

Nursing Services

Revised June 2023

Definition

Individual and continuous care (in contrast to part-time or intermittent care) provided by licensed nurses within the scope of practice in the state Nurse Practice Act. These services are provided to a participant in their home. Continuous and individual skilled care provided by a licensed registered nurse or licensed practical nurse, under the supervision of a registered nurse, licensed in accordance with the State Nurse Practice Act, in accordance with the participant's plan of care as deemed medically necessary by an authorized health care provider. Services are not allowable when a participant is in an institutional setting.

Please see: Scope of Services for Nursing Services:

<https://www.scdhhs.gov/internet/pdf/MEDICAID%20NURSING.pdf>

Service Unit

The unit of service for Nursing Services through the waiver is one hour. 1 unit = 1 hour

Procedure code for Nursing Services: S9123

Service Limit / Restrictions

Nursing Services are limited to 60 hours per week.

*The limits may be exceeded if applying the limits would create a substantial risk that the individual would no longer be able to live in the community, but would, because of the limit in services, have to be institutionalized.

A week is defined as Sunday through Saturday. Unused units from one week cannot be banked (i.e. held in reserve) for use during a later week.

All medically necessary nursing services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit. The service is defined and described in the approved State Plan and will not duplicate any service available to adults age 21 and older in the State Plan.

Providers

Nursing services are provided by agencies or companies contracted with SCDHHS to provide Nursing Services.

Conflict Free Case Management (effective June 1, 2021):

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

Arranging and Authorizing the Service

When nursing services are requested by or for a HASCI Waiver participant age 21 years or older, the need for skilled care must first be specified and documented in a *Physician's Order for Nursing Services* (Form 28). *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

After the Physician's Order is obtained, the amount of nursing to be authorized must be determined by SCDDSN. *See "Required Records for Review of SCDDSN Authorized Nursing Services" at the end of this section.*

When the type and amount of nursing have been determined, the participant's Support Plan must be updated to document Nursing Services, including the service name and payer, the amount, frequency, and duration of the service, and provider type. The Support Plan must also document all other nursing the individual will receive from any other funding sources. In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division.

Upon approval, the Waiver Case Manager must enter the service into the Service Tracking System (STS).

After the amount of nursing to be authorized is approved, the participant or legal guardian must be given choice of qualified nursing provider(s) from among those available. Offering of provider choice and provider(s) selected must be documented in a Case Note.

To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider.

Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

After the initial visit with the participant, the nursing provider agency must complete a specific service plan for provision of nursing. The nursing provider agency must notify

the HASCI Waiver Case Manager within two (2) working days of any significant changes in the participant's condition or status, including hospitalization.

If increased nursing units are requested by or for the participant, the Waiver Case Manager must submit updated information for approval by SCDDSN. If the change is approved, the participant's Support Plan must be updated, and a new authorization sent to each affected nursing agency provider.

If decreased nursing units are requested by or for the participant, approval by SCDDSN is not required. The participant's Support Plan must be updated and a new authorization must be sent to each affected nursing agency provider.

Billing

Nursing Services must be directly billed to SCDHHS by the nursing agency provider. This must be indicated on the authorization.

For those participants who have private insurance, Nursing Service providers must bill the participant's private insurance carrier prior to billing SCDHHS for all nursing services provided. HASCI Waiver Nursing Services should not be billed to SCDHHS until all other resources, including private insurance coverage, have been exhausted. The Waiver Case Manager/Early Interventionist must first determine if the HASCI Waiver participant has private insurance and if the insurance policy covers nursing services. In no instance will SCDHHS pay any amount that is the responsibility of a third-party resource. The HASCI Waiver is the payer of last resort and maximum allowable limits as defined above apply.

The following guidelines are to be followed when authorizing Nursing Services:

- **When private insurance covers all Nursing Services:**
 - The Waiver Case Manager/Early Interventionist will follow all the steps listed above including obtaining approval from the SCDDSN and will indicate the needed amount of Nursing Services and that the private insurance carrier is the funding source in the participant's Support Plan. No authorization is necessary for the services.

- **When private insurance covers a portion of the Nursing Services:**
 - The Waiver Case Manager/Early Interventionist will indicate the needed amount of Nursing Services that the private insurance carrier will provide and will indicate the private insurance carrier as the funding source in the participant's Support Plan.

