



Arkansas Department of Health and Human Services

Division of Medical Services



P.O. Box 1437, Slot S-295
Little Rock, AR 72203-1437

Fax: 501-682-2480

TDD: 501-682-6789

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Private Duty Nursing

DATE: October 1, 2006

SUBJECT: Provider Manual Update Transmittal #75

REMOVE

Section	Date
212.000	7-1-06
212.200	7-1-06
213.000	7-1-06
—	—
—	—
225.000	10-1-06

INSERT

Section	Date
212.000	10-1-06
212.200	10-1-06
213.000	10-1-06
213.010	10-1-06
215.100	10-1-06
225.000	10-1-06

Explanation of Updates

Section 212.000 is included to add a statement explaining what private duty nursing services means as a clarification referencing 42 CFR 440.80.

Sections 212.200 and 213.000 are included to make a revision. Private Duty Nursing (PDN) services are **not** limited to just Medicaid-eligible **ventilator dependent** beneficiaries age 21 and over.

Section 213.000 has been revised to only include coverage of PDN services for Medicaid beneficiaries under age 21.

Section 213.010 is a new section which outlines the requirements for eligible Medicaid beneficiaries age 21 and over to receive Private Duty Nursing services.

Section 215.100 is a new section which outlines the medical criteria and guidelines for coverage of PDN services for Medicaid-eligible non-ventilator dependent beneficiaries age 21 and over.

Section 225.000 has been revised to include additional information that is required for PDN services for non-ventilator dependent beneficiaries age 21 and over.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

TOC required**212.000 Scope 10-1-06**

Private duty nursing services are those medically necessary services that are provided by a registered nurse or licensed practical nurse under the direction of the beneficiary's physician, to a beneficiary in his or her place of residence, a Division of Developmental Disabilities Services (DDS) community provider facility or a public school. Private duty nursing services means nursing services for beneficiaries who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of the hospital or skilled nursing facility. 42 CFR 440.80. For purposes of the Medicaid program, private duty nursing services are those medically necessary services related to the coverage described in sections 213.000 and 213.010 which must be delivered by a registered nurse or licensed practical nurse, as required by the State Nurse Practice Act. The registered nurse or licensed practical nurse providing services may not be a family member or taking on the role of a family member of the Medicaid beneficiary as described in Section 212.100.

212.200 Private Duty Nursing Service Locations 10-1-06

- A. Medicaid-eligible beneficiaries age 21 and older may receive Private Duty Nursing Services (PDN). PDN services may be provided only in the beneficiary's own home and as necessary when the Medicaid beneficiary's normal life activities temporarily take the beneficiary away from the home. For purposes of this rule, normal life activity means routine work, school, church, office or clinic visits, shopping and social interactions with friends and family. The private duty nurse may accompany the beneficiary but may not drive. Normal life activities do not include non-routine or extended home absences.
- B. For Medicaid-eligible beneficiaries under the age of 21, PDN services are covered in the following locations:
1. The beneficiary's home. PDN services may be provided only in the beneficiary's own home and as necessary when the Medicaid beneficiary's normal life activities temporarily take the beneficiary away from the home. For purposes of this rule, normal life activity means routine work, school, church, office or clinic visits, shopping and social interactions with friends and family. The nurse may accompany the beneficiary but may not drive. Normal life activities do not include non-routine or extended home absences.
 2. A public school. A school's location may be an area on or off-site based on accessibility for the student. When a student's education is the responsibility of the school district in which that student resides, "school" as a place of service for Medicaid-covered services is any location, on-site or away from the site of an actual school building or campus, at which the school district is discharging that responsibility.
 - a. When a child is attending school at a DDS community provider facility because the school district has contracted with the facility to provide educational services, the place of service is "school".
 - b. When the home is the educational setting for a child who is enrolled in the public school system, "school" is considered the place of service.
 - c. The student's home is not considered a "school" place of service when a parent elects to home school a child.
 3. A DDS community provider facility.
- C. PDN services are not covered at/or in a hospital, boarding home, nursing facility, residential care facility, or an assisted living facility.
-

213.000 Coverage of Private Duty Nursing Services for Medicaid-Eligible Beneficiaries Under 21 10-1-06

Beneficiaries under age 21 to receive private duty nursing (PDN) services must require constant supervision, visual assessment and monitoring of both equipment and patient. PDN services may be covered for Medicaid beneficiaries under 21 who meet the following requirements:

