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## 1. Section Modifications

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2. Nursing Service Providers

2.1. Introduction

2.1.1. General Policy

This section covers all Medicaid services provided through Private Duty Nursing, Nursing Services DD Waiver, and Supervising Registered Nurse (PCS Program). These specialties are identified as nursing services throughout this section. Each section addresses the following:

- Prior authorization (PA)
- Covered services
- Provider qualifications
- Plan of care (POC)
- Physician’s and nurse’s responsibilities
- Record keeping
- Place of service (POS) codes
- Diagnosis codes (For PCS Oversight)
- Procedure codes
- Reimbursement

Providers of Nursing Services with the specialties of DD Waiver Services and Supervising Registered Nurse for the PCS Program can access program specific guidelines on the DHW website at http://www.healthandwelfare.idaho.gov/.

Note: Private Duty Nursing, Nursing Services DD Waiver, and Supervising Registered Nurse (PCS) are covered for Medicaid Enhanced Plan participants.

2.1.2. Prior Authorization (PA) and Healthy Connections (HC)

Prior authorizations are valid for one year from the date of authorization by the Bureau of Long Term Care (BLTC) unless otherwise indicated on the approval. For HC participants, PA will be denied if the requesting provider is not the primary care provider (PCP) or a referral has not been obtained.

Claims for services requiring PA will be denied if the provider did not obtain a PA from the authorizing authority.

2.2. Nursing Services Policy - Private Duty Nursing

Private Duty Nursing Services are limited to certain participants for whom the need for such service has been identified. The medical needs must be such that the Idaho Nursing Practices Act requires the services be provided by a licensed nurse.

Note: Private Duty Nursing services for participants enrolled in the Medicaid Basic Plan Benefits are limited to diagnostic and evaluation procedures only. Participants must be enrolled in the Medicaid Enhanced Plan in order to be eligible for additional nursing services.

Note: Nursing services are a covered benefit for Medicaid Enhanced Plan participants.
2.2.1. **Family Participation**
The purpose of Nursing Services is to provide support and relief for the family of the affected child. Families are expected and encouraged to participate in the provision of care.

2.2.2. **Provider Qualifications**
All nursing providers must be currently licensed as either a Registered Nurse (RN) or Licensed Practical Nurse (LPN) in Idaho and have a signed provider agreement on file with Idaho Medicaid. Nursing service providers must provide documentation of current Idaho licensure as an RN or LPN.

2.2.2.1. **Independent Provider**
An independent provider is an individual who provides nursing services as an independent contractor and has a signed provider agreement on file with Idaho Medicaid.

2.2.2.2. **Provider Agency**
The provider agency is an entity that takes responsibility for the care given and provides payroll and benefits to those care providers it employs. The entity must have a signed provider agreement on file with Idaho Medicaid.

The provider agency must indicate on the claim if an RN or LPN provided the service delivery.

2.2.3. **Covered Services**
Private duty nursing services are limited to the following services. The services require oversight by an RN if provided by an LPN.

- **NG Tubes**: Nasogastric (NG) tubes include insertion and maintenance of NG tubes and participant feeding activities with or without the use of a feeding pump.
- **Volume Ventilators**: The maintenance of volume ventilators includes associated tracheotomy care when necessary.
- **Tracheotomy and Oral/Pharyngeal Suctioning**: Sterile suctioning and cleansing of the participant's airway and removal of excess secretions from the mouth, throat, and trachea.
- **IV Therapy/Parenteral Nutrition**: Maintenance and monitoring of an IV site and administration of IV fluids and nutritional materials, which require extended time to administer.

2.2.3.1. **Plan of Care (POC)**
All services provided on an implementation plan are based on a written plan of care. The Supervisory RN is responsible for the POC, based on:

- The nurse’s assessment and observation of the participant.
- The evaluation and orders of the participant’s physician.
- Information elicited from the participant.
- The physician’s approval and signing of the POC. It must also include all aspects of the medical, licensed, and personal care necessary to be performed, including the amount, type, and frequency of such services.
2.2.3.2. **Plan of Care (POC) Update**
The POC must be revised and updated based on treatment results or the participant’s changing profile of needs as necessary, but at least annually. A copy of the POC must remain in the participant’s home.

Submit annual updates and changes to the POC to BLTC in the region in which the child lives. See the Directory of this handbook for the current regional addresses and phone numbers.

