiver of an individual with complex medical needs with the intent of having caregivers assume this role when the individual's medical condition becomes stable,
and
- ii. Member must have one caregiver willing and able to accept responsibility for the member's care when the nurse is not available. If the parent/caregiver cannot or will not accept responsibility for the care, PDN will not be authorized as this is deemed an unsafe environment.

III. CASE MANAGEMENT SERVICES

- a. Blue Shield Promise is responsible for providing comprehensive case management and coordination of care for medically necessary services, for beneficiaries receiving private duty nursing services. Care management services may be provided either by Blue Shield Promise or the beneficiaries primary care provider practice (IPA) based on contract requirements. Blue Shield Promise is responsible to provide case management as necessary, including at the member's request, arranging all PDN services.
- b. If another entity, such as CCS, has authorized PDN services and is primarily responsible for providing case management for those PDN services, Blue Shield Promise will provide case management and communicate with the County CCS Office as necessary, including, at the member's request, arranging for all approved PDN services.
- c. Pursuant to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, members under the age of 21 years approved to receive PDN services, must be provided case management services by Blue Shield Promise plan. State law provides that for individuals under the age of 21 years, a service is medically necessary or a medical necessity if it meets the standards set forth in 42 USC, §1396d(r)(5).
- d. When an eligible member under the age of 21 years is approved for PDN services and requests Blue Shield Promise provide case management services for those PDN services, Blue Shield Promise is obligated to:
 - i. Provide the member with information about the number of PDN hours

- the member is approved to receive;
- ii. Contact enrolled HHAs and enrolled individual nurse providers to seek approved PDN services on behalf of the member;
 - iii. Identify potentially eligible HHAs and individual nurse providers and assist them with navigating the process of enrolling to become a Medi-Cal provider; and

- iv. Work with enrolled HHAs and enrolled individual nurse providers to jointly provide PDN services to the member.
- e. A member may choose not to use all approved PDN service hours. Blue Shield Promise must respect the member’s choice and document those instances when a member chooses not to use approved PDN services.

E. MONITORING: N/A

F. REPORTING: N/A

G. REFERENCES & ATTACHMENTS:

1. 10.02.18 Home & Community Based Services (HCBS) Waiver Program
2. American Academy of Pediatrics Committee on Children with Disabilities. Guidelines for home care on infants, children, and adolescents with chronic disease. Pediatrics. 1995; 96(1 Pt 1):161-164.
3. DHCS, Integrated Systems of Care Division, “Private Duty Nursing Frequently Asked Questions”. Dated: August 9, 2019
4. APL 23-005
5. APL 20-012
6. Fast Track Communication: Medi-Cal Prior Authorization Clinical Review Request for Private Duty Nursing
7. Form CMS-485 (C-3)
8. Promise Pre-Service Nurse Private Duty Nurse Request Process
9. 10.2.3 Early and Periodic Screening, Diagnosis, and Treatment
- 10.42 USC, §1396d(r)(5)

H. REVISION HISTORY:

Date	Modification (Reviewed and/or revised)	E-Filing Number
3/2024	2024 Annual Review <ul style="list-style-type: none"> • Reviewed regulatory requirements per DHCS • Added clinical indications • Formatting/grammatical updates • Updated references 	
2/2023	Updated Regulatory Requirements DHCS	