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SECTION 13—BENEFITS AND LIMITATIONS

13.1 GENERAL INFORMATION

The Healthy Children and Youth Program (HCY) (also known as Early Periodic Screening Diagnosis and Treatment (EPSDT) ensures a comprehensive, preventive health care program for MO HealthNet eligible children under the age of twenty-one.

The HCY Program is designed to link the child and family to an ongoing health care delivery system. The program provides coverage for early and periodic medical/dental screenings and diagnosis to eligible children to determine physical and mental defects. It also provides coverage for treatment to correct or reduce the severity of defects and chronic conditions. Refer to Section 9 of this manual for complete information concerning the HCY Program.

13.1.A PRIVATE DUTY NURSING SERVICE DEFINITION

Private duty nursing (PDN) is the provision of individual and continuous care (in contrast to part-time or intermittent care) provided by a licensed nurse acting within the scope of the Missouri Nurse Practice Act according to an individualized Plan of Care approved by a physician. Services within the MO HealthNet Private Duty Nursing Program include shift care by a registered nurse (RN) or licensed practical nurse (LPN).

Private duty nursing services do not take the place of the parent(s)/responsible party(ies). It is not permissible for the parent(s)/responsible party(ies) to be away from the home for an extended period of time with the expectation that the private duty nursing provider agency will accept total responsibility for the child. The parent(s)/responsible party(ies) must appoint a designated individual to provide direct care and for medical care decisions in the extended absence of the parent(s)/responsible party(ies). The designated individual shall not be an employee of the provider agency nor a Bureau of Special Health Care Needs employee. Custodial, child care, respite and transportation services are not covered services under the Private Duty Nursing Program.

The Private Duty Nurse who delivers direct care cannot be a member of the family or household member. A family member is defined as a parent; sibling; child by blood, adoption or marriage; spouse; grandparent or grandchild.

13.1.B CONDITIONS FOR REIMBURSEMENT

Services are authorized by the Bureau of Special Health Care Needs prior to delivery, in accordance with a private duty nursing Plan of Care, specifying the amount, duration and scope of services. The prior authorization is the basis for reimbursement.

13.2 PROVIDER PARTICIPATION

To participate in the MO HealthNet Private Duty Nursing Program, the private duty nursing provider must satisfy one of the following requirements:

- Be a Medicare certified and MO HealthNet Program enrolled home health agency provider; or
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- Be accredited by the Joint Commission for Accreditation of Health Organization (JCAHO) or the Community Health Accreditation Program (CHAPS); or
- If one of the above criteria is not met, a written proposal must be submitted which describes the agency and its service delivery system, assures understanding of and compliance with the standards of the Private Duty Nursing Program; and documents the agency's administrative and fiscal ability to provide the services in accordance with standards as established in 13 CSR 70-95.010, Private Duty Nursing Care under the Healthy Children and Youth Program.

The validation of the participation agreement is dependent upon the division's acceptance of an application for enrollment. An investigation of the applicant's background is conducted pursuant to 13 CSR 70-3.020(2).

Additional information on provider conditions of participation can be found in Section 2 of this manual.

13.2.A ADDITIONAL PDN PARTICIPATION AND NOTIFICATION REQUIREMENTS

Each participating provider must have a valid provider agreement in effect with the Missouri Medicaid Audit and Compliance Unit (MMAC) to provide private duty nursing services.

The provider must immediately notify the MMAC Provider Enrollment Section by certified mail of any change in location, telephone number and administrative or corporate status.

The provider must notify MMAC at least 30 days prior to the termination of the provider agreement.

The provider must maintain bonding, personal and property liability, and medical malpractice insurance coverage on all employees involved in delivering nursing service in the home.

The provider must have the capability to provide nursing staff outside of regular business hours, on weekends and on holidays. Services must be provided in accordance with the Plan of Care and as authorized by the Bureau of Special Health Care Needs (BSHCN). If a provider agency is unable to provide services in accordance with the Plan of Care, the BSHCN's service coordinator must be contacted immediately. The BSHCN's service coordinator may approve services to multiple agencies or a different agency to meet the needs of the participant.

The provider must have a policy for responding to emergency situations. Reimbursement is not made for services in excess of the prior authorized amount; therefore, any emergency situation resulting in service delivery beyond the limits of the prior authorization must be reported in writing to the BSHCN within 72 hours. Additional units of service are approved or denied based on medical necessity.

