

Nursing Services and Durable Medical Equipment

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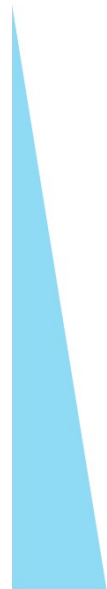


This webinar will review the following:

- ▶ iBudget Waiver Handbook requirements for Private Duty (PDN), Residential and Skilled Nursing
- ▶ State Plan Medicaid Nursing services (fee for service & Managed Care)
- ▶ Medicare Nursing services
- ▶ Durable Medical Equipment (DME)
- ▶ Transitioning Nursing Services from State Plan Medicaid to Waiver



iBudget Waiver Handbook Requirements



Private Duty (PDN), Residential
and Skilled Nursing

Nursing Services

▶ Waiver

- ▶ Skilled
- ▶ PDN
- ▶ Residential

▶ Resources

- ▶ Natural
- ▶ Funded
 - ▶ Insurance
 - ▶ Medicare
 - ▶ Medicaid
 - ▶ Waiver

All waiver services must be determined medically necessary.

Private Duty Nursing

- ▶ Private duty nursing services are provided primarily in the recipient's own home or family home or when a recipient who lives in those settings is engaged in a community activity.

- ▶ Private duty nursing services are prescribed by a physician, ARNP, or PA and consist of individual, continuous nursing care provided by registered or licensed practical nurses.
- ▶ This service is limited to recipients age 21 years or older who are eligible for active nursing interventions on a continuous basis for over two consecutive hours per episode.
- ▶ Private duty nursing services are not be used for ongoing medical oversight or monitoring of direct care staff or caregivers in a licensed facility, the recipient's own or the family home.

Residential Nursing

- ▶ Residential nursing services are provided to recipients who reside in a licensed residential facility, or when a recipient residing in a licensed residential facility is engaged in a community activity.

- ▶ Residential nursing services are services prescribed by a physician, APRN, or PA and consist of individual, continuous nursing care provided by registered or licensed practical nurses.
- ▶ Residential nursing must not be used for ongoing medical oversight in a licensed group or foster home considered to be the recipient's place of residence.
- ▶ This service is limited to recipients age 21 years or older who are eligible for active nursing interventions on a continuous basis for over two consecutive hours per episode.

Documentation Requirements

- ▶ Copy of the nursing care plan with annual updates.
- ▶ Daily progress notes for days service was rendered (nursing notes).
- ▶ Individual nursing assessment and annually thereafter.
- ▶ Monthly summary, which includes details regarding health status.
- ▶ Medication, treatments, medical appointments, and other relevant information.
- ▶ Original prescription for the service and annually thereafter.
- ▶ List of duties to be performed by the nurse.
- ▶ QSI
- ▶ Support Plan

PDN vs Residential Nursing

PDN

- ▶ Individual is 32 years old, lives at home with elderly parents.
- ▶ Individual has a g-tube and is fed via a pump 24 hours per day at different pump rate (100cc/hr 7am to 7pm and 50cc/hr 7pm to 7am).

Residential Nursing

- ▶ Individual is 32 years old, lives in a group home.
- ▶ Individual has a tracheostomy and a g-tube.
- ▶ Individual has a g-tube and is fed via a pump form 7am to 7pm daily

Skilled Nursing

- ▶ Skilled nursing services are provided at the recipient's place of residence and other waiver service sites, such as an adult day training program.
- ▶ Skilled nursing is a part-time or intermittent nursing care visit, provided on a daily, weekly, monthly basis by a registered or licensed practical nurse

Documentation Requirements

- ▶ Nursing care plan with annual updates.
- ▶ Daily progress note for dates of service rendered (nursing notes).
- ▶ Individual nursing assessment (must be completed at time of first claim submission and annually thereafter).
- ▶ Original prescription for service and annually thereafter.
- ▶ Monthly summary, which includes details regarding health status, medication, treatments, medical appointments, and other relevant information.
- ▶ List of duties to be performed by the nurse.
- ▶ Support Plan.
- ▶ **Exception letter from AHCA for skilled nursing services.**

AHCA Exception Letter Process for Skilled Nursing

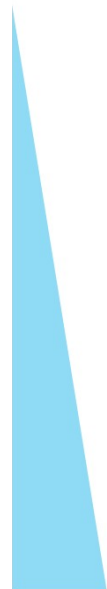
- ▶ Process in place since 2012
- ▶ Physician Visit Documentation Form
- ▶ Medicaid Physician's Written Prescription for Home Health Services
- ▶ MCM documentation (Report)
- ▶ Medicaid Office contacted (required for HHA list)
- ▶ Home Health Agencies contacted (documentation)
- ▶ Support Plan

Skilled Nursing

- ▶ Individual requires insulin injections QID (four times a day) at the group home. There are no MSP providers who can staff for this. Follow the exception process.
- ▶ Individual requires wound care daily in their own home. There are no MSP providers who can staff for this. Follow the exception process.
- ▶ Individual requires 4 intermittent nursing visits every day for urinary catheterizations. MSP provider can only staff for one visit each day. Waiver can cover the 3 other home visits by the exception process.
- ▶ Individual requires insulin injections QID. MSP provider found for 3 visits. Waiver will cover the 4th visit. No exception process needed.



