

## 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> 11.1.2022	
<b>Page:</b> 1 of 3			

### **Procedure:**

#### **Habilitation Supports Waiver (HSW) Private Duty Nursing**

Private Duty Nursing (PDN) services are skilled nursing interventions 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 State's Nurse Practice Act, 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.

- Community living supports
- Out-of-home non-vocational habilitation
- Prevocational or supported employment

To be determined eligible for PDN services, the PIHP must find that the beneficiary meets appropriate PDN medical criteria as established in the Medicaid Provider Manual (Section 15 – Habilitation Supports Waiver).

### **Initial Determination:**

- The 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.
- The CMHSP will verify that the beneficiary does not have a commercial insurance policy that should be billed first for PDN eligible services.
- 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.
- Medical documentation is sent to PDN Approval Committee 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, nursing notes with justification for PDN, and Physician prescription for PDN.
- PDN Approval Committee will confirm receipt of documents and submit to PIHP PDN Nurse for review. This committee will consist of the PIHP nurse, PIHP Waiver Coordinator, and PIHP HCBS Manager

- 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.
- 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.
- PIHP Nurses will present recommendation to PDN Approval Committee before making a final determination on denial or approval.
- PIHP will document final decision and communicate to the CMHSP.

**Annual Re-Determination:**

- 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.
- 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.
- The PIHP Waiver Coordinator will notify the PIHP PDN Nurse that the redetermination documentation is ready for review.
- PIHP PDN Nurse will complete a thorough review of documentation and submit an annual redetermination assessment.
- PIHP will communicate decision to the CMHSP.

**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:**

CMHSP: Community Mental Health Service Program

ICF: Intermediate Care Facility

ICF/IID: Intermediate Care Facility for Individuals with Intellectual Disabilities

I/DD: Intellectual/Developmental Disability

HSW: Habilitation Supports Waiver

LOC: Level of Care

MDHHS: Michigan Department of Health and Human Services

MSHN: Mid-State Health Network

PIHP: Prepaid Inpatient Health Plan

SC: Supports Coordinator

WSA: Waiver Supports Application

**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