13.2.B QUALIFICATION REQUIREMENTS FOR PERSONNEL

For nursing staff, the provider agency must show evidence in the personnel record that the employee's licensure status with the Missouri Board of Nursing is current.
Upon initial employment, the provider must document that at least two employment or personal references (not including relatives) were contacted prior to the employee delivering direct care services.

The provider is responsible for ensuring and documenting that the nurse's health permits performance of the required activities and does not pose a health hazard. Service delivery shall be prohibited when the employee has a communicable condition. Before contact with participants, all employees who will be delivering services in the home must pass a health assessment or physical examination, including tuberculosis (TB) testing, conducted by a physician or a licensed nurse acting within the scope of the Missouri Nurse Practice Act. Self assessment is not accepted for LPN and RN staff. Health assessments or physical exams shall be repeated at two year intervals and the results shall be maintained on-site by the provider. Annual TB testing is required, with documentation maintained by the provider.

13.2.C TRAINING OF PERSONNEL

All direct care staff (LPNs and RNs) must have at least four hours of orientation training prior to service provision. Orientation training should include general information about the MO HealthNet Private Duty Nursing Program, HCY Program, relationship of the provider agency with MHD and the BSHCN, prior authorization process, child abuse/neglect indicators and reporting, participant rights, participant grievance procedures, internal agency policy and a review of universal precaution procedures as defined by the Centers for Disease Control.

LPNs must demonstrate competency in each task required by the Plan of Care. The competency demonstration must be conducted by an RN and must be documented in the LPNs personnel file.

All direct care staff must have certification in either cardiopulmonary resuscitation (CPR) or basic certified life-support (BLS).

13.2.D SUPERVISION

Each agency shall employ an RN, with at least three years' experience, to act as supervisor to all other nursing staff. One year of experience must either be in a supervisory position or in the field of pediatric nursing. The RN supervisor is responsible for case conferences with staff nurses and documenting the conferences, assuring the competency of staff, training and orientation, and evaluation of direct care staff.

All nursing staff providing direct care shall have an annual performance evaluation completed by an RN supervisor, maintained in the personnel record. The evaluation must be based on a minimum of two (2) on-site visits with the staff person present.

13.2.E FREQUENCY OF SUPERVISORY VISITS

1. Participants of private duty nursing care shall have a personal visit by a supervisory RN at least once every 60 days if the participant is receiving LPN services. Supervisory visits by an RN are not separately reimbursed.
2. Participants who have received RN shift care through the Private Duty Nursing Program or intermittent visits by an RN under the Home Health Program (if those services were provided by an agency affiliated with the private duty provider) are not required to have a separate supervisory visit.

3. Supervisory visits, or explanation of why there are no separate supervisory visits for the month (e.g., RN shifts were delivered) are to be documented in the participant record.

### 13.3 ADEQUATE DOCUMENTATION

All services provided must be adequately documented in the medical record. The Code of State Regulations, 13 CSR 70-3.030, Section (2)(A) defines "adequate documentation" and "adequate medical records" as follows:

Adequate documentation means documentation from which services rendered and the amount of reimbursement received by a provider can be readily discerned and verified with reasonable certainty.

Adequate medical records are records which are of the type and in a form from which symptoms, conditions, diagnoses, treatments, prognosis and the identity of the patient to which these things relate can be readily discerned and verified with reasonable certainty. All documentation must be made available at the same site at which the service was rendered.

### 13.3.A REQUIREMENTS FOR CONTENTS OF MEDICAL RECORDS

Appropriate medical records for each MO HealthNet participant served must be maintained at the private duty nursing agency. Records should be kept confidential and access should be limited to private duty nursing staff and representatives of the Departments of Social Services and Health and Senior Services.

Medical records shall contain the following:

Identifying information about the participant, such as name, birth date, MO HealthNet number, caretaker and emergency contact person;

- All forms of correspondence to and from the Bureau of Special Health Care Needs regarding the services which have been prior authorized;
- Signed physician orders prior to service delivery which must be updated each time the prior authorization is due for approval by the Bureau of Special Health Care Needs;
- Consent from the participant’s legal custodian for treatment prior to service delivery;
- The Plan of Care, documenting the amount, duration and scope of service. The level of care indicated in the Plan of Care (RN or LPN) must be based on acceptable standards of nursing practice. Reimbursement is based on the prior authorization approved by the Bureau of Special Health Care Needs (BSHCN), with that prior authorization based upon the Plan of Care, specifying the number of units and the skill level of service, for periods up to six (6) months;
All services provided must be documented daily. Documentation must include all skilled tasks provided, as well as assessing, teaching, planning, and evaluating patient or family needs and their responses to nursing care. In addition the documentation must include the beginning and ending clock times for all services billed to Mo HealthNet.