- For those additional hours not covered by the private insurance carrier, but deemed medically necessary, the Waiver Case Manager/Early Interventionist will indicate the needed amount and will indicate HASCI Waiver as the funding source in the participant's Support Plan. The Waiver Case Manager/Early Interventionist will follow all the steps listed above including obtaining approval from the SCDDSN and will issue an Authorization for Nursing Services for the amount not covered by private insurance. Providers of Nursing Services must only bill SCDHHS for that amount.
- **When private insurance covers none of the Nursing Services or the participant does not have private insurance:**
 - The Waiver Case Manager/Early Interventionist will follow all the steps listed above including obtaining approval from the SCDDSN and will indicate the needed amount of Nursing Services and that the HASCI Waiver is the funding source in the participant's Support Plan. He/she will complete the Authorization for Nursing Services for the amount needed, not to exceed the service limits.

When sending the Authorization for Nursing Services to the selected Nursing provider, the Waiver Case Manager/Early Interventionist must attach a copy of the Physician's Order for Nursing Services (Form 28).

Monitorship

The Waiver Case Manager must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participants, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to change in the service, such as an increase/decrease in units authorized, change in provider, change to a more appropriate service, etc. SCDDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chose provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider(s).

Some questions to consider during monitoring include:

- Is the participant receiving Nursing Services as authorized?

- Does the provider show up on time and stay the scheduled length of time? If the provider does not show up to provide care to the individual, who is providing back-up care in the provider absence?
- Does the provider show the participant courtesy and respect?
- Has the participant's health status changed since the last monitoring? If so, does the service need to continue at the level at which it has been authorized? If the individual is receiving the service for an acute condition, has the physician been consulted about the continuation of Nursing Services and the skill level required?
- Have there been any changes to the participant's specific nursing plan developed by the provider? If so, is a copy of the current nursing plan present in the participant's Waiver Case Management record?
- Is the participant pleased with the service being provided, or is assistance needed in obtaining a new provider?
- What is the expected duration of services at the current level?

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Case Notes.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. The Process for Reconsideration of SCDHHS Decisions must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for the action. The Process for Reconsideration of SCDHHS Decisions must also be provided. The Waiver Case Manager will end the electronic authorization(s), sending notification to the affected service provider.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)

- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated. Budget information in the Waiver Tracking System (WTS) must be adjusted accordingly. Service information in the Service Tracking System (STS) must be updated by the Waiver Case Manager as necessary.

**Children’s Nursing Services Funded through Medicaid State Plan
for HASCI Waiver Participants Under Age 21 Years**

Definition:

Individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of practice in the state Nurse Practice Act. These services are provided to a participant in their home. Continuous and individual skilled care provided by a licensed registered nurse or licensed practical nurse, under the supervision of a registered nurse, licensed in accordance with the State Nurse Practice Act, in accordance with the participant's plan of care as deemed medically necessary by an authorized health care provider. Services are not allowable when the participant is in an institutional or school setting, if the school receives *Individual with Disabilities Education Act (IDEA)* funds. The amount of time authorized does not include travel time.

NOTE: Please see Scope of Services for Nursing Services on the DHHS website (<http://www.scdhhs.gov>) for further information.

Children’s Nursing Services funded through Medicaid State Plan for a HASCI Waiver participant are authorized based upon a physician’s order that specifies the skilled care that is medically necessary. The physician’s order also documents whether the child qualifies for Nursing Services or Enhanced Nursing Services.

The amount of nursing initially authorized is determined by SCDDSN and is re-determined at least annually or in other designated review period.

If a child already receiving Nursing Services or Enhanced Nursing Services authorized by SCDHHS subsequently becomes enrolled in the HASCI Waiver, then the nursing services must be re-evaluated for approval by SCDDSN and re-authorized by the HASCI Waiver Case Manager upon approval. This must occur at enrollment in the HASCI Waiver.

When a HASCI Waiver participant ages out of eligibility for Children’s Nursing Services or Enhanced Nursing Services (at age 21 years), services must be re-evaluated for approval by SCDDSN and re-authorized as adult Nursing Services. To avoid a lapse in services, authorization of adult Nursing Services must occur prior to, but no more than 30 days before the participant’s 21st birthday.

Procedure Codes:

Nursing Services (S9123)

Enhanced Nursing (T1002)

Service Units:

The unit of service for **Nursing** is one hour. 1 unit = 1 hour

The unit of service for **Enhanced Nursing through State Plan Medicaid** is 15 minutes.
1 unit = 15 minutes

A HASCI Waiver Case Manager must authorize nursing services for a HASCI Waiver participant under age 21 years to be funded through the Medicaid State Plan. It is authorized as either Nursing Services or Enhanced Nursing Services, depending upon specific medical condition(s) of the child.