State Plan Medicaid
Nursing services
(fee for service &
Managed Care)



Private Duty (PDN) and Home
Health Visits (Skilled Nursing
Visits)

Medicaid State Plan PDN

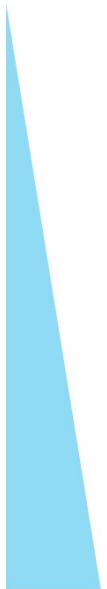
- ▶ 4.2 page 3; PDN Services Coverage Policy
- ▶ Florida Medicaid reimburses for up to 24 hours of PDN services per day, per recipient, when the recipient meets all of the following criteria:
 - ▶ Is under the care of a physician and has a physician's order for PDN services.
 - ▶ Requires more extensive and continual care than can be provided through a home health visit.
 - ▶ Requires services that can be safely provided in their home or the community.
 - ▶ For recipients requiring less than two hours of PDN services per day, please refer to the Florida Medicaid home health visits services coverage policy.

Medicaid State Plan Home Health Visits

- ▶ 4.2 page 3 Home Health Visits Coverage Policy
- ▶ Florida Medicaid reimburses for:
 - ▶ Up to four intermittent home health visits, per day, for recipients under the age of 21 years and pregnant recipients age 21 years and older.
 - ▶ Up to three intermittent home health visits, per day, for non-pregnant recipients age 21 years and older.

Medicare Home Health services

Part time or intermittent
skilled nursing care



Medicare

- ▶ Medicare covers the following:
- ▶ Skilled nursing services: Services performed by or under the supervision of a licensed or certified nurse to treat your injury or illness.
 - ▶ Services you may receive include injections (and teaching you to self-inject), tube feedings, catheter changes, observation and assessment of your condition, management and evaluation of your care plan, and wound care.
 - ▶ Provided up to seven days per week for generally no more than eight hours per day and 28 hours per week. In some circumstances, Medicare can cover up to 35 hours per week.

Medicare

- ▶ Home health care includes a wide range of health and social services delivered in your home to treat illness or injury. Services covered by Medicare's home health benefit include intermittent skilled nursing care, therapy, and care provided by a home health aide. Depending on the circumstances, home health care will be covered by either Part A or Part B.
- ▶ Medicare covers your home health care if:
 - ▶ You are homebound, meaning it is extremely difficult for you to leave your home and you need help doing so.

Medicare

- ▶ Medicare has a “homebound” requirement.
- ▶ Medicare considers you homebound if:
 1. You need the help of another person or medical equipment such as crutches, a walker, or a wheelchair to leave your home, or your doctor believes that your health or illness could get worse if you leave your home;
 2. And, it is difficult for you to leave your home and you typically cannot do so.

Medicare

- ▶ You can receive home health care coverage under either Medicare Part A or Part B but you need to know the rules.
- ▶ You can not receive 24 hours of home nursing.
- ▶ All [Medicare Advantage Plans](#) must provide at least the same level of home health care coverage as Original Medicare, but they may impose [different rules, restrictions, and costs](#).

Durable Medical Equipment & Consumable Medical Supplies

WHO PAYS FOR?

g-tubes, pumps, gauze, tape, suction catheters,
ventilators, tracheostomy tubes, formula,
wheelchairs, ramps, Q-tips, diapers, wipes

Required Documentation

What is needed?
Where to look?