2.2.3.3. **Prior Authorization (PA) of Services**
BLTC must authorize all private duty nursing (PDN) services prior to service delivery. The authorization will indicate the hours of service per week for which the service is authorized.

Claims for services requiring PA will be denied if the provider did not obtain a PA from the authorizing authority.

2.2.3.4. **Non-Covered Services- Transportation**
Medical transportation of the participant, such as to the physician’s office, is **not** a covered service under the private duty nursing program but may be covered under the Non-Emergent Transportation Providers.

Contact Medicaid Transportation for transportation questions at:
1 (800) 296-0509
1 (208) 287-1173

2.2.4. **Nursing Oversight**
Nursing oversight is the intermittent supervision of the child’s medical condition for health status or medical services within the scope of the Nurse Practice Act and must be provided when an LPN is giving the care. Nurse oversight services must be provided by an RN licensed to practice in Idaho. The services are limited to one time per month. If additional oversight visits are medically necessary, prior authorization can be requested from BLTC.

2.2.5. **Nurse Responsibilities**
The nurse’s responsibilities are as follows.
- Immediately notify the physician of any significant changes in the participant’s physical condition or response to the service delivery.
- Evaluate changes of condition.
- Provide services in accordance with the POC.
- Maintain records of care given to include the date, time of start and end of service delivery, services provided, and comments on participant’s response to services delivered.
- LPN providers must document oversight of services by an RN in accordance with the Idaho Nurse Practice Act and the Rules, Regulations, and Policies of the Idaho Board of Nursing.

2.2.6. **Physician Responsibilities**
All Private Duty Nursing services must be provided under the order of a licensed physician.

The physician must:
• Provide Medicaid the necessary medical information to establish the participant’s medical eligibility for services.
• Order all services to be delivered by the nursing provider.
• Sign and date all orders and the participant’s POC.
• Update participant’s POC annually and as changes are indicated, sign and record date of plan approval.
• Determine if the combination of nursing services along with other community resources are no longer sufficient to ensure the health or safety of the participant and recommend institutional placement of the participant.

Note: If the child is enrolled in the HC program, the order must be from the HC PCP.

2.2.7. Reimbursement
The nursing provider and, when necessary, the independent RN or agency providing oversight, are paid a fee-for-service as established by Medicaid. Separate claims for payment must be submitted for each provider.

2.2.7.1. Registered Nurse (RN)
An RN can provide either oversight of an LPN or direct care.

2.2.7.2. Private Duty Nursing (PDN) Provider
Payments are limited to the services specified on the POC on file with the Bureau of Long Term Care.

2.2.8. Record Keeping
Private duty nurses or nursing agencies maintain service records on each participant receiving nursing services. The record will be maintained in the participant’s home. After every visit, the provider will enter, at a minimum, the following information.
• The date and time of visit in the following format:
  Date Example: 02/10/2010
  Time Example: 8:00 a.m. - 11:15 a.m.
• The length of visit in the following format:
  Example: 3 hours and 15 minutes would be 3.25 hours
• The services provided during the visit.
• A statement of the participant’s response to the services, including any changes noted in the participant’s condition.
• Any changes in the POC authorized by the referring physician as a result of changes in the participant’s condition.
• Signature and credentials of the individual providing services.

2.2.8.1. Transfer to another Provider
When the care of the participant is transferred to another provider, all participant records must be delivered to and held by the participant’s family until a replacement provider assumes the case. When the participant leaves the program, the records are retained by the provider as part of the participant’s closed case record.

2.2.8.2. Change in Participant Status
It is the responsibility of the private duty nurse to notify the physician when there is a significant change in the participant’s condition. Physician notification must be documented in the service record.
2.2.9. **Place of Service (POS) Codes**

See [CMS 1500 Instructions](#), Idaho Medicaid Provider Handbook for covered services.

The following places are excluded as personal residences.
- Licensed Skilled Nursing Facilities (SNF) or Intermediate Care Facilities (ICF)
- Licensed Intermediate Care Facility for the Intellectually Disabled (ICF/ID)
- Licensed shelter homes
- Licensed professional foster homes
- Licensed hospital

2.3. **Nursing Services Policy - DD Waiver**

Nursing services include nurse oversight and skilled nursing services. All nurse oversight and skilled nursing services require prior authorization in accordance with [IDAPA 16.03.10.507 Behavioral Health Prior Authorization (PA)](#) through [515 Behavioral Health – Quality Assurance And Improvement](#). The authorization will indicate the hours of service per day and the number of days per week the service is authorized.

