Jefferson Health Plans

MN.013.D Shift Nursing, Personal Care and Medical Daycare

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PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans lines of business unless noted below.

This policy applies to all Jefferson Health Plans product lines, with product-specific variations noted below.

☒ Medicaid

- This policy applies to the Medicaid product line for Members under age 21.
- Members aged 21 and older do not have a shift care benefit.

☒ CHIP

- CHIP members do have a home health care benefit defined in their benefits document. Shift Nursing, Medical Daycare, and long-term Personal Care are not eligible for coverage.
- Members who require services not eligible for coverage under their benefit may request transition to Medicaid.

☒ Medicare

- Medicare Advantage Organizations (MAOs) may not offer Home Health benefits that exceed the original Medicare benefit.[10]
- Home Health Benefits are explained in The Home Health Agency Manual, located in chapter 7 of the Medicare Benefit Policy Manual, located at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf

NOTE: *This policy only applies when a specific Jefferson Health Plans medical necessity policy addressing the item/service does not exist. For Medicare products, Medicare guidance documents (Internet-only manuals, National and Local Coverage Determinations) supersede this policy.*

POLICY STATEMENT

Skilled Nursing

Shift Care Nursing (SCN) may be considered medically necessary when **ALL** the following apply:

1. Physician face-to-face evaluation for SCN must occur within 6 months of the written order and the care is part of a comprehensive Plan of Treatment.

2. The requested services are considered medically necessary according to the Pennsylvania Department of Human Services' (DHS) definition *(see the Definitions section of this policy document).*

3. Requested services meet the definition of Skilled Nursing Care as defined within the Policy Guidelines section of this Policy.

4. Ongoing skilled care is needed, and intermittent skilled nursing visits will not meet the child's medical needs.

5. Services are provided in the home or alternate site of care (such as school or non-medical daycare).

6. Services are performed by a Registered Nurse or a Licensed Practical Nurse through a Home Health Agency that is certified and appropriately licensed by the State.

7. The member is medically stable, and all reasonably anticipated medical needs can be met in the home or alternate site of care with a licensed nurse.

8. Skilled Care cannot be rendered by a guardian, parent, or caregiver because of:

    a. Other Caregiver obligations including personal and household care needs including need for sleep / unavailable; need to work or attend school.

    b. Inability (physical or mental); documented by a physician.

    c. Medical complexity of the requested services.

9. When services cannot be performed by a caregiver due to the complexity of the services, consideration has been given to the Ordering Physician and family of the risks of a nurse not being available during a needed shift.

Personal Care Services

Personal Care Services provided by a Home Health Aide (HHA) may be considered medically necessary when **ALL** the following apply:

1. HHA Services are provided in conjunction with skilled care or, when skilled care is not needed, when personal care services are deemed medically necessary (according to the Pennsylvania

Department of Human Services' (DHS) definition (see the Definitions Section of this policy document).

2. If skilled nursing care is not required, the recipient's **attending physician must certify** that the personal care services are medically necessary.

3. Requested services meet the requirements for coverage of Home Health Aide Services as defined within the Policy Guidelines section of this Policy.

4. There is a plan for a Skilled Nursing Visit to occur at least every 2 weeks, for HHA supervision.

5. There is a written Plan of Treatment established by a physician or other licensed practitioner (NP or PA) after a face-to-face evaluation -

    a. Physician face-to-face evaluation for HHA must occur with 6 months of the written ordered.

6. The Plan of Treatment indicates the recipient's need for personal care services.

7. The specific personal care services to be furnished by the HHA shall be determined by a registered nurse and not by the HHA.

8. Care cannot be rendered by a guardian, parent, or caregiver in the home because of:

    a. Other Caregiver obligations including personal and household care needs including need for sleep/unavailable; need to work or attend school.

    b. Inability (physical or mental) documented by a physician.

9. In cases where no skilled needs are identified, an HHA may be medically necessary when care cannot be provided by a typical babysitter or daycare because the needs of the child are not age appropriate and/or are not in scope for typical supervision of a child this age.

10. The requested services meet the definition of home health aide services as defined within the Policy Guidelines of this Policy.

