

Title 23: Division of Medicaid

Part 223: Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Chapter 4: Private Duty Nursing

Rule 4.1: Definitions

The Division of Medicaid defines:

- A. A medically necessary early and periodic screening, diagnosis and treatment (EPSDT) service as a service necessary to correct or ameliorate the individual child's physical or mental condition with the determination made on a case-by-case basis taking into account the particular needs of the child.
- B. EPSDT-eligible beneficiary as a beneficiary who meets the requirements of the federally mandated EPSDT program.
- C. Private duty nursing (PDN) as skilled nursing care services for beneficiaries who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of a hospital or skilled nursing facility.
- D. Skilled nursing care as a service which requires the skills of a registered nurse (RN), or a licensed practical nurse (LPN), and pertains to the curative, restorative, and preventive aspects of nursing performed by or under the supervision of a registered nurse pursuant to the plan of treatment established in consultation with appropriate members of the care team under the direction of the beneficiary's physician. Skilled nursing service is nursing care emphasizing a high level of nursing direction, observation and skills.

Source: 42 U.S.C. §1396d; 42 C.F.R. Part 441; 42 C.F.R. § 440.80; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Rule 4.2: Provider Requirements

- A. Private duty nursing (PDN) providers must:
 - 1. Enter into a provider agreement with the Mississippi Division of Medicaid.
 - 2. Satisfy all requirements set forth in Part 200, Rule 4.8 and must provide to the Division of Medicaid:
 - a) A National Provider Identifier (NPI) verification from National Plan and Provider Enumeration System (NPPES), and

- b) Written confirmation from the Internal Revenue Service (IRS) confirming the provider's tax identification number and legal business name,
- 3. Demonstrate prior successful health care delivery for at least one (1) year,
- 4. Operate from a business office,
- 5. Disclose ownership information, and
- 6. Maintain auditable medical records on each beneficiary in the provider's business location.

B. PDN providers must, at a minimum:

- 1. Conduct background and abuse registry checks including,
 - a) National criminal background check with fingerprints on all employees or volunteers and volunteers prior to employment and every two (2) years thereafter, and maintain the record in the employee's personnel file.
 - b) Conduct registry checks, prior to employment and monthly thereafter, to ensure employees are not listed on the Mississippi Nurse Aide Abuse Registry or listed on the Office of Inspector General's Exclusion Database and maintain the record in the employee's personnel file.
- 2. Not have been, or employ individuals or volunteers who have been, convicted of or pleaded guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offense listed in Miss. Code Ann. § 45-33-23(f), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.
- 3. Provide mandatory annual in-service to RNs and LPNs including, but not limited to:
 - a) Beneficiary's rights,
 - b) Requirements to report suspected abuse, neglect, or exploitation immediately and how to report to the appropriate authority,
 - c) Infection control, and
 - d) Emergency procedures.
- 4. Employ a supervising RN who does not provide direct patient care and must:

- a) Conduct an initial evaluation visit prior to the initiation of services in the primary residence,
- b) Complete the plan of care (POC) and update as necessary for revisions,
- c) Initiate appropriate preventive and rehabilitative nursing procedures,
- d) Inform the primary care physician of any changes in the beneficiary's condition and needs when appropriate,
- e) Assign nurses to provide PDN services according to their licensure and training,
- f) Make a supervisory visit at least every thirty (30) days and document the following:
 - 1) PDN services are provided according to the plan of care,
 - 2) The beneficiary's and/or beneficiary representative's satisfaction level with the PDN services, and
 - 3) That the plan of care has been reviewed and updated with the most current physician's orders.
- g) Make a home visit in addition to the monthly visit when:
 - 1) The beneficiary's condition has changed,
 - 2) The beneficiary's health, safety, or welfare could be at risk, and
 - 3) Requested by the Division of Medicaid or designee.
- h) Use a person centered approach to PDN services and ensure personal goals of the beneficiary are respected,
- i) Ensure freedom of choice of providers and/or services is given to the beneficiary, the beneficiary's guardian or legal representative,
- j) Educate the beneficiary and family/caregiver(s) in meeting nursing and related goals,
- k) Ensure services are provided in a manner that is in the best interest of the beneficiary and does not endanger the beneficiary's health, safety, or welfare;
- l) Recommend staff changes when needed,
- m) Report to the Division of Medicaid any unethical or incompetent practices that jeopardize public safety or cause a risk of harm to beneficiaries, including household issues that may jeopardize the safety of the PDN, and