**Note:** Nursing services for participants enrolled in the Medicaid Basic Plan are limited to diagnostic and evaluation procedures only. Participants must be enrolled in the Medicaid Enhanced Plan in order to be eligible for additional nursing services.

**Note:** Nursing services are a covered benefit for Medicaid Enhanced Plan participants.

2.3.1.1. **Nurse Oversight Services**

Nursing oversight is the intermittent supervision of the participant’s medical condition, POC, for health status or medical services, which are within the scope of the Nurse Practice Act. Nursing oversight includes the supervision of delegated nursing services provided by the Residential Habilitation provider or other Medicaid providers. Nurse oversight services must be provided by a registered nurse (RN) licensed to practice in Idaho.

2.3.1.2. **Skilled Nursing Services**

Skilled nursing services include the provision of hands-on nursing services or treatments to eligible participants who need skilled nursing services. The medical needs of the participant must be of such a technical nature that the Idaho Nursing Practices Act requires the services to be provided by a licensed nurse.

Skilled nursing services require oversight by a registered nurse (RN) if provided by a licensed practical nurse (LPN).

Skilled nursing services are limited to the following.
- **NG Tubes** - NG tubes include the insertion and maintenance of NG tubes and participant feeding activities with or without the use of a feeding pump. A registered nurse or licensed practical nurse must perform this service.
- **Volume Ventilators** - The maintenance of volume ventilators includes associated tracheotomy care when necessary. A registered nurse or licensed practical nurse must perform this service.
- **Tracheotomy and Oral/Pharyngeal Suctioning** - Sterile suctioning and cleansing of the participant’s airway and removal of excess secretions from the mouth, throat and trachea. Only a registered nurse may perform this service.
- **IV Therapy/Parenteral Nutrition** - Maintenance and monitoring of an IV site and administration of IV fluids and nutritional materials, which require extended time...
periods to administer. A registered nurse or licensed practical nurse must perform this service.

**Note:** To perform services effectively, nursing services providers should be aware of program requirements for other providers in the DD waiver program.

### 2.3.2. Provider Qualifications

Nursing service providers must provide documentation of current Idaho licensure as an RN or LPN. Only an RN may provide nurse oversight. Nursing service providers must have a signed provider agreement on file with the Idaho Medicaid Program.

### 2.3.3. Plan of Care (POC)

All nurse oversight and skilled nursing services provided must be on a POC based on an Individual Support Plan (ISP). The RN is responsible for the POC based upon:

- The nurse’s assessment and observation of the participant
- The orders of the participant’s physician
- The ISP
- Information elicited from the participant

The POC must include all aspects of the medical care, licensed and non-licensed, necessary to be performed, including the amount, type, and frequency of such services. When care is delegated to a non-licensed Residential Habilitation provider, type and amount of supervision and training to be provided must be included in the plan.

#### 2.3.3.1. Plan of Care (POC) Update

The POC must be revised and updated based upon treatment result or the participant’s changing profile of needs as necessary, but at least annually. The POC must be submitted to DHW or its designee for review and prior authorization of service. A copy of the POC must remain in the participant’s home.

### 2.3.4. Nurse Responsibilities

- Notify the physician and service coordinator immediately of any significant changes in the participant’s physical condition or response to the service delivery.
- Evaluate changes of condition.
- Provide services in accordance with the implementation plan and the ISP.
- Maintain records of care given to include the date, time of start and end of service delivery, and comments on participant’s response to services delivered.

In the case of licensed practical nurse (LPN), skilled nursing providers, and other non-licensed direct care providers, document that the oversight of services by an RN is in accordance with the Idaho Nurse Practice Act and the Rules, Regulations, and Policies of the Idaho Board of Nursing. An RN can provide either oversight or direct skilled nursing services.