Medical Daycare

Medical Daycare may be medically necessary as an alternative to in-home shift nursing or personal care services when socialization is a priority, or it is preferred by the family and BOTH of the following apply:

1. Available Daycare hours and transportation arrangements can meet the family's needs, and

2. Being in the Daycare presents no safety issues to the child or other daycare attendees.

Related Policies

RB.025B Pediatric Shift Care when Multiple Members in a Household are Receiving Care

InterQual Home Care Module addresses the medical necessity of ***intermittent*** skilled nursing for both adults and children, and personal care services for adults. If the request is for intermittent services, refer to InterQual.

InterQual policy does not apply to shift care reviews.

POLICY GUIDELINES

A. **Skilled Services Guidance**

1. **Skilled nursing care** includes, but is not limited to, the following:

    a. Observation and evaluation.
    b. Teaching and training the recipient or family members to provide care"[1]
    c. Teaching or providing care such as (but not limited to):
        - Administering enteral and intravenous total parenteral nutrition.
        - Administering injections.
        - Administering medications not typically self-administered.
        - Applying dressings to wounds involving prescription medications and aseptic techniques.
        - Bladder training.
        - Giving an injection.
        - Insertion and sterile irrigation of catheters.
        - Irrigating a catheter.
        - Teaching the proper use of medications.
        - Treating decubitus ulcers and other skin disorders. [1]
    d. Management of the following medical technologies:
        - Apnea monitor.
        - Colostomy and G-tube.
        - Mucus clearance devices, such as percussion vests, insufflators, and In-Exsufflators.
        - Oxygen, ventilators, respiratory assist devices, and tracheostomy care.
    e. Assistance with the medications such as eye drops, topical ointments, or creams usually administered by the member or care giver and does not require the skills of a nurse.[1]

f. Management of seizures

g. Assistance with diabetes management

2. **Nursing Skills:** Nurses will function within their scope of practice delivering patient care as ordered by the provider and contained in the Plan of Treatment. Nurse competency is the responsibility of the Home Health Care Agency.

3. **Missed Shifts of Skilled Nursing:** When the treating provider indicates that missed skilled nursing shifts will present a significant risk to the life or health of the child, engagement of more than one Home Health Agencies will be recommended.

B. **Personal Care Services Guidance**

1. Personal Care Services, performed by a home health aide include, but are not limited to, assisting the recipient with the following:

    a. Bathing and personal hygiene.

    b. Ambulation and transfer.

    c. Exercise.

    d. Retraining the recipient in necessary self-help skills.

2. **Personal Care Services** do NOT include domestic and housekeeping services which are unrelated to recipient care are not covered home health services.

    a. Vacuuming, dusting, floor mopping, kitchen, and bathroom maintenance.

    b. Washing, ironing and mending clothes.

    c. Childcare. [3]

3. **Supervision:** A registered nurse shall make a supervisory visit to the patient's residence at least every 2 weeks, either when the aide is present to observe and assist, or when the aide is absent, to assess relationships and determine whether goals are being met.[2]

C. **General Guidance**

1. General Considerations

    a. The following will be considered during review of requests for Skilled Nursing or Personal Care Services:

        – The staffing, staff capabilities, and requirements of the child's school or daycare.

- Caregiver need for sleep and other household obligations (such as but not limited to shopping, cooking, and care of other children in the home). Need for Caregiver to maintain employment or attend school.

- The complexity of the requested skilled services, ensuring the family understands potential risks to the child's safety if shifts cannot be filled due to extenuating circumstances.

b. Care will not be denied specifically as more appropriate under the Individual Education Plan (IEP) or the 504 Plan.

2. **Hours**

In general, each request for shift care (nursing or home health aide) or medical daycare is reviewed and a determination of the number of hours that are medically necessary is based on the unique medical needs of the child, caregivers available to help with the child's care, the caregiver capabilities, and obligations, as well as hours of school, school transportation, and school-related activities. Individual cases vary substantially based on each unique circumstance.

Children with new technology dependence, especially new ventilators, or airways, should be strongly considered for short term approval of up to 24 hours of skilled nursing care with a gradual decrease in hours as the family gains confidence in the child's care.

When services are requested before, during, and after school hours (or a variation of the above), Jefferson Health Plans obtains a copy of the school calendar, school hours of operation, and the availability of the school nurse to assess the number of hours needed and to coordinate with Medical Daycare or other needed services. The documentation should be provided by the school, if not readily available on the internet. This proactively ensures shifts are identified well in advance of the member's need.