- Documentation of all services provided and any supervisory visits;
- Documentation of the LPN's competency demonstration before an RN when the Plan of Care includes the services of an LPN;
- Documentation that a copy of the participant's Bill of Rights was given to the participant, parent or guardian.

13.4 PARTICIPANT ELIGIBILITY

The participant must be eligible for MO HealthNet coverage for each date a service is rendered in order for reimbursement to be made to a provider.

The participant must be under the age of 21 and eligible for HCY services.

All services rendered to the participant must be billed under the participant’s individual MO HealthNet DCN identification number.

13.4.A PARTICIPANT'S RIGHTS AND PROCEDURES

The provider shall have a written statement of the participant's rights which is to be given to each participant or parent(s)/responsible party(ies) at the time service is initiated and which includes, at a minimum, the right to:

- be treated with respect and dignity;
- have all personal and medical information kept confidential;
- have direction over the services provided, to the degree possible, within the service plan authorized;
- know the provider's established grievance procedure, how to make a complaint about the service and receive cooperation to reach a resolution, without fear of retribution;
- know the procedure to report abuse, neglect, or exploitation;
- receive service without regard to race, creed, color, age, sex or national origin; and
- receive a copy of the written statement of the participant’s rights.

13.4.B GRIEVANCE PROCEDURE

The provider shall have a written grievance policy which shall be provided to each participant or parent(s)/responsible party(ies) upon initiation of services. The grievance policy must also include the phone number of the BSHCN and the MHD Participant Services Unit (800-392-2161).

13.4.C CHILD ABUSE AND NEGLECT HOTLINE

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The provider must report all instances of possible child abuse or neglect to the Child Abuse and Neglect (CA/N) Hotline, (800) 392-3738. Any suspected abuse or neglect by a caretaker, including private duty nursing staff, must be reported according to RSMo, 210.110-210.189, the Child Abuse Law. Failure to report by a mandatory reporter (private duty nursing staff are considered mandatory reporters) is a violation of RSMo, 210.115 and can be subject to prosecution.

13.5 PARTICIPANT NONLIABILITY

MO HealthNet covered services rendered to an eligible participant are not billable to the participant if MO HealthNet would have paid had the provider followed the proper policies and procedures for obtaining payment through the MO HealthNet Program as set forth in 13 CSR 70-4.030.

13.5.A PARTICIPANT COST SHARING AND COPAY

Participants eligible to receive certain MO HealthNet services are required to pay a small portion of the cost of the services. Services of the Private Duty Nursing Program described in this manual are not subject to a cost sharing or copay amount.

13.6 PLACE OF SERVICE

Private duty nursing services may be provided in the home. Home is defined as the home of the parent(s)/responsible party(ies) or other caretaker.

Participants who require and are authorized to receive private duty nursing in the home may utilize their approved services outside the home during the hours when their normal life activities take them outside the home setting with the consent of the parent(s)/responsible party(ies). The nurse may accompany the participants but may not drive. It is not permissible for private duty nursing to be authorized for activities outside the home unless the participant is actually receiving private duty nursing services at home.

Normal life activities in the local community include those types of activities that do not require time away from the home overnight. This would include, but not be limited to: attending medical appointments, going shopping, attending religious services, going to a restaurant, going to family functions, going to a movie or a sporting event. Private duty nursing services provided to a participant to go outside the home for normal life activities must be authorized by BSHCN. This authorization can be done one time as it is the responsibility of BSHCN to notify the provider that there is a change to this authorization.

In the event that private duty nursing services are required for overnight travel, BSHCN must authorize these services on an individual basis per trip. In the event that private duty nursing services are authorized for travel, the provider must insure that the private duty nursing staff has appropriate licensure for the states in which they will provide the private duty nursing services.

No additional hours of private duty nursing services may be authorized for the exclusive use outside the home. Payment will be for the private duty nursing services only and not include travel expenses.
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BSHCN determines if services are medically necessary and will be provided in accordance with the above policy. The provider must document in the participants record that services provided outside the home are approved by the BSHCN’s service coordinator. (Reference Section 13.13 of this manual)

Participants who require private duty nursing in public school (K through 12 grades) settings will utilize expanded school based services.