- A. Medicaid-eligible ventilator-dependent (invasive) beneficiaries when determined medically necessary and prescribed by a physician or
- B. Medicaid-eligible beneficiaries under age 21 who are:
 - 1. In the Child Health Services (EPSDT) Program, and
 - 2. High technology non-ventilator dependent beneficiary requiring at least two (2) of the following services:
 - a. Intravenous Drugs (e.g. chemotherapy, pain relief, or prolonged IV antibiotics)
 - b. Respiratory – Tracheostomy or Oxygen Supplementation
 - c. Total Care Support for ADLs and close patient monitoring
 - d. Hyperalimentation – parenteral or enteral

Medicaid-eligible beneficiaries under age 21 who are in the Child Health Services (EPSDT) program require additional documentation to receive private duty nursing services. Refer to section 225.000 of this manual.

PDN services may be provided by a registered nurse and/or licensed practical nurse as directed by the beneficiary's physician.

All PDN services require prior authorization by the Medicaid Program. Refer to Section 220.000 of this manual for information on the prior authorization process.

213.010 Coverage of Private Duty Nursing Services for Medicaid-Eligible Beneficiaries Age 21 and Over 10-1-06

Beneficiaries 21 and over to receive PDN Nursing Services must require constant supervision, visual assessment and monitoring of both equipment and patient. In addition the beneficiary must be:

- A. Ventilator dependent (invasive) or
- B. Have a functioning trach
 - 1. requiring suctioning and
 - 2. oxygen supplementation and
 - 3. receiving Nebulizer treatments or require Cough Assist / inexasufflator devices
- C. In addition at least one from each of the following conditions must be met:
 - 1. Medications:
 - a. Receiving medication via gastrostomy tube (G-tube)
 - b. Have a Peripherally Inserted Central Catheter (PICC) line or central port
 - 2. Feeding:
 - a. Nutrition via a permanent access such as G-tube, Mickey Button, Gastrojejunostomy tube (G-J tube) feedings are either bolus or continuous
 - b. Parenteral nutrition (total parenteral nutrition)

PDN services may be provided by a registered nurse and/or licensed practical nurse as directed by the beneficiary's physician.

Additional documentation is required for PDN services for non-ventilator dependent beneficiaries age 21 and over. Please refer to section 225.000 of this manual.

All PDN services require prior authorization by the Medicaid Program. Refer to Section 220.000 of this manual for information on the prior authorization process.

214.000 Medical Criteria and Guidelines for Coverage of Private Duty Nursing Services for Ventilator-Dependent Beneficiaries

10-1-06

To receive private duty nursing services, beneficiaries must require constant supervision, visual assessment and monitoring of both equipment and patient. The following medical criteria and guidelines are utilized in evaluating coverage of private duty nursing services for a ventilator-dependent beneficiary:

A. Selection of Patient

1. Medical: The patient must have a related diagnosis requiring ventilator support. These diagnoses are:
 - a. Neuromuscular disease involving the respiratory muscles
 - b. Brainstem respiratory center dysfunction
 - c. Severe thoracic cage abnormalities
 - d. Intrinsic lung disease
 - e. Lung disease associated with cardiovascular disordersEach patient must have cardiovascular stability.
2. Social: The patient must depend upon family members to provide support at home for medical and non-medical care on an ongoing basis.
3. Cost Effectiveness: The cost of private duty nursing care should not exceed the cost for acute inpatient hospital care.

B. Specific factors to be assessed

1. Medical
 - a. Mechanical ventilator support is necessary for at least six (6) hours per day and weaning has been tried but was unsuccessful.
 - b. Frequent ventilator adjustments are unnecessary.
 - c. Oxygen supplementation at or below an inspired fraction of 40% (FIO₂@0.40).
 - d. There are no anticipated needs for frequent re-hospitalizations.
 - e. There is a record of reasonable expectation of normal or near-normal growth while receiving ventilator support. (This criterion applies to children only.)
2. Social/Emotional/Environmental: Major commitments on the part of family and community are mandatory to meet the beneficiary's extraordinary needs. Specific components include:
 - a. Stable parent or parent figures.
 - b. Caregivers understanding of beneficiary's condition.
 - c. Primary care physician.
 - d. Family must ID at least one (1) additional family member and/or community person beyond the immediate family.
 - e. Demonstrated interest and ability in the care of the patient related to trach care, ventilator management, drug administration, feeding needs and developmental stimulation.