- n) Ensure that all nurses and caregivers are aware that timesheets must be accurate with arrival and departure time of the nurse.
 5. Ensure that an emergency preparedness plan is in place for each beneficiary receiving services,
 6. Ensure that no immediate family member or person residing in the home with the beneficiary is providing PDN services submitted for Medicaid reimbursement,
- B. An RN or LPN providing PDN services must:
1. Be employed by a Mississippi Medicaid enrolled PDN provider,
 2. Maintain a current Mississippi nursing license, and
 3. Practice within the scope of their license.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Rule 4.3: Covered Services

- A. The Division of Medicaid covers medically necessary private duty nursing (PDN) services only for early and periodic screening, diagnosis and treatment (EPSDT)-eligible beneficiaries when:
1. Ordered and directed by the beneficiary's primary physician or appropriate physician specialist.
 2. Prior authorized by the Division of Medicaid or designee.
 3. The required service(s) exceed the level of services provided through the home health benefit.
 4. Post-acute inpatient skilled nursing care is not appropriate, does not meet the beneficiary's care needs, or is not available.
 5. Provided in a setting in which the beneficiary's normal life activities take place.
 6. All medical and home environment criteria are met.
 7. Are directly related to the beneficiary's illness or disability.
 8. Services can be safely provided by only one (1) nurse and do not require the assistance of

a second (2nd) nurse.

9. The plan of care (POC) includes multiple skilled nursing functions and is not limited to just one (1) skilled nursing function, such as for the administration of a nasogastric or gastrostomy feeding.
 10. The beneficiary:
 - a) Is medically stable to receive nursing care managed safely in a non-institutional setting where normal life activities take place,
 - b) Has a documented illness or disability of such severity and/or complexity that it requires prescribed care that can only be provided by an RN or LPN, and
 - c) Requires more individual and continuous care than is available from a visiting nurse through intermittent home health care or custodial care.
 11. The home environment is conducive to appropriate growth and development for the beneficiary's age group and be conducive to the provision of appropriate medical care.
 12. There must be at least one (1) parent or other caregiver capable of and willing to be trained to assist in the provision of care for the beneficiary and the parent or caregiver must:
 - a) Provide evidence of parental or family involvement, and an appropriate home situation including, but not limited to, a physical environment and geographic location for the beneficiary's medical safety.
 - b) Have a reasonable plan for an emergency situation including, but not limited to:
 - 1) Power and equipment backup for those with a life-support device,
 - 2) Access to a working telephone, and
 - 3) Available transportation.
 - c) Comply with the plan of care, physician office appointments and/or other ancillary services.
- B. The level of care required to meet the beneficiary's needs is determined by the referring physician.
- C. PDN services are covered only when provided:
1. By an RN or LPN:

- a) With a current Mississippi license acting within the scope-of-practice, and
 - b) Employed by a PDN provider,
2. Under the direction of the beneficiary's physician, and
 3. In a non-institutional setting where normal life activities take place.

D. PDN services are covered:

1. On short-term basis for beneficiaries in need of parent and/or caregiver training in order to reside in the home and community, or
2. On a long-term basis for beneficiaries that require substantial and complex care that exceeds the level of service available from the home health benefit in order to remain in the home and community setting.

