

**NEW MEXICO DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
MEDICALLY FRAGILE WAIVER (MFW)**

PRIVATE DUTY NURSING

Effective July 1, 2019

All waiver participants are eligible to receive in-home private duty nursing (PDN) services by a registered nurse (RN) or licensed practical nurse (LPN) per capped units/hours determined by approved Level of Care (LOC) Abstract, and when nursing is identified as a need on the Individual Service Plan (ISP). Under the direction of the participant's Physician(s)/Healthcare Practitioner and in conjunction with the Case Manager (CM), participant, and the primary caregiver, the private duty nurse will develop and implement a nursing care plan that is separate from the ISP. PDN services for Medically Fragile Waiver (MFW) participants under the age of 21 are funded through the Medicaid Early Periodic Screening, Diagnostic & Treatment (EPSDT) program. This service standard is intended for the MFW participant/person 21 years and older.

I. SCOPE OF SERVICE

A. Initiation of PDN Services:

When a PDN service is identified as a recommended service, the CM will provide the participant/participant's representative with a Secondary Freedom of Choice (SFOC) form from which the participant/participant's representative selects a Home Health (HH) Agency. Working with the HH Agency and participant/participant's representative, the CM will facilitate the selection of a RN or LPN employed by the chosen agency. The identified agency will obtain a referral/prescription from the Primary Care Provider (PCP) for PDN services. This referral/prescription will be in accordance with Federal and State regulations for licensed HH Agencies. This must be obtained before initiation of treatment. A copy of the written referral will be maintained in the participant's file at the HH Agency. The CM is responsible for including recommended units/hours of services on the MAD 046 form. It is the responsibility of the participant/participant's representative, HH Agency and CM to assure that units/hours of therapy do not exceed the capped dollar amount determined for the participant's LOC and ISP cycle. Strategies, support plans, goals, and outcomes will be developed based on the identified strengths, concerns, priorities, and outcomes in the ISP.

B. Private Duty Nursing Services Include:

1. The private duty nurse provides nursing services in accordance with the New Mexico Nursing Practice Act, Chapter 61, and Article 3 NMSA 1978.
2. The private duty nurse develops, implements, evaluates and coordinates the medically fragile participant's plan of care on a continuing basis. This plan of care may require coordination with multiple agencies. A copy of the plan of care must be maintained in the participant's home.
3. The private duty nurse provides the participant, caregiver, and family all training and education pertinent to the treatment plan and equipment used by the participant.
4. The private duty nurse must meet the documentation requirements of the MFW, Federal and State HH Agency licensing regulations and all policies and procedures of the HH Agency where the nurse is employed. All documentation must include dates and types of treatments performed; as well as person's response to treatment and progress towards all goals.
5. The private duty nurse must follow the National HH Agency regulations (42 CFR 484) and state HH Agency licensing regulation (7.28.2 NMAC) that apply to PDN services.
6. The private duty nurse implements the Physician/Healthcare Practitioner orders.
7. The standardized CMS-485 (Home Health Certification and Plan of Care) form will be reviewed by the RN supervisor or RN designee and renewed by the PCP at least every sixty (60) days.
8. The private duty nurse administers Physician/Healthcare Practitioner ordered medication as prescribed utilizing all Federal, State, and MFW regulations and following HH Agency policies and procedures. This includes all ordered medication routes including oral, infusion, therapy, subcutaneous, intramuscular, feeding tubes, sublingual, topical, and inhalation therapy.
9. Medication profiles must be maintained for each participant with the original kept at the HH Agency and a copy in the home. The medication profile will be reviewed by the licensed HH Agency RN supervisor or RN designee at least every sixty (60) days.
10. The private duty nurse is responsible for checking and knowing the following regarding medications:
 - a. Medication changes, discontinued medication, and new medication, and will communicate changes to all pertinent providers, primary care giver and family;
 - b. Response to medication;
 - c. Reason for medication;
 - d. Adverse reactions;
 - e. Significant side effects;
 - f. Drug allergies; and
 - g. Contraindications