13.6.A TWO OR MORE PARTICIPANTS IN SAME RESIDENCE

When two (2) or more participants residing in the same residence require private duty nursing, and their skilled needs can be met by one nurse, the total units billed must be divided between the participants receiving services and may not exceed the actual amount of time (in 15 minute units) the nurse was in the home. BSHCN staff only authorize the medically necessary units of service required.

13.6.B EXCLUSIONS

Private duty nursing services are not authorized for a participant receiving inpatient hospital services or residing in a skilled nursing facility, intermediate care facility or any other institutional setting or health care facility.

13.7 COVERED SERVICES

Private duty nursing is the delivery of professional nursing services in the home on more than a part-time or intermittent basis. The service may be performed by an RN or LPN, according to the specific medical needs of the participant. The service must be delivered strictly according to the MO HealthNet Authorization Determination, and the Plan of Care which specifies amount, frequency and duration.

13.7.A MEDICALLY FRAGILE ADULT WAIVER PROGRAM

The Medically Fragile Adult Waiver Program was designed to provide home and community-based services to participants who have reached the age of 21 and are no longer eligible for services through the HCY Program. Private duty nursing, specialized medical supplies, and waiver attendant care services may be authorized through this waiver. Services for the Medically Fragile Adult Waiver Program require prior authorization by the Bureau of Special Health Care Needs.

13.8 INITIATION OF PRIVATE DUTY NURSING SERVICES

The Bureau of Special Health Care Needs (BSHCN) Regional Office that serves the area where the participant resides must be contacted prior to the initiation of private duty nursing services. Reference the Bureau of Special Health Care Needs Regional Offices map which can be found at [http://health.mo.gov/living/families/shcn/pdf/SHCNRegionMap.pdf](http://health.mo.gov/living/families/shcn/pdf/SHCNRegionMap.pdf). For children being discharged from a hospital and in need of private duty nursing services, the hospital must contact the appropriate BSHCN office prior to the discharge planning meeting. The BSHCN nursing staff participates in discharge planning to determine the need and to authorize appropriate services.
Physicians who order private duty nursing services for children who are in need of these services but have not been hospitalized should contact the appropriate BSHCN office for assessment and authorization of services.

Private duty nursing provider agencies who receive a request to provide services must contact the appropriate BSHCN office for assessment and authorization of services.

13.9 ASSESSMENT OF NEED FOR PRIVATE DUTY NURSING SERVICES

The BSHCN nursing staff performs an assessment of the participant prior to the authorization of private duty nursing services. The individual must require substantial and complex continuous nursing care by a licensed nurse. The BSHCN uses an assessment tool to evaluate the technological, physical and social/environmental factors that affect the participant’s skilled needs. Subsequent assessments are performed on a quarterly basis and provide documentation to support the authorized units.

13.9.A TECHNOLOGICAL AND PHYSICAL FACTORS

Participants with advanced medical support needs include but are not limited to the following. The advanced support needs are life threatening and may require attention around the clock with one or more of the following categories present. The constancy or level of care exceeds the family's ability to care for the patient at home.

- Intravenous Drug Therapy
- Parenteral Nutrition
- Tracheostomy Care
- Oxygen Supplementation/Monitoring
- Enteral Feedings
- Peritoneal Dialysis
- Ventilator Dependency

The participant should have a related diagnosis requiring ventilator support. These include but are not limited to:

- neuromuscular disease involving the respiratory muscles;
- brainstem respiratory center dysfunction;
- severe thoracic cage abnormalities;
- intrinsic lung disease;
- lung disease associated with cardiovascular disorders.

Each patient must be stable from a cardiovascular point of view.

The advanced medical support needs may be related, but are not limited to any of the following diagnoses.

- Severe neuromuscular, respiratory, or cardiovascular disease;
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- Chronic liver or gastrointestinal disorders with associated nutritional compromise;
- Multiple congenital anomalies or malignancies with severe involvement of vital body functions;
- Serious infections that require prolonged treatment; or
- Severe immune deficiency diseases and metabolic diseases, including AIDS.

13.9.B SOCIAL/ENVIRONMENTAL

Major commitments on the part of the participant’s family and community are necessary to meet the participant’s extraordinary needs and to ensure the participant can be maintained safely at home. The intention of the program is to support not replace the parent(s)/responsible party(ies).

Specific components include:

- Caregiver—demonstrates interest and ability in the care of the patient related to tracheostomy care, ventilator management, drug administration, feeding needs, and developmental stimulation;
- Family composition;
- Primary caregivers;
- Support System—adequate family and/or community support beyond the immediate family;
- Community Support—sufficient resources within the community including emergency medical services, educational and vocational programs, and other support programs;
- Identified stressors;
- Financial status;
- Transportation requirements;
- Adequate physical environment within the home;
- Stable parent or parent figure.