- f. An adequate physical environment within the home.
- g. Support system.
- h. Family composition.
- i. Sufficient resources within the community including emergency medical services, educational and vocational programs and other support programs.
- j. Identified stressors.
- k. Financial status.
- l. Transportation requirements.

215.000

Criteria For Coverage of High Technology, Non-Ventilator Dependent Beneficiaries In the Child Health Services (EPSDT) Program

10-1-06

Beneficiaries under age 21 to receive private duty nursing services must require constant supervision, visual assessment and monitoring of both equipment and patient. In addition, the following specific factors must be assessed:

A. Medical

1. Technology dependent children consist of those with medical technology including but not limited to the following. Each category requires a variety of services. The technology dependence is life threatening and requires attention around the clock with 2 or more of the below categories being present. The constancy of care exceeds the family's ability to care for the patient at home on a long-term basis without the assistance of home nursing care.
 - a. Intravenous Drugs (e.g., chemotherapy, pain relief or prolonged IV antibiotics)
 - b. Respiratory -- Tracheostomy or Oxygen Supplementation
 - c. Total Care Support for ADLs and close patient monitoring
 - d. Hyperalimentation – parenteral or enteral
2. The technology dependence may be related to any of the following diagnoses.
 - a. Severe neuromuscular, respiratory or cardiovascular disease not requiring mechanical ventilatory support.
 - b. Chronic liver or gastrointestinal disorders with associated nutritional compromise.
 - c. Multiple congenital anomalies or malignancies with severe involvement of vital body functions.
 - d. Serious infections that require prolonged treatment.

B. Social/Emotional/Environmental

Major commitments on the part of the child's family and community are mandatory to meet the child's extraordinary needs. Specific components include:

1. Stable parent or parent figures.
 2. Caregivers understanding of beneficiary's condition.
 3. Primary care physician.
 4. Family must ID at least one (1) additional family member and/or community person beyond the immediate family.
 5. Demonstrated interest and ability in the care of the patient related to trach care, drug administration, feeding needs and developmental stimulation.
 6. An adequate physical environment within the home.
-

7. Support system.
8. Family composition.
9. Sufficient resources within the community including emergency medical services, educational and vocational programs and other support programs.
10. Identified stressors.
11. Financial status.
12. Transportation requirements.

215.100 Medical Criteria and Guidelines for Coverage of Private Duty Nursing Services for Medicaid-Eligible Non-Ventilator Dependent Beneficiaries Age 21 and Over

10-1-06

Beneficiaries age 21 and over to receive PDN services must require constant supervision, visual assessment and monitoring of both equipment and patient. The following medical criteria and guidelines are utilized in determining coverage of private duty nursing for non ventilator dependent beneficiaries age 21 and over:

A. Medical

1. Current medical records documenting the diagnoses and conditions necessary to support the medical necessity of a functioning tracheostomy, which requires suctioning and
2. Oxygen supplementation and
3. Nebulizer treatments or use of Cough Assist/inexsufflator devices
4. In addition, at least one from each of the following conditions must be met:
 - a. Medications:
 - (1) Requires administration of medications via gastrostomy tube (G –tube)
 - (2) Requires administration of medications in the home setting via Central Catheter (PICC) line or central port
 - b. Feeding:
 - (1) Requires the administration of enteral nutritional feedings via a permanent access such as G tube, Mic-Key button, Gastrojejunostomy tube (G-J tube), which are either by bolus or continuous feeding
 - (2) Total Parenteral Nutrition (TPN)

B. Additional requirements:

Social/Emotional/Environmental: Major commitments on the part of family and community are mandatory to meet the beneficiary's home care needs. Specific components include:

1. Primary Care Physician (PCP)
 2. Caregivers' understanding of beneficiary's condition
 3. Named primary and secondary caregivers
 4. Demonstrated interest and ability in all aspects of the patient's home care, including trach care, oxygen administration and respiratory procedures and treatments, administration of medications and feedings
 5. Family must ID at least one (1) additional family member and/or community person beyond the immediate family.
 6. An adequate physical home environment
 7. Adequate support system
-

8. Sufficient resources within the community including emergency medical services, educational and vocational programs and other support programs
9. Transportation requirements

225.000 Filing for Prior Authorization

10-1-06

To request prior authorization, the Private Duty Nursing Services (PDN) provider must complete and forward the Form DMS-2692 to the Division of Medical Services Utilization Review Section. [View or print the DMS Utilization Review Section contact information.](#)

A copy of the form should be retained in the provider's records.