Source: 42 C.F.R. § 440.80; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Rule 4.4: Prior Authorization and Concurrent Reviews

A. Private duty nursing (PDN) providers must submit a prior authorization request to the Division of Medicaid or designee at least two (2) weeks prior to the initiation of PDN services which must include, at a minimum, the following:

1. A signed physician or specialist's order for PDN and a signed initial Plan of Care (POC),
2. Beneficiary diagnosis(es),
3. Skilled teaching/instructions to be provided to a family member or caregiver(s),
4. Treatment plan/physician orders specifying each skill to be performed including whether the service(s) require a registered nurse (RN) or a licensed practical nurse (LPN),
5. Expected duration of service,
6. Identification of any other home care services, including the hours, days, and times of these services being provided, including, but limited to:
 - a) Case management,
 - b) Physical therapy,
 - c) Speech therapy,

- d) Occupational therapy,
 - e) Respiratory therapy,
 - f) Respite,
 - g) Hospice,
 - h) Home health, and/or
 - i) Personal care attendant,
7. When PDN medical necessity criteria are no longer met, a plan:
- a) For reducing and discontinuing PDN hours, and
 - b) To transition the beneficiary to the most appropriate setting.
- B. The PDN provider must submit a recertification to the Division of Medicaid or designee of PDN services every six (6) months indicating the number of hours per day or week and the duration of the request and include the following:
- 1. An updated POC,
 - 2. Progress notes,
 - 3. Monthly summaries, and
 - 4. Nursing visit notes.
- C. If the required recertification information is not received before the last certified date, the hours from the last certification period up until the date of receipt of the required documentation are subject to denial.
- D. The PDN provider cannot bill the beneficiary for hours when the provider failed to seek certification/recertification in a timely manner.

Source: 42 C.F.R. § 440.80; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Rule 4.5: Discontinuation of Private Duty Nursing (PDN) Services

Private duty nursing (PDN) services will be discontinued when one (1) or more of the following is met:

- A. When all of the following exist:
1. Beneficiary's condition is clinically stable,
 2. The licensed nurses' skills are not required to provide ongoing nursing assessment and/or treatment,
 3. Beneficiary demonstrates the ability to carry out self-management,
 4. Caregiver(s) demonstrates the ability to carry out management of the beneficiary's condition, and
 5. When the transition is complete.
- B. The beneficiary's care and needs can be met through custodial care.
- C. Home-based care is unsafe and the provisions for care have been arranged including, but not limited to, transfer to a different level of care.

Source: 42 C.F.R. § 440.80; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Rule 4.6: Non-Covered Services

- A. The Division of Medicaid does not cover private duty nursing (PDN) services solely for the convenience of the child, the parents or the caregiver.
- B. Non-covered PDN services include, but are not limited to:
1. PDN services solely for:
 - a) Nasogastric or gastrostomy feedings,
 - b) Apnea monitoring,
 - c) Home dialysis,
 - d) Intravenous (IV) infusion of total parenteral nutrition (TPN) or hyperalimentation, and
 - e) IV infusion of fluids for hydration.
 2. PDN services provided by those individuals described in Miss. Admin. Code Part 200, Rule 2.2.A.,

3. For the sole purpose of escorting beneficiaries outside of the home for visits to a physician's office or school, and/or
4. Skilled nursing services which could be provided through the home health benefit.

Source: 42 C.F.R. § 440.80; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Rule 4.7: Denial of Services and Appeals

- A. The Division of Medicaid or designee will issue a written denial to the private duty nursing (PDN) provider providing PDN services when the beneficiary no longer meets the medical and/or home environment criteria for PDN services.
- B. The denial of services is effective thirty (30) days following the date the provider receives the written decision.
- C. The beneficiary has the right to an administrative hearing. [Refer to Miss. Admin. Code Part 300, Rule 1.3]