13.9.C PRIVATE DUTY NURSING ACCEPTANCE FORM

The Private Duty Nursing Acceptance Form is an informational form that defines private duty nursing, the role of the BSHCN, the responsibility of the parent(s)/responsible party(ies) and the circumstances under which private duty nursing services are not covered. This Private Duty Nursing Acceptance Form must be signed by the parent(s)/responsible party(ies) of the participant who is to receive private duty nursing services to acknowledge receipt of information and discussion regarding the requirements of the Private Duty Nursing Program. The signature is obtained by the BSHCN service coordinator during the initial assessment process. The original Private Duty Nursing Acceptance Form is kept in the case management file at the BSHCN office with a copy sent to the family, the physician, and the provider agency.
13.10 PRIOR AUTHORIZATION

All private duty nursing services must be authorized before services are initiated.

The BSHCN nursing staff completes the Prior Authorization Request form for private duty nursing services based on their assessment of the participant. The frequency, amount, and duration of services are based on the information obtained during the assessment of the participant. The BSHCN only prior authorizes those services that are required to educate the parent(s)/responsible party(ies) in the medically necessary care of the participant or to provide the needed care to stabilize/maintain the participant’s condition.

It is the policy of MO HealthNet and the BSHCN that 64 units (16 hours) per day is the maximum amount of private duty nursing services that may be authorized. Exceptions to the policy can be made on a short term basis not to exceed 21 consecutive days or with the notification of the BSHCN Regional Office Coordinator and approval of the HCY Program Manager when there is documentation to support this need.

Once the BSHCN staff have discussed the approved services with the private duty nursing provider and have received the approved Plan of Care from the provider agency (physician signature or verbal orders), the Prior Authorization Request form is forwarded to Infocrossing/WIPRO Healthcare Services for entry into the MO HealthNet system. Providers are notified of the status of the prior authorization request on the MO HealthNet Authorization Determination.

13.11 PLAN OF CARE

The term “Plan of Care” refers to the medical treatment plan established by the treating physician with the assistance of the home health care nurse or medical home health professional. Providers must use the CMS-485, CMS-486 or CMS-487 forms or forms developed by the agency that contains all fields and information on the standardized forms for Mo HealthNet participants. Plan of Care documents and interim order(s) must be maintained in the patient’s record.

Private duty nursing services must be provided under direction of the participant's physician. The provider agency is responsible for obtaining a Plan of Care and the physician's signature. The Plan of Care specifies the type, frequency (number of 15 minute units per day or per week) and duration (how many weeks or months) of services to be provided. The Plan of Care must also include the specific skilled nursing procedures to be completed.

The Plan of Care must be implemented with the assistance and cooperation of the parent(s)/responsible party(ies) and must include ongoing training and teaching of parent(s)/responsible party(ies)/designated individual(s) on how to assist in patient care. A parent's/responsible party(ies) or an individual with care, custody, or control of the participant’s outright refusal to provide adequate medical care for a participant must be reported to the Child Abuse/Neglect hotline.

The Plan of Care must be reviewed and re-established by the physician at least every 60 days. Any increase in the frequency of services or addition of new services during a certification period must be authorized by the physician by way of a verbal order or written order prior to the provision of the increased or additional services. If a verbal order is given by the attending physician, the nurse or
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therapist must immediately put the order in writing and date and sign it. It must then be countersigned by the physician as soon as possible and maintained in the patient’s record. The Plan of Care must address short term goals as well as the long term nature of the care required.

The Plan of Care must contain all pertinent diagnoses, including participant’s mental status, the types of services, a list of supplies, the frequency of the visits to be made, prognosis, rehabilitation potential, medications and treatments, safety measures to protect against injury, discharge plans, and any additional items the private duty nursing agency or physician choose to include.

The orders on the Plan of Care must indicate the type of services to be provided to the participant both with respect to the professional who will provide them and with respect to the nature of the individual services, as well as the frequency and duration of the services.

It is not necessary to attach the CMS-485 or Plan of Care to claims when billing, since the service is prior authorized.

13.11.A PHYSICIAN CERTIFICATION

The private duty nursing agency must be acting upon a physician certification which is part of the Plan of Care (CMS-485). The physician must certify that:

- the participant requires private duty skilled nursing services which are reasonable and necessary for the treatment of an injury or illness; or
- a Plan of Care had been established while the individual was under the care of a physician; and
- the services were furnished while the individual was under the care of a physician.