11. The private duty nurse must follow the HH Agency's policy and procedure for management of medication errors.
12. The private duty nurse providing direct care to a medically fragile participant will be oriented to the unique needs of the participant by the family, HH Agency and other resources as needed, prior to the nurse providing independent services.
13. The private duty nurse develops and maintains skills to safely manage all devices and equipment needed in providing care for the participant.
14. The private duty nurse monitors all equipment for safe functioning and facilitates maintenance and repair as needed.
15. The private duty nurse will obtain pertinent medical history.
16. The private duty nurse will be responsible for the following:
 - a. Obtaining pertinent medical history;
 - b. Assisting in the development and implementation of bowel and bladder regimens and monitor such regimens and modify as needed. This includes removal of fecal impactions and bowel and/or bladder training, urinary catheter and supra-public catheter care;
 - c. Assisting with the development, implementation, modification, and monitoring of nutritional needs via feeding tubes and orally per Physician/Healthcare Practitioner order and within the nursing scope of practice;
 - d. Providing ostomy care per Physician/Healthcare Practitioner order;
 - e. Monitoring respiratory status and treatments including the participant's response to therapy;
 - f. Providing rehabilitative nursing;
 - g. Collecting specimens and obtaining cultures per Physician/Healthcare Practitioner order;
 - h. Providing routine assessment, implementation, modification, and monitoring of skin condition and wounds;
 - i. Providing routine assessment, implementation, modification, and monitoring of Instrumental Activities of Daily Living (IADL) and Activities of Daily Living (ADL);
 - j. Monitoring vital signs per Physician/Healthcare Practitioner orders or per HH Agency policy.
17. The private duty nurse must consult and collaborate with the participant's PCP, specialists, other team members, and primary care giver/family, for the purpose of evaluation of the participant and/or developing, modifying, or monitoring services and treatment. This collaboration with team members will include, but will not be limited to, the following:
 - a. Analyzing and interpreting the person's needs on the basis of medical history, pertinent precautions, limitations, and evaluative findings;
 - b. Identifying short and long-term goals that are measurable and objective. The goals should include interventions to achieve and promote health that is related to the participant's needs.

18. The individualized service goals and a nursing care plan will be separate from the CMS-485. The nursing plan of care is based on the Physician/Healthcare Practitioner treatment plan and the medically fragile participant's and family's concerns and priorities as identified in the ISP. The identified goals and outcomes in the ISP will be specifically addressed in the nursing plan of care.
19. The private duty nurse must review Physician/Healthcare Practitioner orders for treatment. If changes in the treatment require revisions to the ISP, the agency nurse will contact the CM to request an Interdisciplinary Team (IDT) meeting.
20. The private duty nurse coordinates with the CM all services that may be provided in the home and community setting.
21. PDN services may be provided in the home or other community setting.
22. The private duty nurse may ride in the vehicle with the person for the purpose of oversight, support, or monitoring during transportation. The private duty nurse may not operate the vehicle for the purpose of transporting the participant.

C. Comprehensive Assessment includes:

The private duty nurse must perform an initial comprehensive assessment for each MFW participant. The comprehensive assessment is required to comply with all Federal, State, HH Agency and MFW regulations. The comprehensive assessment must be done at least annually and when clinically indicated. The assessment will be used to develop and revise the strategies, nursing plan of care, goals, and outcomes for the participant. The comprehensive assessment must include at least the following:

1. Review of pertinent medical history;
2. Medical and physical status;
3. Cognitive status;
4. Home and community environments for safety;
5. Sensory status/perceptual processing;
6. Environmental access skills;
7. Instrumental activities of IADL and ADL techniques to improve deficits or effects of deficits;
8. Mental status;
9. Types of services and equipment required;
10. Activities permitted;
11. Nutritional status; and
12. Identification of nursing plans or goals for care

D. Attendance at the IDT Meeting:

1. The HH Agency's RN supervisor is the HH Agency's representative at the IDT meeting. A RN alternative may represent the agency at the IDT meeting if the supervising nurse is unable to attend in person or by conference call.