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Rule 3.8: Reimbursement

- A. The Division of Medicaid reimburses private duty nursing (PDN) services by adding to the 2019 National Bureau of Labor Statistics (BLS) Annual mean wage for the applicable occupation title for the state of Mississippi the total of the Federal Insurance Contributions Act (FICA) percentage of 7.65% and an administrative allowance of 7.60%.
- B. The Division of Medicaid reimburses for the number of completed hours worked on the number of days as prior authorized by the Division of Medicaid or designee on a monthly basis.
- C. The Division of Medicaid reimburses one hundred percent (100%) of the maximum allowable rate for the first beneficiary and fifty percent (50%) of the maximum allowable rate for the second beneficiary when a private duty nurse is caring for two (2) beneficiaries simultaneously in the same home.
 1. Providers must file separate claims indicating the number of hours of care for each beneficiary.
 2. Services for each beneficiary must be billed under their own Medicaid identification

number (ID#).

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Rule 4.9: Documentation Requirements

The private duty nursing provider providing private duty nursing (PDN) services must establish and maintain a permanent, legible medical record for each beneficiary which must include, at a minimum, the following:

- A. Physician orders updated and signed every six (6) months,
- B. Current physician's treatment plan updated every six (6) months,
- C. Nursing plan of care (POC) based on the diagnosis(es), clinical and social status of the beneficiary including measurable goals,
- D. Narrative skilled nursing services notes provided during each visit including accurate dates and times of services and documentation that a copy was given to parent and/or legal guardian or caregiver,
- E. Documentation of changes in clinical status and/or significant occurrences,
- F. Weekly progress notes,
- G. Monthly summaries must include the following, at a minimum:
 - 1. Nursing skills provided,
 - 2. Progress or lack of progress toward goals,
 - 3. Clinical and social status of the beneficiary,
 - 4. Current medications and treatments and changes made during the month, and
 - 5. Changes in the POC.
- H. Information regarding other home care services being provided to the beneficiary including:
 - 1. The specific services provided,
 - 2. Date and times of services, and
 - 3. The providers of the services.

- I. PDN providers, at the end of each shift, must provide to the beneficiary's parent and/or legal guardian documentation of all nursing care rendered including, but not limited to:
 1. Current physician's orders,
 2. Medications administered,
 3. Treatments administered,
 4. Any significant changes in the beneficiary's condition, and
 5. Any other professional nursing skills provided during the shift.

- J. Weekly timesheets for each nurse that include:
 1. The date,
 2. Begin and end times of services and a list of services provided during that time,
 3. The signature of the nurse, and
 4. The signature of the beneficiary's guardian or legal representative.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Title 23: Division of Medicaid

Part 223: Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Chapter 4: Private Duty Nursing

Rule 4.1: Definitions

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- B. EPSDT-eligible beneficiary as a beneficiary who meets the requirements of the federally mandated EPSDT program.
- C. Private duty nursing (PDN) as skilled nursing care services for beneficiaries who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of a hospital or skilled nursing facility.
- D. Skilled nursing care as a service which requires the skills of a registered nurse (RN), or a licensed practical nurse (LPN), and pertains to the curative, restorative, and preventive aspects of nursing performed by or under the supervision of a registered nurse pursuant to the plan of treatment established in consultation with appropriate members of the care team under the direction of the beneficiary's physician. Skilled nursing service is nursing care emphasizing a high level of nursing direction, observation and skills.

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- 2. Satisfy all requirements set forth in Part 200, Rule 4.8 and must provide to the Division of Medicaid:
 - a) A National Provider Identifier (NPI) verification from National Plan and Provider Enumeration System (NPPES), and

b) Written confirmation from the Internal Revenue Service (IRS) confirming the provider's tax identification number and legal business name.

3. Demonstrate prior successful health care delivery for at least one (1) year.

4. Operate from a business office.

5. Disclose ownership information, and

6. Maintain auditable medical records on each beneficiary in the provider's business location.

B. PDN providers must, at a minimum:

1. Conduct background and abuse registry checks including.

a) National criminal background check with fingerprints on all employees or volunteers and volunteers prior to employment and every two (2) years thereafter, and maintain the record in the employee's personnel file.

b) Conduct registry checks, prior to employment and monthly thereafter, to ensure employees are not listed on the Mississippi Nurse Aide Abuse Registry or listed on the Office of Inspector General's Exclusion Database and maintain the record in the employee's personnel file.