### 2.3.5. Record Keeping

Service records will be maintained on each participant receiving nursing services. The record will be maintained in the participant’s home. After every visit the provider will enter, at a minimum:

- The date and time of visit in the following format

  **Date example:** 02/10/2010
Time example:  8:00 a.m. - 11:15 a.m.
- The length of visit in the following format
  Example:  3 hours and 15 minutes would be 3.25 hours
- The services, supervised or skilled observation, provided during the visit.
- A statement of the participant’s response to the services including any changes noted in the participant’s condition.
- Any changes in the ISP plan of care authorized by the ISP as a result of changes in the participant’s condition.
- Signature of the individual providing services, including their professional designation.

2.3.6.  Place of Service (POS) Codes
See CMS 1500 Instructions, Idaho Medicaid Provider Handbook for covered services.

The following places are excluded as personal residences.
- Licensed Skilled Nursing Facilities (SNF) or Intermediate Care Facilities (ICF)
- Licensed Intermediate Care Facility for the Intellectually Disabled (ICF/ID)
- Licensed shelter homes
- Licensed professional foster homes
- Licensed hospital

2.4.  Independent Supervising Registered Nurse (PCS)
Nursing services under the Personal Care Services (PCS) Program have the responsibility for supervising the delivery of personal care services to the PCS participant. Nursing services under the PCS Program do not include hands-on care. A registered nurse who is functioning as a personal assistant may not provide Supervisory RN services to the same participant. Supervising RN (PCS) services must be authorized by BLTC.

Note: Nursing services for participants enrolled in the Medicaid Basic Plan are limited to diagnostic and evaluation procedures only. Participants must be enrolled in the Medicaid Enhanced Plan in order to be eligible for additional nursing services.

2.4.1.  Record Keeping
Service records will be maintained on each participant receiving nursing services. The record will be maintained in the participant’s home. After every visit the provider will enter, at a minimum:
- The date and time of visit in the following format
  Date example:  02/10/2010
  Time example:  8:00 a.m. - 11:15 a.m.
- The length of visit in the following format
  Example:  3 hours and 15 minutes would be 3.25 hours
- The services, supervised or skilled observation, provided during the visit.
- A statement of the participant’s response to the services including any changes noted in the participant’s condition.
- Any changes needed in the POC as a result of changes in the participant’s condition.
- Signature of the individual providing services.

2.4.2.  Provider Qualifications
Nursing service providers in the PCS Program must provide documentation of current Idaho licensure as an RN. Nursing service providers must have a signed provider agreement on file with the Idaho Medicaid Program.
2.4.3. **Plan of Care (POC)**

The Supervising RN is responsible for the development of the POC based upon:
- The nurse's assessment and observation of the participant.
- The orders of the participant's physician.
- Information elicited from the participant.
- Information from the Qualified Intellectual Disabilities Professional (QIDP) if the individual is developmentally disabled.

The POC must include all aspects of the medical care, licensed and non-licensed, necessary to be performed, including the amount, type, and frequency of such services. When care is delegated to a personal assistant, the type, amount of supervision, and amount of training to be provided must be included in the plan.

2.4.4. **Plan of Care (POC) Update**

The POC must be revised and updated based upon treatment result or the participant’s changing profile of needs as necessary, but at least annually. A copy of the POC must remain in the participant’s home.

2.4.5. **Nurse Responsibilities**

- Develop the POC for the PCS participant.
- Immediately notify the physician, BLTC, and case manager (if needed) of any significant changes in the participant’s physical condition or response to the service delivery.
- Supervise the treatment given by the personal assistant by reviewing the participant’s PCS record maintained by the personal assistant, talking to the participant and/or the participant’s family, and observing the personal assistant performing delegated tasks.
- Conduct on-site reviews with the participant at least every 90 days or as specified in the POC.
- Evaluate changes of condition when requested by the personal assistant, case manager, or participant through onsite visits.
- Update the POC as necessary, and at least annually.
- Re-evaluate the POC as necessary.

2.4.6. **Place of Service (POS) Codes**

PCS services including those of the Supervising RN may only be provided in a participant’s personal residence unless the BLTC authorizes the services to be provided in the provider's home.

See *CMS 1500 Instructions* for covered services.

The following are specifically excluded as personal residences:
- Licensed skilled nursing facilities (SNFs), intermediate care facilities (ICFs), or hospitals
- Licensed intermediate care facilities for the intellectually disabled (ICF/ID)
- Licensed residential care facilities
- Licensed Level III or professional child foster homes
- Licensed adult foster homes