The physician certification may cover a period less than but not greater than 60 days. The Plan of Care for any certification period must be signed and dated by the attending physician before a claim is submitted for payment. The form may be signed by another physician who is authorized by the attending physician to care for the participant in the physician’s absence. If the physician omits the date, the provider must enter the date the Plan of Care was received back from the physician.

13.12 HCY PROVIDER MONITORING LOG

The HCY Provider Monitoring Log was designed to identify the service units authorized as well as the actual number of units delivered by the provider agency. The HCY Provider Monitoring Log is located at [http://manuals.momed.com/forms/HCY_Provider_Monitoring_Log.pdf](http://manuals.momed.com/forms/HCY_Provider_Monitoring_Log.pdf). The provider agency must complete and submit the HCY Provider Monitoring Log within 30 days from the end of the calendar month services were provided. The provider agency must mail or fax a copy of the HCY Provider Monitoring Log to see the appropriate BSHCN office and maintain the original in the provider file.

13.13 DISCONTINUATION OF PRIVATE DUTY NURSING SERVICES

Arranging specialized home nursing services for participants with complex medical needs involves considerable planning and time, and family/caregiver(s) acquire a reliance on these services. Providers
must give notification to the family/caregiver and BSHCN prior to the discontinuation of private duty nursing services.

The private duty nursing service provider notifies the parent(s)/responsible party(ies) in writing of the decision to discharge a participant and provides a minimum of 21 days notice prior to the discontinuation of services for reasons that include (but are not limited to) the following:

- The participant or parent(s)/responsible party(ies) are non-compliant to the agreed upon Plan of Care;
- The provider is no longer able to meet the service needs of the participant; or
- The parent(s)/responsible party(ies) requests a change.

The private duty nursing provider agency shall advise the BSHCN within 72 hours of the parent(s)/responsible party(ies) notification of planned discontinuation of private duty nursing services. The BSHCN service coordinator shall assist the parent(s)/responsible party(ies) in making appropriate arrangements to locate and transfer care (if possible and necessary) to a new private duty nursing provider agency. The existing provider agency shall continue to provide care in accordance with the Plan of Care for a minimum of 21 days or until alternate arrangements can be made by the BSHCN and/or parent(s)/responsible party(ies), whichever comes first.

In cases where the private duty nursing service provider decides to discontinue services due to actual or threatened harm to the agency personnel by the participant and/or parent(s)/responsible party(ies), the provider agency will contact local law enforcement or 911. In addition the provider agency will contact BSHCN staff within 24 hours or the next business day.

The private duty nursing provider shall notify the BSHCN within 72 hours of closure of a case due to the following circumstances:

- Death of the participant;
- Participant’s admission to a health care facility; or
- Participant is no longer in need of care.

13.14 INFECTION CONTROL GUIDELINES

While it is recommended that in-home care providers practice universal precautions in the delivery of all private duty nursing services, the policies and procedures related to infection control are essential to the care of persons with AIDS.

The following infection control guidelines have been developed for the person with AIDS at home and for their caregivers. These guidelines were developed by Lusby and Schietinger and are based upon the Centers for Disease Control (CDC) recommendations and epidemiological data.


Handwashing is the single most important way to prevent the spread of an infectious organism. Soap and water should be used at all times. Handwashing should be done before and after all aspects of participant care, including preparation and serving of meals to participants in their
homes. If running water is not available, gloves should be worn. Handwashing is advised after removing and disposing of gloves.


Gloves serve to block the transmission of any infectious agent to a potential host. The caregiver should wear gloves in the following situations:

- When caring for open skin lesions or wounds.
- When handling secretions or excretions such as emesis, urine, stool, blood, saliva or wound secretions.
- When handling soiled diapers, incontinence pads, linens, or clothing.
- When providing oral care if contact with oral lesions or blood is likely.
- When providing perineal care to the person who is incontinent or to a woman who is menstruating or who has postpartum bleeding.

Gloves are not required when bathing AIDS participants without skin lesions, when assisting AIDS participants with transfers or ambulation, when feeding AIDS participants, or when talking with or counseling an AIDS participant.

Protective smocks are not required for routine care giving but aprons or gowns may be used if soiling of the caregiver or his/her clothing is likely.