2. If unable to attend the IDT meeting, the nurse is expected to submit recommended updates to the strategies, nursing plan of care, goals, and objectives in advance of the meeting for the team's consideration. The nurse and CM will follow up after the IDT meeting to update the nurse on decisions and specific issues.
3. The agency nurse or designee must document in the participant's HH Agency file the date, time, and coordination of any changes to strategies, nursing care plans, goals, and objectives as a result of the IDT meeting.
4. Only one nurse representative per agency or discipline will be reimbursed for the time at the IDT meeting. The agency nurse representative must attend physically or telephonically in order to be reimbursed.
5. The HH Agency nurse is responsible for signing the IDT sign-in sheet.
6. Annually, and as needed, the agency RN may need to assist the CM with justification documentation supporting the modification to the approved budget (MAD 046 form).
7. PDN services do not start until there is an approved MAD 046 form for nursing.

E. Discharge Planning includes:

1. Reason for discontinuing services such as but not limited to: failure to participate; request from participant/participant's representative; or transition to another program;
2. Written discharge plan provided to the person/person's representative and the CM;
3. Strategies developed with participant/participant's representative to support person with ongoing medical needs;
4. Primary care giver and family training completed in accordance with written discharge plan.
5. PCP will be notified of discontinuation of PDN services.
6. The discharge summary will be maintained in the HH Agency clinical file, the PCP will be sent a copy, and a copy will be placed in the CM file as well as distributed to participant/participant's representative.

II. AGENCY/INDIVIDUAL PROVIDER REQUIREMENT

- A. PDN services must be furnished through a licensed HH Agency, licensed Rural Health Clinic, or certified Federally Qualified Health Center. All Federal/State requirements for each are applicable when providing services for the MFW participant.
- B. All private duty nurses (RN or LPN) working as employees of the HH Agency must meet all the requirements of the MFW Service Standards, New Mexico Board of Nursing and HH Agency policies and procedures.

- C. The HH Agency must maintain a current MFW provider status per Department of Health (DOH) Provider Enrollment Unit policies, including compliance with the Developmental Disabilities Supports Division (DDSD) Accreditation Policy.
- D. The HH Agency must maintain the participant's file per Federal, State, and MFW regulations and policy.
- E. Requirements for the HH Agency Serving the Medically Fragile Waiver Population:
 - 1. A RN or LPN in the state of New Mexico must maintain current licensure as required by the state of New Mexico Board of Nursing. The HH Agency will maintain verification of current licensure. Nursing experience in the area of developmental disabilities and/or medically fragile conditions is preferred.
 - 2. When the HH Agency deems the nursing applicant's experience does not meet MFW Standards, then the applicant can be considered for employment by the agency if he/she completes an approved internship or similar program. The program must be approved by the MFW Manager and Human Services Department (HSD) representative.
 - 3. The supervision of all HH Agency personnel is the responsibility of the HH Agency Administrator or Director.
 - 4. The HH Agency Nursing Supervisors(s) should have at least one year of supervisory experience. The RN supervisor will supervise the RN, LPN, and Home Health Aide (HHA).
 - 5. The HH Agency staff will be culturally sensitive to the needs and preferences of participant, participant representative and households. Arrangement of written or spoken communication in another language must be considered.
 - 6. The HH Agency will document and report any noncompliance with the ISP to the CM.
 - 7. All Physician/Healthcare Practitioner orders that change the person's LOC will be conveyed to the CM for coordination with service providers and modification to the ISP/budget if necessary.
 - 8. The HH Agency must document in the participant's clinical file RN supervision to occur at least every sixty (60) days. Supervisory forms must be developed and implemented specifically for this task.
 - 9. The HH Agency and CM must have documented monthly contact that reflects the discussion and review of services and ongoing coordination of care.
 - 10. The HH Agency supervising RN, direct care RN, and LPN trains the participant, family, direct support professional (DSP) and all relevant individuals in all relevant settings as needed for successful implementation of therapeutic activities, strategies, treatments, use of equipment and technologies, or other areas of concern.

11. It is expected that the HH Agency will consult with the participant, IDT members, guardians, family, and DSP as needed.