2. Not have been, or employ individuals or volunteers who have been, convicted of or pleaded guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offense listed in Miss. Code Ann. § 45-33-23(f), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea.

3. Provide mandatory annual in-service to RNs and LPNs including, but not limited to:

a) Beneficiary's rights,

b) Requirements to report suspected abuse, neglect, or exploitation immediately and how to report to the appropriate authority,

c) Infection control, and

d) Emergency procedures.

4. Employ a supervising RN who does not provide direct patient care and must:

- a) Conduct an initial evaluation visit prior to the initiation of services in the primary residence,
- b) Complete the plan of care (POC) and update as necessary for revisions,
- c) Initiate appropriate preventive and rehabilitative nursing procedures,
- d) Inform the primary care physician of any changes in the beneficiary's condition and needs when appropriate,
- e) Assign nurses to provide PDN services according to their licensure and training,
- f) Make a supervisory visit at least every thirty (30) days and document the following:
 - 1) PDN services are provided according to the plan of care,
 - 2) The beneficiary's and/or beneficiary representative's satisfaction level with the PDN services, and
 - 3) That the plan of care has been reviewed and updated with the most current physician's orders,
- g) Make a home visit in addition to the monthly visit when:
 - 1) The beneficiary's condition has changed,
 - 2) The beneficiary's health, safety, or welfare could be at risk, and
 - 3) Requested by the Division of Medicaid or designee.
- h) Use a person centered approach to PDN services and ensure personal goals of the beneficiary are respected,
- i) Ensure freedom of choice of providers and/or services is given to the beneficiary, the beneficiary's guardian or legal representative,
- j) Educate the beneficiary and family/caregiver(s) in meeting nursing and related goals,
- k) Ensure services are provided in a manner that is in the best interest of the beneficiary and does not endanger the beneficiary's health, safety, or welfare;
- l) Recommend staff changes when needed,
- m) Report to the Division of Medicaid any unethical or incompetent practices that jeopardize public safety or cause a risk of harm to beneficiaries, including household issues that may jeopardize the safety of the PDN, and

- n) Ensure that all nurses and caregivers are aware that timesheets must be accurate with arrival and departure time of the nurse.
- 5. Ensure that an emergency preparedness plan is in place for each beneficiary receiving services,
- 6. Ensure that no immediate family member or person residing in the home with the beneficiary is providing PDN services submitted for Medicaid reimbursement,

B. An RN or LPN providing PDN services must:

- 1. Be employed by a Mississippi Medicaid enrolled PDN provider,
- 2. Maintain a current Mississippi nursing license, and
- 3. Practice within the scope of their license.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Rule 4.3: Covered Services

A. The Division of Medicaid covers medically necessary private duty nursing (PDN) services only for early and periodic screening, diagnosis and treatment (EPSDT)-eligible beneficiaries when:

- 1. Ordered and directed by the beneficiary's primary physician or appropriate physician specialist.
- 2. Prior authorized by the Division of Medicaid or designee.
- 3. The required service(s) exceed the level of services provided through the home health benefit.
- 4. Post-acute inpatient skilled nursing care is not appropriate, does not meet the beneficiary's care needs, or is not available.
- 5. Provided in a setting in which the beneficiary's normal life activities take place.
- 6. All medical and home environment criteria are met.
- 7. Are directly related to the beneficiary's illness or disability.
- 8. Services can be safely provided by only one (1) nurse and do not require the assistance of

a second (2nd) nurse.

9. The plan of care (POC) includes multiple skilled nursing functions and is not limited to just one (1) skilled nursing function, such as for the administration of a nasogastric or gastrostomy feeding.

