

Prior Authorization of Extended Nursing Services

December 7, 2017



Objectives

- Review the HUSKY Health program's person-centered Prior Authorization (PA) process for determining the medical necessity of extended nursing services, commonly known as complex or private duty nursing
- Identify when there may be alternative services appropriate to meet medical needs
- Reduce administrative burden associated with the PA process
- Improve provider satisfaction with the PA process

PA Introduction

- All HUSKY Health A, C, and D members are eligible to receive extended nursing services from Connecticut Medical Assistance Program (CMAP) enrolled providers
- ***Only CMAP enrolled providers will be reimbursed*** for services provided to HUSKY Health members
- All referrals for extended nursing services must come from either an Ordering/Prescribing/Referring (OPR) or CMAP Provider
- Reviews are conducted on a case-by-case, person-centered clinical assessment of the member, however all final determinations are based on medical necessity

New Face-to-Face Requirements for Initial Orders of All Home Health Services

- Effective for dates of service July 1, 2017 and forward, Federal law requires a face-to-face visit with an enrolled physician or applicable Centers for Medicare and Medicaid Services (CMS) approved Non-Physician Practitioner (NPP) in addition to the prescription order for all initial Home Health Services paid under the Medicaid State Plan
- Documentation from the face-to-face visit must be kept on file for auditing purposes

Person-Centered Care Planning

- Providing the member with needed information, education, and support required to make fully informed decisions about their care options and to actively participate in their self-care and care planning
- Supporting the member, and their designated representative(s) in working together with non-medical, behavioral health, and medical providers and care manager(s) to obtain necessary supports and services; and
- Reflecting care coordination under the direction of and in partnership with the member and their representative(s); that is consistent with their personal preferences, choices, and strengths; and that is implemented in the most integrated setting

Person-Centeredness in the PA Review Process

- All aspects of a person's medical and psychosocial needs are taken into consideration in a person-centered approach when determining medical necessity for a good or service
- While clinical reviewers use medical criteria, guidelines, and policies to determine medical necessity, these are guidelines and not an absolute
- The member may have a co-morbid medical condition or psychosocial situation that impacts their medical needs
- These situations are reviewed and taken into consideration when determining medical necessity

Definition of Medical Necessity

- Section 17b-259b(a)
- “Medical Necessity” (or “Medically Necessary”) means those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual’s medical condition; including mental illness, or its effects, in order to attain or maintain the individual’s achievable health and independent functioning provided such services are:
 - (1) Consistent with generally-accepted standards of medical practice that are defined as standards based on:
 - (A) Credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community
 - (B) Recommendations of a physician-specialty society
 - (C) The views of physicians practicing in relevant clinical areas
 - (D) Any other relevant factors

Definition of Medical Necessity (cont.)

- (2) Clinically appropriate in terms of type, frequency, timing, site, extent and duration, and considered effective for the individual's illness, injury or disease
- (3) Not primarily for the convenience of the individual, the individual's healthcare provider, or other healthcare providers
- (4) Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury, or disease
- (5) Based on an assessment of the individual and his/her medical condition

All final determinations of medical necessity must be based upon this statutory definition



Coverage of Extended Nursing Services

- Extended nursing services are a covered benefit for all HUSKY A, C, and D members
- Extended nursing services are not a covered benefit for HUSKY B members

Extended Nursing Services

- Require the skill of a Registered Nurse (RN) or Licensed Practical Nurse (LPN)
- Provided for more than two continuous, consecutive hours on any given day and not to exceed 23 hours in any 24 hour period
- Unable to be provided in an intermittent skilled nursing visit (up to two hours)
- Include continuous assessment, monitoring, ongoing skilled nursing interventions and caregiver training

Skilled Nursing Interventions

Examples of skilled services include but are not limited to:

1. Management and evaluation of the plan of care
2. Intravenous feedings
3. Nasopharyngeal and tracheal suctioning
4. Placement and sterile irrigation of catheters
5. Complex wound dressings
6. Colostomy care in the immediate post-operative phase
7. Assessment and monitoring of a health status that can change quickly

When is Extended Nursing Medically Necessary?

Extended nursing may be considered medically necessary when:

1. The services are ordered by a licensed physician as part of a written treatment plan
2. The individual's condition is unstable and requires frequent assessment and changes in the plan of care
3. The assessments and associated skilled interventions must be done so frequently that the need is continuous
4. The needs of the individual cannot be adequately and safely met with intermittent skilled nursing visits

When is Extended Nursing Not Medically Necessary?