### 13.14.C HANDLING OF NEEDLES AND OTHER SHARP INSTRUMENTS

Needles, scalpels, and other sharp instruments must be handled with particular caution because the virus is capable of being transmitted through blood contact. Needles should not be recapped or resheathed after use but disposed of intact in a puncture-resistant container. These containers may be available through supply companies. Household metal tins or heavy plastic bottles may be substituted. The containers must be leak proof and have a properly fitting lid that will not come open when transported during trash removal. The container should be discarded and replaced when it is three-fourths (3/4) filled to prevent injury.

### 13.14.D DISPOSAL OF SUPPLIES

Soiled disposable supplies used in the care of the person with AIDS (gloves, diapers, incontinence pads, toilet paper, dressing supplies, respiratory therapy tubing, or nebulizers) may be placed in a heavy-duty plastic bag that can be securely fastened at the top. If a heavy-duty bag is not available, double bagging should be done. Removal of these plastic bags, as well as the sharp containers, should be in conformity with local solid waste disposal regulations used by the community. Usually this is the regular trash disposal system. The provider's local public health department should be aware of these regulations and be able to assist in the interpretation and implementation.

### 13.14.E ENVIRONMENTAL SAFETY
Environmental safety is maintained by usual household cleaning methods. Standard household detergents are appropriate to maintain a safe environment for the person with AIDS and other members of the household.

For floor or counter surfaces soiled by secretions or excretions, removal of surface debris and cleansing with hot, soapy water followed by disinfecting with a 10 percent bleach solution (one (1) part bleach, nine (9) parts water) is adequate. The bleach solution also can be used to disinfect the toilet, tub, and shower after routine cleaning. Bedpans and commodes should be cleaned regularly with household detergents and hot water. Soiled linens or clothing may be laundered in the household or laundromat washing machine. One (1) cup of bleach along with the regular detergent should be added to water prior to placing clothes in the washer.

Items that are shared with other participants, such as toilets, showers, or bedpans, do not require different handling or cleansing. The cleaning procedures described earlier are sufficient. The procedures should be administered between participants if a participant is incontinent, has diarrhea, or has open genital lesions.

Dishes can be cleaned with those of other household members using hot soapy water. Utensils do not need to be isolated.

Weekly cleaning of the interior surface of the refrigerator as well as the bathroom fixtures help control the growth of molds or fungi. Routine household cleaning agents can be used.

13.14.F PETS

Pets may pose a particular threat to the person with AIDS. Organisms sometimes present in the excrement of cats, birds, and fish may cause serious illness because the immune system of the person is compromised. For participants who wish to keep pets, someone other than the person with AIDS should be responsible for cleaning the bird cage, cat litter box, or fish tank.


Women who are pregnant or who may become pregnant should be aware that persons with AIDS are prone to two (2) viruses—cytomegalovirus and herpes virus—which have been known to cause serious birth defects and/or miscarriages. Infection control guidelines discussed earlier prevent caregivers from acquiring HIV infections.


The management and cleaning of durable medical equipment (DME) is an issue of particular concern for home health care providers caring for persons with AIDS. The CDC has issued no specific guidelines for the provision or cleaning of DME used in the home of a person with AIDS. However, the CDC has recommended the use of a ten percent bleach solution to wipe down soiled DME that cannot be sterilized by ethyl oxide or autoclaved. Most DME used at home for participants with AIDS (hospital beds, commodes, walkers, wheelchairs) cannot be autoclaved or sterilized.
The HIV Service Coordination Program provides special education for direct care staff in understanding infection control and in dispelling fear and misinformation about AIDS. Providers may contact their HIV Care Coordination regional office for further information.

13.14 I CONFIDENTIALITY

According to state law, health care personnel working directly with HIV-infected individuals have a need to know this information for the purpose of providing direct patient health care.

It is the responsibility of the HIV-infected individual to disclose this information to any provider of health care when such person receives health care services. This notification should be made prior to receiving services from the health care professional.

Private duty nursing providers serving an HIV-infected individual must disclose this information to employees providing direct health care services to the individual. Such disclosure should be done in strictest confidentiality and prohibit further disclosure. Medical records of HIV-infected individuals shall be afforded the same confidentiality protection afforded other medical records.

No civil liability shall accrue to any health care provider as a result of making a good faith report to the Department of Health and Senior Services about a person reasonably believed to be infected with HIV.

13.15 HOSPICE PATIENTS

When electing the hospice benefit, MO HealthNet participants do not automatically forfeit their right to receive medical services. When a MO HealthNet participant is authorized for private duty nursing then elects hospice, or a referral is received by the service coordinator at the Bureau of Special Health Care Needs concerning a hospice participant, the service coordinator must review the Plan of Care in collaboration with the hospice provider and the private duty nursing agency, to ensure services are not duplicative.

