

## POLICIES AND PROCEDURE MANUAL

<b>Chapter:</b>	Service Delivery System		
<b>Title:</b>	Habilitation Supports Waiver Private Duty Nursing Procedure		
<b>Policy:</b> <input type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 11.1.2022	<b>Related Policies:</b> Habilitation Supports Waiver Service Philosophy
<b>Procedure:</b> <input checked="" type="checkbox"/>	<b>Author:</b> Waiver Coordinator	<b>Review Date:</b> 11.12.2024	
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### **Procedure:**

#### A. Habilitation Supports Waiver (HSW) Private Duty Nursing (PDN)

PDN is a Medicaid coverage for beneficiaries under age 21 who meet the medical criteria for eligibility. Refer to the Private Duty Nursing chapter of the MDHHS Medicaid Provider Manual for additional information. Private Duty Nursing (PDN) services are skilled nursing interventions (e.g., assessments, judgments, interventions, and evaluations of interventions requiring the education, training, and experience of a licensed nurse) provided to individuals age 21 and older, up to a maximum of 16 hours per day, to meet an individual’s health needs that are directly related to his developmental disability. PDN includes the provision of nursing assessment, treatment and observation provided by licensed nurses within the scope of the Nurse Practice Act as documented in the Michigan Public Health Code, consistent with physician’s orders and in accordance with the written health care plan which is part of the beneficiary’s individual plan of services (IPOS). PDN services are for beneficiaries who require more individual and continuous care than periodic or intermittent nursing available through state plan services, e.g., Home Health. The individual receiving PDN must also require at least one of the following habilitative services through the waiver.

1. Community living supports
2. Out-of-home non-vocational habilitation
3. Prevocational or supported employment

To be determined eligible for PDN services, the Pre-Paid Inpatient Health Plan (PIHP) must find that the beneficiary meets Medical Criteria I as well as Medical Criteria III, or meets Medical Criteria II as well as Medical Criteria III. Regardless of whether the beneficiary meets Medical Criteria I or II, the beneficiary must also meet Medical Criteria III.

1. Medical Criteria I – The beneficiary is dependent daily on technology-based medical equipment to sustain life.
2. Medical Criteria II – Frequent episodes of medical instability within the past three to six months, requiring skilled nursing assessments, judgments or interventions (as described in III below) due to a substantiated medical condition directly related to the developmental disability.
3. Medical Criteria III – The beneficiary requires continuous skilled nursing care on a daily basis during the time when a licensed nurse is paid to provide services.

Once the Medical Criteria eligibility for PDN has been established, and as part of determining the amount of PDN a beneficiary is eligible for, the Intensity of Care category must be determined. This is a clinical judgment based on the following factors:

- The beneficiary’s medical condition.
- The type and frequency of needed nursing assessments, judgments and interventions and
- The impact of delayed nursing interventions.

Equipment needs alone do not determine intensity of care. Other aspects of care (e.g., administering medications) are important when developing a plan for meeting the overall needs of the beneficiary but do not determine the amount of hours of nursing for which the beneficiary is eligible.

B. Initial Determination:

1. The Community Mental Health Service Program (CMHSP) will verify that the beneficiary is currently enrolled in the HSW and receiving one of the following services: community living supports (CLS), out-of-home non-vocational services, pre-vocational services, or supported employment services.
2. The CMHSP will verify that the beneficiary does not have a commercial insurance policy that should be billed first for PDN eligible services.
3. The CMHSP PDN Nurse will complete a thorough in-home assessment of the beneficiary for initial determination for all new requests by following the Medicaid Policy.
4. Medical documentation is sent to PIHP PDN Nurse by the CMHSP for review (if yearly renewal, this must be done within 2 weeks prior to authorization date). Documentation includes but is not limited to initial assessment, justification for PDN (the PIHP must find that the beneficiary meets Medical Criteria I as well as Medical Criteria III, or meets Medical Criteria II as well as Medical Criteria III. Regardless of whether the beneficiary meets Medical Criteria I or II, the beneficiary must also meet Medical Criteria III.), Physician prescription for PDN (or Center for Medicare and Medicaid Services (CMS)-485 (Home Health Certification and Plan of Care)).
5. The PIHP PDN Nurse will confirm receipt of documents and review. The PDN Approval Committee will consist of the PIHP PDN nurse, PIHP Waiver Administrator, and PIHP HSW Coordinator.
6. PIHP PDN Nurse will complete a thorough review of documentation supporting PDN, assess for eligibility, and prepare to submit proposal to the PIHP PDN Approval Committee.
7. PDN Approval Committee will coordinate to best determine appropriate PDN hours, coordinate PDN services that align with HSW requirements for enrollment and ensure that duplication of services do not exist between PDN and other services in the home, such as Home Help services.
8. PIHP Nurses will present recommendation to PDN Approval Committee before making a final determination on denial or approval.
9. PIHP PDN Nurse will document final decision and communicate to the CMHSP via secure email.

C. Annual Re-Determination:

1. The CMHSP PDN Nurse will complete a thorough in-home assessment of the beneficiary for all requests for changes in hours and all yearly renewals by following the Medicaid Policy. The CMHSP PDN Nurse should schedule the assessment appointment date at least 30 days prior to authorization date if yearly renewal.
2. Medical documentation is sent to PDN Approval Committee by the CMHSP for review within 2 weeks prior to authorization date. The MSHN PDN Checklist should be used to determine needed documentation. The CMHSP should upload all documentation to the appropriate MSHN Box folders and then notify the PIHP Waiver Coordinator that it is ready for review.
3. The PIHP Waiver Administrator will notify the PIHP PDN Nurse that the redetermination documentation is ready for review.

4. PIHP PDN Nurse will complete a thorough review of documentation and submit an annual redetermination assessment.
5. PIHP PDN Nurse will communicate decision to the CMHSP via secure email.

**Applies to:**

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
  - MSHN CMHSP Participants:  Policy Only  Policy and Procedure
  - Other: Sub-contract Providers

**Definitions:**

- CLS: Community Living Supports
- CMHSP: Community Mental Health Service Program
- HSW: Habilitation Supports Waiver
- ICF: Intermediate Care Facility
- ICF/IID: Intermediate Care Facility for Individuals with Intellectual Disabilities
- I/DD: Intellectual/Developmental Disability
- IPOS: Individual Plan of Service
- LOC: Level of Care
- MDHHS: Michigan Department of Health and Human Services
- MSHN: Mid-State Health Network
- PDN: Private Duty Nursing
- PIHP: Prepaid Inpatient Health Plan

**Other Related Materials:**

**References/Legal Authority:**

MDHHS-PIHP Contract;  
 MDHHS, Medicaid Provider Manual, Section 15 – Habilitation Supports Waive Program for Persons with Developmental Disabilities;  
 Intermediate Care Facility for Individuals with Intellectual Disabilities 42 CFR 435.1009; and  
 Michigan Mental Health Code MCL 330.1100 (20).

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
05.12.2022	New regional procedure	Tera Harris, Waiver Coordinator
06.2024	Biennial Review	Chief Behavioral Health Officer