Note: For children under the age of 21 who are not enrolled in the HASCI Waiver but need nursing services, a referral can be made to CLTC. Referrals to CLTC for Nursing for those **not** enrolled in a SCDDSN Waiver may be made by calling the CLTC Centralized Intake number at 1-888-971-1637. An electronic referral is the preferred method. To make an electronic referral to CLTC, go to:
https://phoenix.scdhhs.gov/cltc_referrals/new

Service Limit / Restrictions:

Medicaid State Plan does not establish a service limit for children's Nursing Services. The amount of nursing care that is authorized must be justified by assessed need and professional review of medical necessity.

Children's Nursing Services funded through Medicaid State Plan for a HASCI Waiver participant cannot supersede nursing available to the child under private insurance or any other funding.

Providers

Children's Nursing Services or Enhanced Nursing Services are provided by agencies or companies contracted with SCDHHS to provide Nursing Services.

Effective 6/1/2021- Conflict Free Case Management: In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The

Case Manager must then transition the participant to the chosen provider within 60 days.

Arranging and Authorizing the Service:

To receive Nursing services through State Plan Medicaid, a participant must, at minimum, meet the criteria indicated on the *Checklist for Medical Necessity Criteria for State Plan Nursing Service (Nursing Form-02)*. If criteria is met, the *Physician's Order for Nursing Services (DDSN Form 28)* must be completed by a licensed physician. For Enhanced Nursing, the *Checklist for Enhanced Nursing for Children (DDSN Form A-12)* must be completed by the DDSN WCM. *These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.*

After the Physician's Order is obtained, the amount of nursing to be authorized must be determined by SCDDSN. Copies of the completed PDN Form 02 and Form 28 must be submitted to the SCDDSN Waiver Administration Division along with the other required documentation. *See "Required Records for Review of SCDDSN Authorized Nursing Services" at the end of this section.*

When the type and amount of nursing have been determined, the participant's Support Plan must be updated to document Children's Nursing Services funded by Medicaid State Plan, including the service name, the amount, frequency, and duration of the service, and provider type. The Support Plan must also document all other nursing the participant will receive from any other funding sources.

In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division.

After the amount of nursing to be authorized is determined by the SCDDSN Waiver Administration Division, the participant or legal guardian must be given choice of qualified nursing provider(s) from among those available. Offering of provider choice and provider(s) selected must be documented in a Case Note.

Because Children's Nursing is a Medicaid State Plan service, budget information is not entered into the Waiver Tracking System (WTS) and service information is not entered into the Service Tracking System (STS).

To initiate the service, an electronic authorization must be completed and submitted the chosen provider. Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

Copies of the *Checklist for Medical Necessity Criteria for State Plan Nursing Service* (Nursing Form- 02) and the *Physician's Order for Nursing Services* (Form 28) must be sent to each nursing provider agency.

After the initial visit with the participant, the nursing provider agency must complete a specific service plan for provision of nursing. The nursing provider agency must notify the HASCI Waiver Case Manager within two (2) working days of any significant changes in the participant's condition or status, including hospitalization.

If increased nursing units and/or change in type of nurse are requested by or for the participant, the Waiver Case Manager must submit updated information for approval by SCDDSN. If the change is approved, the participant's Support Plan must be updated, and a new authorization sent to each affected nursing agency provider.

If decreased nursing units are requested by or for the participant, approval by SCDDSN is not required. The participant's Support Plan must be updated, and a new authorization sent to each affected nursing agency provider.

Billing

Children's Nursing Services and Enhanced Nursing Services must be directly billed to SCDHHS by the nursing agency provider. This must be indicated on *Authorization for Nursing Services*.

For those participants who have private insurance, Nursing Service providers must bill the participant's private insurance carrier prior to billing SCDHHS for all nursing services provided. Children's Nursing Services should not be billed to SCDHHS until all other resources, including private insurance coverage, have been exhausted. The Waiver Case Manager/Early Interventionist must first determine if the HASCI Waiver participant has private insurance and if the insurance policy covers nursing services. In no instance will SCDHHS pay any amount that is the responsibility of a third-party resource.