Transitioning from Medicaid State Plan Nursing Services to Waiver Services

Age

- ▶ Turning 21 years old
- ▶ At least 6 months prior

Services

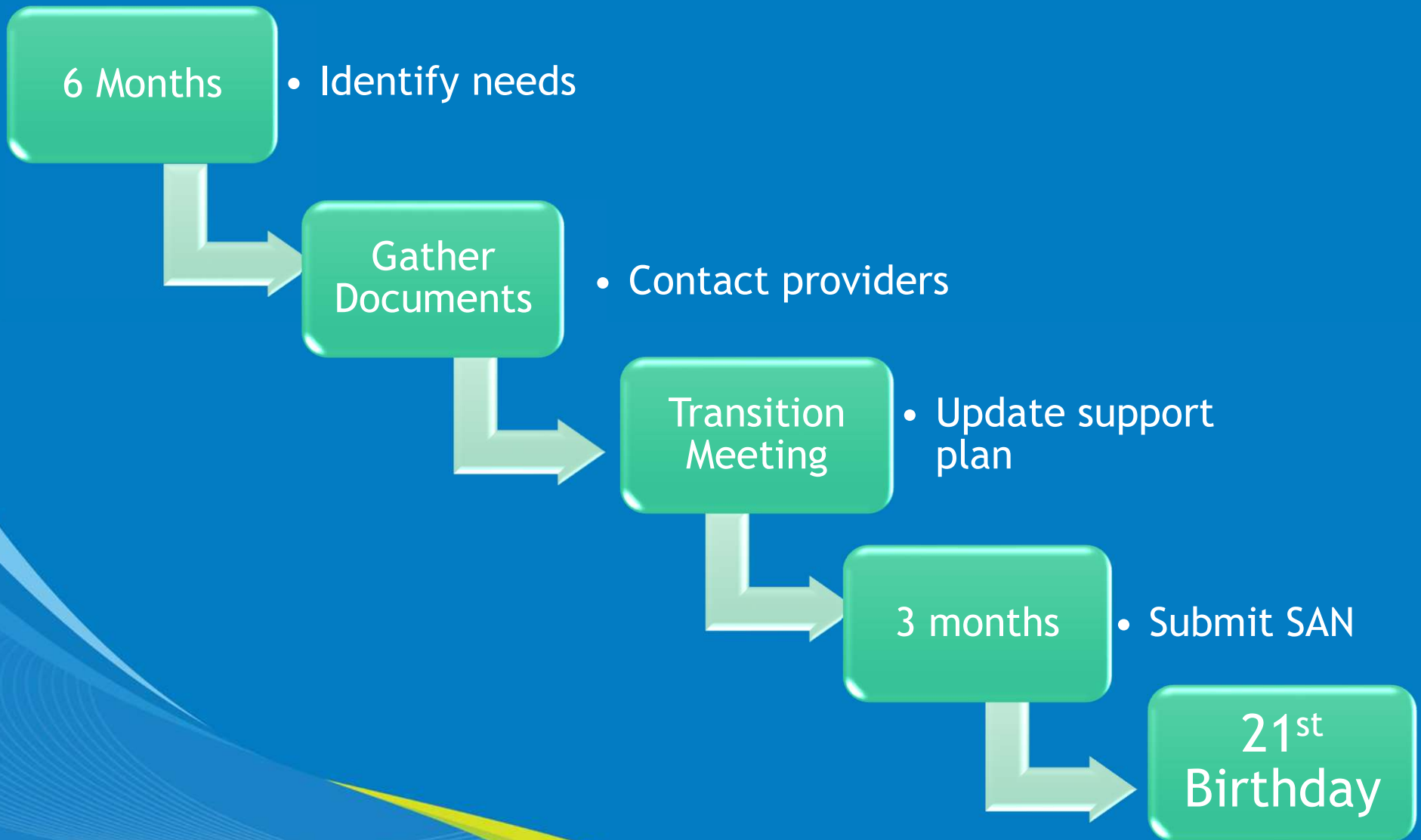
- ▶ Nursing
- ▶ Personal Supports
- ▶ Therapies
- ▶ DME/CMS

What to Know About Transition Meetings

- ▶ Plans and eQHealth Solutions prepare for transition.
- ▶ Transition planning occurs every 3 months if an individual resides in a NF.
- ▶ All Care Coordinators provide all options for choice to receive services.
 - ▶ This includes:
 - ▶ APD and Waiver services
 - ▶ AHCA's long-term care plan choices

If the choice is to receive APD waiver services, then APD should be included in the transition meetings.

Best Practice Plan for Transition



AHCA Coverage Policy (Handbooks)

- ▶ http://ahca.myflorida.com/medicaid/review/Specific/59G13.070_DD_iBudget_Waiver_Services.pdf
- ▶ http://ahca.myflorida.com/medicaid/review/Specific/CL_10_100601_DME_ver1_0.pdf
- ▶ http://ahca.myflorida.com/medicaid/review/Specific/59G-4-130_Home_Health_Visit_Services_Coverage_Policy.pdf
- ▶ http://ahca.myflorida.com/medicaid/review/Specific/59G-4-261_Private_Duty_Nursing_Services_Coverage_Policy.pdf

Still Need Help?

Local staff assistance can be found through the APD Regional Staff Lists:

<http://apdcares.org/region/>

- ▶ Regional Medical Case Manager
- ▶ Regional Clinical Workstream Lead
- ▶ Regional Waiver Workstream Lead

Questions?

For more information, contact:

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agency for persons with disabilities
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