10. The beneficiary:

a) Is medically stable to receive nursing care managed safely in a non-institutional setting where normal life activities take place,

b) Has a documented illness or disability of such severity and/or complexity that it requires prescribed care that can only be provided by an RN or LPN, and

c) Requires more individual and continuous care than is available from a visiting nurse through intermittent home health care or custodial care.

11. The home environment is conducive to appropriate growth and development for the beneficiary's age group and be conducive to the provision of appropriate medical care.

12. There must be at least one (1) parent or other caregiver capable of and willing to be trained to assist in the provision of care for the beneficiary and the parent or caregiver must:

a) Provide evidence of parental or family involvement, and an appropriate home situation including, but not limited to, a physical environment and geographic location for the beneficiary's medical safety.

b) Have a reasonable plan for an emergency situation including, but not limited to:

1) Power and equipment backup for those with a life-support device,

2) Access to a working telephone, and

3) Available transportation.

c) Comply with the plan of care, physician office appointments and/or other ancillary services.

B. The level of care required to meet the beneficiary's needs is determined by the referring physician.

C. PDN services are covered only when provided:

1. By an RN or LPN:

- a) With a current Mississippi license acting within the scope-of-practice, and
 - b) Employed by a PDN provider,
2. Under the direction of the beneficiary's physician, and
 3. In a non-institutional setting where normal life activities take place.

D. PDN services are covered:

1. On short-term basis for beneficiaries in need of parent and/or caregiver training in order to reside in the home and community, or
2. On a long-term basis for beneficiaries that require substantial and complex care that exceeds the level of service available from the home health benefit in order to remain in the home and community setting.

Source: 42 C.F.R. § 440.80; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Rule 4.4: Prior Authorization and Concurrent Reviews

A. Private duty nursing (PDN) providers must submit a prior authorization request to the Division of Medicaid or designee at least two (2) weeks prior to the initiation of PDN services which must include, at a minimum, the following:

1. A signed physician or specialist's order for PDN and a signed initial Plan of Care (POC),
2. Beneficiary diagnosis(es),
3. Skilled teaching/instructions to be provided to a family member or caregiver(s),
4. Treatment plan/physician orders specifying each skill to be performed including whether the service(s) require a registered nurse (RN) or a licensed practical nurse (LPN),
5. Expected duration of service,
6. Identification of any other home care services, including the hours, days, and times of these services being provided, including, but limited to:
 - a) Case management,
 - b) Physical therapy,
 - c) Speech therapy,

d) Occupational therapy,

e) Respiratory therapy,

f) Respite,

g) Hospice,

h) Home health, and/or

i) Personal care attendant,

7. When PDN medical necessity criteria are no longer met, a plan:

a) For reducing and discontinuing PDN hours, and

b) To transition the beneficiary to the most appropriate setting.

B. The PDN provider must submit a recertification to the Division of Medicaid or designee of PDN services every six (6) months indicating the number of hours per day or week and the duration of the request and include the following:

1. An updated POC,

2. Progress notes,

3. Monthly summaries, and

4. Nursing visit notes.

C. If the required recertification information is not received before the last certified date, the hours from the last certification period up until the date of receipt of the required documentation are subject to denial.

D. The PDN provider cannot bill the beneficiary for hours when the provider failed to seek certification/recertification in a timely manner.

Source: 42 C.F.R. § 440.80; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Rule 4.5: Discontinuation of Private Duty Nursing (PDN) Services

Private duty nursing (PDN) services will be discontinued when one (1) or more of the following is met:

A. When all of the following exist:

1. Beneficiary's condition is clinically stable,
2. The licensed nurses' skills are not required to provide ongoing nursing assessment and/or treatment,
3. Beneficiary demonstrates the ability to carry out self-management,
4. Caregiver(s) demonstrates the ability to carry out management of the beneficiary's condition, and
5. When the transition is complete.

B. The beneficiary's care and needs can be met through custodial care.

C. Home-based care is unsafe and the provisions for care have been arranged including, but not limited to, transfer to a different level of care.