Extended nursing services are typically not considered medically necessary when the plan of care includes an RN or LPN providing any of the following:

1. Personal care for activities of daily living (ADLs)
2. Sitter or companion services
3. Respite care
4. Monitoring behavioral disorders
5. Participating in social or recreational activities

Alternatives to Extended Nursing Services

Intermittent skilled nursing visits in conjunction with home health aide (HHA) services may be considered an appropriate alternative to extended nursing when:

- The skilled services in the plan of care can be safely administered in a nursing visit of up to two hours in duration
- The plan of care shows that the nurse is performing custodial care that could be provided by an HHA or other available non-licensed caregiver

Requesting PA: Extended Nursing Services

- All requests for extended nursing services must be submitted through the Community Health Network of Connecticut, Inc. (CHNCT) *Medical Authorization Portal* (Clear Coverage™)
- Requests backdated more than five calendar days due to retro eligibility and all requests for modifications to existing authorizations must be faxed to CHNCT at 203.265.3994
- Retrospective and modification requests must be faxed in using the Outpatient Prior Authorization Request Form

Required Documentation: Extended Nursing Services

- Start of care or 60-day certification nursing assessment
- Completed and signed 485 form, if available. Otherwise a verbal order from the physician overseeing the plan of care and ordering the services
- Schedule of days/visits/hours the licensed nurse will be going to the home and the skilled interventions to be provided during that time (can be in the assessment)
- For re-authorization requests, a minimum of two weeks previous nursing narrative notes must be submitted along with any applicable seizure or blood sugar logs

How Are Medical Necessity Determinations Made?

- Requests for extended nursing services are reviewed in accordance with clinical criteria, guidelines, or medical policies
- All medical necessity reviews are conducted with a person-centered approach
- Determinations are based upon a clinical review of submitted case-specific information with consideration being given to relevant psychosocial factors



Extended Nursing Services: Sample Prior Authorization Requests

Sample PA Request #1

- Adult member
- Paraplegic as a result of a dirt bike accident
- 56 hours of extended nursing (eight hours daily) requested
- Letter from ordering physician stated assistance required during the day when caregivers are at work (transfers, repositioning, bathing, and meal preparation)
- Nursing assessment did not include any requirement for skilled nursing interventions

Sample PA Request #1 (cont.)

- CHNCT nurse reviewer contacted the primary care nurse to discuss the plan of care
- There was no information to support the need for skilled care and the plan of care only included custodial care needs
- PA request was denied - not medically necessary
- Agency agreed that HHA services were an appropriate alternative

Sample PA Request #2

- Adult member
- Primary diagnosis - chronic hepatic failure, other diagnoses - autistic disorder and alcohol abuse
- Resided in an apartment independently, worked part-time
- Received around the clock skilled nursing through a waiver program that was ending
- PA request received for nursing services eight hours a day
- Plan of care included oversight of daily medications, ADLs, meals, scheduling appointments, walking to shops and the beach, and watching TV

Sample PA Request #2 (cont.)

- CHNCT nurse reviewer had discussions with case managers from the Department of Developmental Services (DDS) and the member's waiver program
- Services for which the member qualified for under the waiver were robust, but did not include nursing care
- Member was able to live independently and had a very supportive and involved family
- Extending nursing services were denied as not being medically necessary
- Intermittent skilled nursing services were offered as a more appropriate alternative

Sample PA Request #3

- Pediatric member with history of cardiac transplant shortly after birth for dilated cardiomyopathy
- Resided with mother and four siblings
- Recent hospitalization for potential rejection (home and stable now)
- Developmentally normal
- Received skilled nursing visits two times per week for cardiopulmonary assessment, weight checks, and parent teaching
- 12 hours of daily nursing requested for the parent to be able to return to work and school

Sample PA Request #3 (cont.)

- Based on the proposed plan of care which included some skilled nursing interventions but mostly was for personal care, safety and supervision, the 12 hours of daily nursing services were denied
- Recommended alternative was to continue intermittent skilled nursing visits for the necessary cardiopulmonary assessments, weight checks, and parent teaching

Sample PA Request #4

- Adult member with Duchenne Muscular Dystrophy; complete loss of muscular functionality and tracheostomy with total ventilator dependency
- Bedbound and total care
- 23 hours a day of daily nursing services requested to perform all skilled and non-skilled care due to the nature and medical complexity of the illness
- In addition to all personal care, the plan of care involved constant and ongoing respiratory assessment, ventilator maintenance and functioning, tracheostomy care and suctioning, chest auscultation and physical therapy, nebulizer treatments, and daily medication administration

Sample PA Request #4 (cont.)

- Based on the member's medical complexity and fragility, it was determined that the services of a skilled nurse for 23 hours a day was medically necessary to perform the ongoing assessments, skilled interventions, and to safely perform all personal care while maintaining airway patency
- Neither intermittent skilled nursing visits or HHA services would be a medically appropriate alternative to meet this member's needs

Conclusion

- All requests for extended nursing services require PA
- The intent of extended nursing services is to provide ongoing and complex, direct skilled nursing care
- Extended nursing is medically necessary when the continuous skilled care cannot be managed in an intermittent skilled nursing visit (up to two hours)
- Extended nursing services are not intended to provide custodial care, respite care, and/or sitter services
- Medical necessity determinations are based on a person-centered review and made in accordance with the DSS Definition of Medical Necessity



Questions/Comments