The following is a guideline that is used by service coordinators (BSHCN) when assessing initial or continued eligibility for private duty nursing services for persons who have elected hospice.

Hospice nursing care includes a provision for continuous home care to be provided only during a period of crisis.

Under the hospice benefit, a minimum of eight hours of nursing care per a 24 hour period beginning at midnight must be provided during a crisis period. A crisis is described as a period in which a patient requires continuous care, which is primarily nursing care, to achieve palliation or management of acute medical symptoms.

If private duty nursing is to be authorized, the provider must plan the frequency and duration of the private duty visits with the hospice providers, to be sure the private duty service augments any service for which the hospice provider is responsible either during a period of crisis or to maintain the patient on a routine basis.

Private duty nursing does not include crisis intervention, whereas hospice nursing care as continuous home care is for crisis intervention.
13.16 AIDS WAIVER PATIENTS

The MO HealthNet AIDS Waiver Program reimburses private duty nursing for eligible participants with a diagnosis of AIDS/HIV for ages 21 years and over. Participants are assessed to be eligible for these services by the Department of Health and Senior Services, Bureau of HIV, STD, and Hepatitis when services are provided by a MO HealthNet enrolled provider. Individuals under the age of 21 with an HIV/AIDS diagnosis receive private duty nursing through the HCY Private Duty Nursing Program and are not eligible for private duty nursing though the AIDS Waiver Program.

13.17 RELATED SERVICES

13.17.A PERSONAL CARE

Personal care services are medically oriented tasks that are designed to meet a client's physical needs. This program was developed on the premise that the provision of these basic tasks in the areas of activities of daily living, provided within the participant's home, allows some clients to avoid nursing facility or institutional placement.

Examples of basic personal care services that may be performed are:

- planning, preparing and cleaning up meals;
- making beds and changing sheets;
- giving bed baths and assisting with other baths; and
- brushing teeth and cleaning dentures.

Personal care services must be prior authorized and provided by an enrolled personal care provider.

13.17.B ADVANCED PERSONAL CARE SERVICES

Advanced personal care tasks are maintenance services provided to assist a participant with a stable, chronic condition with activities of daily living when such assistance requires devices and procedures related to altered body functions. Only the specific tasks listed below may be authorized as advanced personal care.

Advanced personal care services that may be performed are:

- provide routine personal care for persons with ostomies (including tracheostomies, gastrostomies and colostomies with well-healed stoma) and external, indwelling, and suprapubic catheters. This care includes changing bags, and soap and water hygiene around ostomy or catheter site;
- remove external catheters, inspect skin and reapplication of same;
- administer prescribed bowel program including use of suppositories and sphincter stimulation, and enemas (pre-packaged only) for participants without contraindicating rectal or intestinal conditions;
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- apply medicated (prescription) lotions or ointments, and dry, non-sterile dressing to unbroken skin;
- use lift for transfers;
- manually assist with oral medications which are set up by a registered or licensed practical nurse;
- provide passive range of motion (non-resistive flexion of joint) delivered in accordance with the plan of care, unless contraindicated by underlying joint pathology;
- apply non-sterile dressings to superficial skin breaks or abrasions as directed by a registered or licensed practical nurse; and
- use universal precautions as defined by the Centers for Disease Control.

Advanced personal care services must be prior authorized and provided by an enrolled personal care provider who has signed an addendum to the personal care agreement.

13.17.C HOME HEALTH

Home health services provide, on an intermittent basis, primarily medically oriented treatment or supervision to individuals with an acute illness, or an exacerbation of a chronic or long term illness that can be therapeutically managed at home. Home is considered the participant's primary place of residence. The delivered care should follow a written plan of treatment established and periodically reviewed by a physician.

The Home Health Program is divided into two distinct segments based on the participant's age. Participants, who are 21 years of age and older, are defined as adults within the Home Health Program. Participants 20 and under are classified as children and are eligible to receive expanded home health services as part of the healthy children and youth (HCY) federal mandate. The HCY federal mandate has allowed MO HealthNet to cover a broader range of services and to lift some limitations that are imposed on the adult population.

Home health services must be provided by an enrolled home health provider and are restricted to place of service "home."

13.17.D DURABLE MEDICAL EQUIPMENT

Durable medical equipment (DME) includes medical equipment that is prescribed by a physician and is medically necessary in the course of treatment. DME must be obtained from and billed by an enrolled DME MO HealthNet provider.