The following guidelines are to be followed when authorizing Nursing Services:

- **When private insurance covers all Nursing Services:**
 - The Waiver Case Manager/Early Interventionist will follow all the steps listed above including obtaining approval from the SCDDSN Waiver Administration Division and will indicate the needed amount of Children's Nursing Services and that the private insurance carrier is the funding source in the participant's Support Plan. No authorization is necessary for the services.
- **When private insurance covers a portion of the Nursing Services:**

- The Waiver Case Manager/Early Interventionist will indicate the needed amount of Children’s Nursing Services that the private insurance carrier will provide and will indicate the private insurance carrier as the funding source in the participant’s Support Plan.
- For those additional hours not covered by the private insurance carrier, but deemed medically necessary, the Waiver Case Manager/Early Interventionist will indicate the needed amount and will indicate State Plan Medicaid as the funding source in the participant’s Support Plan. The Waiver Case Manager/Early Interventionist will follow all the steps listed above including obtaining approval from the SCDDSN Waiver Administration Division and will issue an Authorization for Nursing Services for the amount not covered by private insurance. Providers of Nursing Services must only bill SCDHHS for that amount.
- **When private insurance covers none of the Nursing Services or the participant does not have private insurance:**
 - The Waiver Case Manager/Early Interventionist will follow all the steps listed above including obtaining approval from the SCDDSN Waiver Administration Division and will indicate the needed amount of Nursing Services and that the Medicaid State Plan is the funding source in the participant’s Support Plan. He/she will complete the Authorization for Nursing Services for the amount needed and approved on the Support Plan.

When sending the Authorization for Nursing Services to the selected Nursing provider, the Waiver Case Manager/Early Interventionist must attach a copy of the Physician’s Order for Nursing Services (Form 28).

Monitorship:

Because Children’s Nursing is not a HASCI Waiver service, it is addressed in routine Waiver Case Management monitoring. These contacts and visits must be documented in Case Notes. Information obtained during monitoring may lead to changes, such as increased/decreased units, change of provider, or change to a more appropriate service.

Service Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied Children’s Nursing Services or Enhanced Nursing Services, or denied an increase in units already authorized, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. The Process for Reconsideration of SCDHHS Decisions must also be provided.

If a HASCI Waiver participant's authorized units of Children's Nursing Services must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including the reason for the action. The Process for Reconsideration of SCDHHS Decisions must also be provided. The Waiver Case Manager will end the electronic authorization(s), sending notification to the affected service provider.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated.

Required Records for Review of SCDDSN Authorized Nursing Services

HASCI Case Managers authorize Private Duty Nursing funded by Medicaid State Plan for HASCI Waiver participants under age 21 years and Nursing Services for HASCI Waiver participants age 21 years and older. To assure the amount of nursing services is justified, SCDDSN requires that the need for nursing services be evaluated prior to authorization and annually (or at another designated frequency) thereafter. Any subsequent request for a change in type/amount of nursing services also requires formal review by SCDDSN.

For **children or adults requesting nursing for the first time** through either Medicaid State Plan or HASCI Waiver, **or whenever increased nursing is requested**, the following information must be submitted for review prior to issuing an authorization to provider(s):

- Cover sheet indicating:
 - New nursing request or Increased nursing request
 - Participant's name, date of birth, and county of residence
 - Case Manager's name and contact information
- Brief description of participant's living situation, including paid/unpaid caregivers. State why nursing or increased nursing is needed. For increased nursing, specify type and weekly amount currently authorized by all payers. If the participant also receives Children's PCA or Attendant Care/Personal Assistance Services or it will be authorized, specify the amount.
- Copy of the Physician's Order for Nursing Services (*Form 28*)
- Copy of primary physician's assessments/progress notes for the past 3 months
- Copy of all specialist physician's summaries/treatment for the past 3 visits
- Copy of discharge reports for hospitalizations in the past twelve (12) months

For **children or adults already getting nursing** through either Medicaid State Plan or HASCI Waiver, the following information must be submitted to SCDDSN for **review prior to annual update of the Support Plan or for other designated review period**:

- Cover sheet indicating:
 - Review of nursing for update of the Support Plan or other designated review
 - Participant's name, date of birth, and county of residence
 - Case Manager's name and contact information
- Brief description of consumer's living situation, including paid/unpaid caregivers. Specify type and weekly amount of nursing currently authorized by all payers. If the participant receives Children's PCA or Attendant Care/ Personal Assistance Services through HASCI Waiver, specify the weekly amount authorized.
- Copy of most recent Physician's Order for Nursing Services (*Form 28*)
- Copy of nursing assessments/daily notes/flow charts for the past 3 months
- Copy of primary physician's assessments/progress notes for the past 3 months
- Copy of all specialist physician summaries/treatment regime for the past 3 visits
- Copy of discharge reports for all hospitalizations in the past 12 months

If the nursing review requires that adjustments be made to current authorization(s), these changes must be discussed with the participant/family during annual planning or other designated review period. If the nursing review is still underway when the new or updated Support Plan takes effect, the current authorization(s) will continue until the nursing review is completed.