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Department of Health Care Services



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Date: June 15, 2018

CCS Information Notice 18-03

TO: ALL COUNTY CALIFORNIA CHILDREN SERVICES (CCS) PROGRAM
ADMINISTRATORS

SUBJECT: CHANGES IN THE AUTHORIZATION PROCESS FOR PRIVATE DUTY
NURSING (PDN) - REVISED

The purpose of this CCS Information Notice is to inform local county CCS programs of the changes in the authorization process for PDN.

BACKGROUND

Per the Medi-Cal Provider Bulletin dated December 8, 2017, and effective January 8, 2018, Providers were notified of the following changes to the authorization process for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) PDN services:

- Medi-Cal Managed Care Plans (MCP), CCS, and DHCS will now be authorizing EPSDT PDN.
- DHCS In Home Operations (IHO) will no longer authorize PDN services.
- Eligibility Verification Requests (EVRs) for eligibility verification will no longer be used.
- In-Service Requests (IVRs) will no longer be used.

AUTHORIZATION RESPONSIBILITIES

The attached chart illustrates the entity responsible for the PDN authorizations. If a beneficiary is enrolled in the CCS Program, the following authorization processes are set forth:

Independent Counties (non-Whole Child Model (WCM)):

- The Independent Counties are responsible for authorizing EPSDT PDN services to treat a CCS Program eligible medical condition for their beneficiaries.
- Providers shall submit the request, plan of treatment signed by the physician within 30 days, nursing assessment within 30 days and supportive clinical documentation to the local county CCS program office.
- County staff will review the request and determine the following:
 - Is the client medically eligible for CCS?
 - Is PDN medically necessary for treatment of the child's CCS-eligible condition?
 - Is the skill level appropriate for the service? (LVN vs RN)
 - Are the number of hours and duration medically necessary?
 - Can the agency staff at the required level or should another agency be considered?
 - Have other resources such as regional center services been maximized before PDN is requested?
- County staff will authorize, modify or deny the request.

Dependent Counties (non-WCM):

- Providers shall submit the request, plan of treatment signed by the physician within 30 days, nursing assessment within 30 days and supportive clinical documentation to the local county CCS program office.
- County staff will fax the authorization request to the DHCS (CCS State Office, Eligibility & Authorizations), upload the medical justification documents to CMS Net (if the provider has the system capability) and/or fax the authorization request and medical justification documents to DHCS at DCOSFaxActive@dhcs.ca.gov.
- DHCS will review the request and authorize, modify or deny the request based on the following:

- Is the client medically eligible for CCS?
- Is PDN medically necessary for treatment of the child's CCS-eligible condition?
- Is the skill level appropriate for the service? (LVN vs RN)
- Are the number of hours and duration medically necessary?
- Can the agency staff at the required level or should another agency be considered?
- Have other resources such as regional center services been maximized before PDN is requested?

Beneficiaries Enrolled in an MCP (in WCM counties)

- If a beneficiary is enrolled in an MCP and has a CCS-eligible condition, the following authorization processes are set forth:
 - The MCPs are responsible for the authorization of EPSDT PDN related to the CCS-eligible condition.
 - Providers must submit authorization requests to the MCP for all EPSDT PDN services related to a CCS Program eligible medical condition.
 - Providers shall submit the request, plan of treatment signed by the physician within 30 days, nursing assessment within 30 days and supportive clinical documentation to the beneficiary's MCP.
 - MCP staff will review the request and determine the following:
 - Is the client medically eligible for CCS?
 - Is PDN medically necessary for treatment of the child's CCS-eligible condition?
 - Is the skill level appropriate for the service? (LVN vs RN)
 - Are the number of hours and duration medically necessary?

- Can the agency staff at the required level or should another agency be considered?
- Have other resources such as regional center services been maximized before PDN is requested?
- The MCP will authorize, modify or deny the request.

AUTHORIZATION TRANSITION PLAN

On January 8, 2018, DHCS Integrated Systems of Care Division (ISCD) commenced a warm hand-off to transition the review and authorization process to the counties. Guidance and assistance on medical necessity determinations will be shared through a PDN listserv during the transition phase, trainings, provision of written policies, and procedures that will define how to determine frequency and duration and communication with the following ISCD Nurse Consultant:

Sylvia Amey at Sylvia.Amey@dhcs.ca.gov

ISCD will work with the counties to foster collaboration and provide guidance to assist with determining the appropriateness of hours of service authorized for PDN services requested for participating beneficiaries. This will work to ensure that authorizations for services are being adjudicated consistently throughout the State.

DEFINITIONS

Private Duty Nursing is skilled nursing services provided on a shift basis for patients who require individual and continuous care provided by a licensed nurse (RN or LVN), otherwise known as 'shift' nursing.

Home Health Services (Intermittent or short-term) are medically necessary services provided in a client's home. The treatment plan must indicate the need for one or more of the following: skilled nursing, physical therapy, occupational therapy, speech therapy, medical social work, home health aide, utilization of medical supplies, and/or respiratory therapy, CCS N.L. 07-0506.

Private duty 'shift' nursing (PDN) for children and adolescents under 21 years of age is available under the Medi-Cal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. To be covered under EPSDT, PDN must be medically necessary to correct or ameliorate the child's or adolescent's physical condition. The determination of medical necessity is made case by case, taking into account the needs of the individual child or adolescent.

In the past, a 'level of care analysis' and 'cost limit' were used to decide requests for PDN services under EPSDT, but that is no longer the case. Coverage of EPSDT PDN services is determined based on medical necessity for each case, CCS N.L. 05-0207.

The EPSDT PDN benefit is for full scope, no share of cost Medi-Cal beneficiaries only.

Thank you for your assistance and the service you provide to the beneficiaries. For questions regarding this memo or to be added to the listserv, contact CCSProgram@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Sarah Eberhardt-Rios, Chief
Integrated Systems of Care Division

Attachment – PDN Private Duty Nursing Authorization Chart



Private Duty Nursing Authorization Chart
For CCS Counties and Medi-Cal Managed Care Health Plans

<i>If the beneficiary is enrolled in:</i>	Medi-Cal Managed Care Health Plan (MCP)	California Children’s Services (CCS) Program Independent Counties	California Children’s Services (CCS) Program Dependent Counties
<i>Submit the authorization to:</i>	The beneficiary’s MCP for authorization.	The local County CCS program for authorization.	The local County CCS program for review/recommendations.
<i>The authorization request should include the:</i>	<ul style="list-style-type: none"> • Authorization request • Plan of treatment signed by a physician (within 30 days) • Nursing Assessment (within 30 days) • Supporting clinical documentation (i.e., medical records, discharge summary notes, and treatment notes) 	<ul style="list-style-type: none"> • Service Authorization Request • Plan of treatment signed by a physician (within 30 days) • Nursing Assessment (within 30 days) • Supporting clinical documentation (i.e., medical records, discharge summary notes, and treatment notes) 	<ul style="list-style-type: none"> • Service Authorization Request • Plan of treatment signed by a physician (within 30 days) • Nursing Assessment (within 30 days) • Supporting clinical documentation (i.e., medical records, discharge summary notes, and treatment notes)
<i>Who will authorize, modify, or deny the request?</i>	Beneficiary’s MCP	Local County CCS Program	Local County CCS program to send the request to the CCS State Office
<i>Who can the beneficiary contact for information?</i>	Beneficiary’s MCP http://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx	The local County CCS Office See the link below for the list of the County CCS Program Offices: http://www.dhcs.ca.gov/services/ccs/Pages/CountyOffices.aspx	CCS State Office Eligibility & Authorizations Phone: 916-552-9105