Additional documentation is required for PDN services for eligible Medicaid beneficiaries under age 21. The following documentation must be provided:

- A. Current medical and surgical history
- B. Current psychosocial assessment
- C. Current PDN care plan (Home Health Certification and Plan of Care – form CMS-485) [View or print form CMS-485.](#)
- D. A copy of current EPSDT screening/referral from the current primary care physician (PCP) must be submitted. This referral must be the result of the Child Health Services (EPSDT) screen. This requirement may be waived *only* for the request of a hospitalized child.

This screening/referral must document all age appropriate Child Health Services (EPSDT) medical screening components. (Refer to the Child Health Services (EPSDT) provider manual section 215.200)

Additional information is required for PDN services for non-ventilator dependent beneficiaries age 21 and over. The following documentation must be provided:

- A. Physician's medical summary, current primary care physician (PCP) physical examination, current Pulmonologist examination and current ENT examination (current PCP exam may be waived only if the initial referral is secondary to current hospital admission)
- B. Comprehensive Psychosocial History
 1. Caregivers' understanding of the patient's condition
 2. Description of the household and existing relationships
 3. Named primary and secondary caregivers
 4. Additional available family and community support
 5. Access to transportation
- C. Verification of Patient's or Caregiver's Education
 1. Trach care and change
 2. Oxygen administration and use of other respiratory equipment
 3. Diet/feeding administration technique
 4. Disease process
 5. Emergency plan
 6. Administration of medications
- D. Documentation of all additional services in the home

New requests for PDN services should be sent to the Division of Medical Services, Utilization Review Section (UR) as early as possible after the medical need for private duty nursing is identified.

Providers must submit requests for prior authorization of PDN services within 30 days of the beginning date of service. Providers assume the risk of services ultimately being found not medically necessary. When PDN services are approved by UR at the level requested, the effective date of the prior authorization will be retroactive to the beginning date of service.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

July 17, 2006

CATEGORICALLY NEEDY

4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(4) RESERVED

(5) Private Duty Nursing Services for Under Age 21 Beneficiaries

A. **Ventilator Dependent Beneficiaries or**

B. **High Technology Non-Ventilator Dependent Beneficiaries**

Beneficiaries under age 21 to receive PDN Nursing Services must require constant supervision, visual assessment and monitoring of both equipment and patient.

Services are limited to eligible Medicaid **beneficiaries** in the EPSDT Program. Private duty nursing services for non-ventilator dependent **beneficiaries** include patients requiring **at least two of** the following services:

- (1) **Intravenous Drugs (e.g. chemotherapy, pain relief or prolonged IV antibiotics)**
- (2) **Hyperalimentation - parenteral or enteral**
- (3) **Respiratory - Tracheostomy or Oxygen Supplementation**
- (4) **Total Care Support for ADLs and close patient monitoring**

These services require prior authorization. Services may be provided in the **beneficiaries'** home, a Division of Developmental Disabilities (DDS) community provider facility or a public school. (Home does not include an institution.) Prior authorization is required. Private duty nursing medical supplies are limited to a maximum reimbursement of \$80.00 per month, per **beneficiary**. With substantiation, the maximum reimbursement may be extended.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 17, 2006

CATEGORICALLY NEEDY

7. Home Health Services (Continued)

7.c. Medical supplies, equipment, and appliances suitable for use in the home. (Continued)

(5) Diapers/Underpads

Diapers/underpads are limited to \$130.00 per month, per **beneficiary**. The \$130.00 benefit limit is a combined limit for diapers/underpads provided through the Prosthetics Program and Home Health Program. The benefit limit may be extended with proper documentation. Only patients with a medical diagnosis other than infancy which results in incontinence of the bladder and/or bowel may receive diapers. This coverage does not apply to infants who would otherwise be in diapers regardless of their medical condition. Providers can not bill for underpads/diapers if a **beneficiary** is under the age of three years.

7.d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitative facility.

Physical therapists must meet the requirements outlined in 42 CFR 440.110(a).

Services under this item are limited to physical therapy when provided by a home health agency and prescribed by a physician. Effective for dates of service on or after October 1, 1999, individual and group physical therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limits will be provided if medically necessary for eligible Medicaid recipients under age 21.