III. ADMINISTRATIVE REQUIREMENTS

A. Training:

1. Whenever appropriate, the participant/participant's representative, family members, HHA, primary caregivers, and all relevant individuals are to be trained in techniques and technology that assist the participant with health and safety along with achievement of the person's ISP goals and outcomes.

B. Documentation Requirements:

1. Documentation is required to be completed in accordance with applicable MFW Standards, Federal HH Agency (42 CFR 484) regulations, or State HH Agency licensing (7.28.2 NMAC).
2. All documentation forms must contain at least the participant's name, date of birth, date of the report, name of the provider agency, RN and/or LPN name, credentials, and contact information.
3. All report pages and notes will include at least the person's name, date and document title.
4. All documentation will be signed with credential(s) listed and dated by the nurse. Verified electronic signatures may be used per HH Agency policy and procedure. Name and credential(s) typed on a document is not sufficient.
5. Each participant will have an individual clinical file (see General Provider service standard requirements). The content of the agency file documentation is primarily designed to reflect the person's treatments, response to treatments, condition, and the care provided to effect a change in that condition.
6. The nurse will develop a nursing plan of care separate from the Physician/Healthcare Practitioner treatment plan which includes strategies for managing the nursing care of the participant.
7. Progress notes must include dates, number, and types of treatments performed, participant's response to treatment, and progress toward therapy goals using the parameters identified in the initial and annual treatment plan and/or evaluation.
8. Any modifications that need to be included in the ISP must be coordinated with the CM.
9. A discharge summary will be maintained in the person's file per Federal, State and HH Agency record retention regulation/policy.
10. Complications that delay, interrupt, or extend the duration of PDN services must be documented in the participant's medical record and communicated to the Physician/Healthcare Practitioner.

- C. The private duty nurse, per HH Agency policy and procedure, will review orders and treatment plans and, if appropriate, recommend revisions on the basis of evaluative findings.

IV. REIMBURSEMENT

Each provider of a service is responsible for providing clinical documentation that identifies the DSP's role in all components of the provision of home care: including assessment information, care planning, intervention, communications, and care coordination and evaluation. There must be justification in each person's clinical record supporting medical necessity for the care and for the approved LOC that will also include frequency and duration of the care. Services must be reflected in the ISP that is coordinated with the person/person's representative, other caregivers as applicable, and authorized by the approved budget. All services provided, claimed, and billed must have documented justification supporting medical necessity and be covered by the MFW.

- A. Payment for PDN services through this Medicaid waiver is considered payment in full.
- B. PDN services must abide by all Federal, State, and HSD and DOH policies and procedures regarding billable and non-billable items.
- C. Billed services must not exceed the capped dollar amount for LOC.
- D. PDN services are a Medicaid benefit for children birth to 21 years, through the children's EPSDT program.
- E. The Medicaid benefit is the payer of last resort. Payment for PDN services should not be requested until all other third-party and community resources have been explored and/or exhausted.
- F. PDN services are a MFW benefit for the 21 year and older enrolled participant. The MFW benefit is the payer of last resort. Payment for waiver services should not be requested or authorized until all other third-party and community resources have been explored and/or exhausted.
- G. Reimbursement for PDN services will be based on the current rate allowed for the services.
- H. The HH Agency must follow all current billing requirements by the HSD and the DOH for PDN services.
- I. Claims for services must be received within 90 calendar days of the date of service in accordance with 8.302.2.11 NMAC.

- J. Service providers have the responsibility to review and assure that the information on the MAD 046 form for their services is current. If providers identify an error, they will contact the CM or a supervisor at the case management agency immediately to have the error corrected.
- K. The MFW Program does not consider the following to be professional PDN duties and will not authorize payment for:
1. Performing errands for the participant/participant's representative or family that is not program specific.
 2. "Friendly visiting," meaning visiting with the medically fragile participant outside of PDN work scheduled.
 3. Financial brokerage services, handling of participant finances or preparation of legal documents.
 4. Time spent on paperwork or travel that is administrative for the provider.
 5. Transportation of the medically fragile participant.
 6. Pick up and/or delivery of commodities.
 7. Other non-Medicaid reimbursable activities.