Source: 42 C.F.R. § 440.80; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Rule 4.6: Non-Covered Services

A. The Division of Medicaid does not cover private duty nursing (PDN) services solely for the convenience of the child, the parents or the caregiver.

B. Non-covered PDN services include, but are not limited to:

1. PDN services solely for:
 - a) Nasogastric or gastrostomy feedings,
 - b) Apnea monitoring,
 - c) Home dialysis,
 - d) Intravenous (IV) infusion of total parenteral nutrition (TPN) or hyperalimentation, and
 - e) IV infusion of fluids for hydration.
2. PDN services provided by those individuals described in Miss. Admin. Code Part 200, Rule 2.2.A.,

3. For the sole purpose of escorting beneficiaries outside of the home for visits to a physician's office or school, and/or

4. Skilled nursing services which could be provided through the home health benefit.

Source: 42 C.F.R. § 440.80; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Rule 4.7: Denial of Services and Appeals

A. The Division of Medicaid or designee will issue a written denial to the private duty nursing (PDN) provider providing PDN services when the beneficiary no longer meets the medical and/or home environment criteria for PDN services.

B. The denial of services is effective thirty (30) days following the date the provider receives the written decision.

C. The beneficiary has the right to an administrative hearing. [Refer to Miss. Admin. Code Part 300, Rule 1.3]

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Rule 4.8: Reimbursement

A. The Division of Medicaid reimburses private duty nursing (PDN) services by adding to the 2019 National Bureau of Labor Statistics (BLS) Annual mean wage for the applicable occupation title for the state of Mississippi the total of the Federal Insurance Contributions Act (FICA) percentage of 7.65% and an administrative allowance of 7.60%.

B. The Division of Medicaid reimburses for the number of completed hours worked on the number of days as prior authorized by the Division of Medicaid or designee on a monthly basis.

C. The Division of Medicaid reimburses one hundred percent (100%) of the maximum allowable rate for the first beneficiary and fifty percent (50%) of the maximum allowable rate for the second beneficiary when a private duty nurse is caring for two (2) beneficiaries simultaneously in the same home.

1. Providers must file separate claims indicating the number of hours of care for each beneficiary.

2. Services for each beneficiary must be billed under their own Medicaid identification

number (ID#).

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.

Rule 4.9: Documentation Requirements

The private duty nursing provider providing private duty nursing (PDN) services must establish and maintain a permanent, legible medical record for each beneficiary which must include, at a minimum, the following:

- A. Physician orders updated and signed every six (6) months,
- B. Current physician's treatment plan updated every six (6) months,
- C. Nursing plan of care (POC) based on the diagnosis(es), clinical and social status of the beneficiary including measurable goals,
- D. Narrative skilled nursing services notes provided during each visit including accurate dates and times of services and documentation that a copy was given to parent and/or legal guardian or caregiver,
- E. Documentation of changes in clinical status and/or significant occurrences,
- F. Weekly progress notes,
- G. Monthly summaries must include the following, at a minimum:
 - 1. Nursing skills provided,
 - 2. Progress or lack of progress toward goals,
 - 3. Clinical and social status of the beneficiary,
 - 4. Current medications and treatments and changes made during the month, and
 - 5. Changes in the POC.
- H. Information regarding other home care services being provided to the beneficiary including:
 - 1. The specific services provided,
 - 2. Date and times of services, and

3. The providers of the services.

I. PDN providers, at the end of each shift, must provide to the beneficiary's parent and/or legal guardian documentation of all nursing care rendered including, but not limited to:

1. Current physician's orders,

2. Medications administered,

3. Treatments administered,

4. Any significant changes in the beneficiary's condition, and

5. Any other professional nursing skills provided during the shift.

J. Weekly timesheets for each nurse that include:

1. The date,

2. Begin and end times of services and a list of services provided during that time,

3. The signature of the nurse, and

4. The signature of the beneficiary's guardian or legal representative.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: New Rule to correspond with SPA 19-0023 (eff. 10/01/19), eff. 11/01/2019.