8. Private Duty Nursing Services

Enrolled providers are Private Duty Nursing Agencies licensed by Arkansas Department of Health and Human Services, Division of Health. Services are provided by Registered Nurses or Licensed Practical Nurses licensed by the Arkansas State Board of Nursing.

Services are covered for **Medicaid-eligible beneficiaries age 21 and over** when determined medically necessary and prescribed by a physician.

Beneficiaries 21 and over to receive PDN Nursing Services must require constant supervision, visual assessment and monitoring of both equipment and patient. In addition the beneficiary must be:

A. Ventilator dependent (invasive) or

B. Have a functioning trach requiring:

1. suctioning and

2. oxygen supplementation and

3. receiving Nebulizer treatments or require Cough Assist / inextufflator devices.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

July 17, 2006

CATEGORICALLY NEEDED

8. Private Duty Nursing Services (Continued)

In addition at least one from each of the following conditions must be met:

1. Medications:

- Receiving medication via gastrostomy tube (G-tube)
- Have a Peripherally Inserted Central Catheter (PICC) line or central port

2. Feeding:

- Nutrition via a permanent access such as G-tube, Mickey Button, Gastrojejunostomy tube (G-J tube) feedings are either bolus or continuous
- Parenteral nutrition (total parenteral nutrition)

Services are provided in the **beneficiary's** home, a Division of Developmental Disabilities (DDS) community provider facility or a public school. (Home does not include an institution.) Prior authorization is required. Private duty nursing medical supplies are limited to a maximum reimbursement of \$80.00 per month, per **beneficiary**. With substantiation, the maximum reimbursement may be extended.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

July 17, 2006

MEDICALLY NEEDY

4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(4) RESERVED

(5) Private Duty Nursing Services for Under Age 21 Beneficiaries

A. **Ventilator Dependent Beneficiaries or**

B. **High Technology Non-Ventilator Dependent Beneficiaries**

Beneficiaries under age 21 to receive PDN Nursing Services must require constant supervision, visual assessment and monitoring of both equipment and patient.

Services are limited to eligible Medicaid **beneficiaries** in the EPSDT Program. Private duty nursing services for non-ventilator dependent **beneficiaries** include patients requiring **at least two of** the following services:

- (1) **Intravenous Drugs (e.g. chemotherapy, pain relief or prolonged IV antibiotics)**
- (2) **Hyperalimentation - parenteral or enteral**
- (3) **Respiratory - Tracheostomy or Oxygen Supplementation**
- (4) **Total Care Support for ADLs and close patient monitoring**

These services require prior authorization. Services may be provided in the **beneficiaries'** home, a Division of Developmental Disabilities (DDS) community provider facility or a public school. (Home does not include an institution.) Prior authorization is required. Private duty nursing medical supplies are limited to a maximum reimbursement of \$80.00 per month, per **beneficiary**. With substantiation, the maximum reimbursement may be extended.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 17, 2006

MEDICALLY NEEDY

9. Private Duty Nursing Services

Services are covered for **Medicaid-eligible beneficiaries age 21 and over** when determined medically necessary and prescribed by a physician.

Beneficiaries 21 and over to receive PDN Nursing Services must require constant supervision, visual assessment and monitoring of both equipment and patient. In addition the beneficiary must be:

- A. Ventilator dependent (invasive) or
- B. Have a functioning trach requiring:
 - 1. suctioning and
 - 2. oxygen supplementation and
 - 3. receiving Nebulizer treatments or require Cough Assist / inexasufflator devices.

In addition at least one from each of the following conditions must be met:

- 1. Medications:
 - Receiving medication via gastrostomy tube (G-tube)
 - Have a Peripherally Inserted Central Catheter (PICC) line or central port
- 2. Feeding:
 - Nutrition via a permanent access such as G-tube, Mickey Button, Gastrojejunostomy tube (G-J tube) feedings are either bolus or continuous
 - Parenteral nutrition (total parenteral nutrition)

Services are provided in the **beneficiary's** home, a Division of Developmental Disabilities (DDS) community provider facility or a public school. (Home does not include an institution.) Prior authorization is required. Private duty nursing medical supplies are limited to a maximum reimbursement of \$80.00 per month, per **beneficiary**. With substantiation, the maximum reimbursement may be extended.