If a child requires skilled services in school and school provides documentation that they cannot meet child's care requirements, Jefferson Health Plans will authorize the Skilled Nurse to accompany the child during transportation to and from the school when medically necessary, depending on the individual child's needs.

3. **Home Visits**

Jefferson Health Plans performs a home visit, in home or virtual, at the start of in-home care and annually thereafter, to assess for additional needs or potential barriers to care not already identified by the treating providers, the home health agency or

through the course of case management. Screening for domestic violence issues and potential impact to the child's care are also considered.

4. **Case Management**

All children who are approved for shift care (skilled nursing, home health aide or medical daycare), are followed by the Special Needs Unit for case management. Regular follow-up and discussions occur with the caregivers to ensure the child's needs are met. Children who are complex or have changing needs are discussed in a multidisciplinary team meeting.

All Shift care Agencies must have an active PROMISe ID number to be authorized for Shift Care services.

Jefferson Health Plans has implemented the electronic visit verification (EVV) requirement for PCS (HHA LOC T1019) provided to individuals under 21 years of age.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

CPT® is a registered trademark of the American Medical Association.

CPT Code	Description
N/A	N/A

HCPCS Code	Description
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes
G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home health or hospice setting, each 15 minutes

T1002	RN services, up to 15 minutes
T1003	LPN/LVN services, up to 15 minutes

ICD-10 Codes	Description
N/A	N/A

BENEFIT APPLICATION

Medical policies do not constitute a description of benefits. This medical necessity policy assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage. This policy is invoked only when the requested service is an eligible benefit as defined in the Member's applicable benefit contract on the date the service was rendered. Services determined by the Plan to be investigational or experimental, cosmetic, or not medically necessary are excluded from coverage for all lines of business.

DESCRIPTION OF SERVICES

Most children with complex chronic medical needs including intellectual and developmental disabilities are cared for in the home, enabled by changes in medicine, law, policy, and insurance coverage (both government- sponsored and private). Keeping a special needs child in the home to allow for robust familial socialization is optimal whenever possible. It not only fulfills the child's need for compassion, dignity, and privacy, but the parent's strong need to provide for their child physically and emotionally. For special needs children, this presents the unique problem of ensuring the child's medical needs are always met.

In a recent publication from Pediatrics, it was estimated that based on 2010 data, 5.6 million U.S. children with special healthcare needs reside in their home and receive care provided by family members. The article goes on to estimate that there is an estimated 1.5 billion hours annually of family provided healthcare and "…replacement with a home health aide would have cost $35.7 billion or $6400 per child per year in 2015 dollars."[7]

"The shift from people with disabilities living in care centers to community living was accelerated by the Olmstead Act of 1999 (http://www.ada.gov/olmstead/olmstead_about.htm), which stated that unjustified segregation of persons with disabilities violates Title II of the Americans with Disabilities Act. Furthermore, the Olmstead Act mandated that persons with disabilities be provided appropriate and reasonable accommodations for community- based services. Within that context, 1 goal of the Healthy People 2010 program was to "reduce to zero the number of children aged 17 and younger living in congregate care facilities." The revised goal of Healthy People 2020 is more realistic, aiming to "reduce the number of children and youth aged 21 years

and under with disabilities living in congregate care residences" by 10% or from nearly 29 000 children in 2009 to 26 000 children in the next decade."[7]

Childhood disability is most commonly related to preterm birth, congenital disorders, neurologic disorders, adverse outcome after severe infection, trauma, and malignancy. A new term, "children with medical complexity," now describes a subset of children with substantial health care needs, 1 or more chronic conditions, and functional limits and is often dependent on technology. Technology dependency means that without medical device use, the health or life of the member would be at risk.8 Technology may include ventilators, cough assist devices, feeding pumps, intrathecal pumps etc. The main goal of treatment for these complex children is to support medical, intellectual, and developmental needs and to avoid hospitalization.

Alternatively, institutionalization is an option for children with complex medical needs where the family is unable to care for them adequately at home. This may include Skilled Nursing Facilities, Intermediate Care facilities, Acute Care or Specialty Hospitals that provide Long Term Care, Rehabilitation Hospitals, Residential Schools, and Medical Group Homes.[8]

CLINICAL EVIDENCE

N/A

DEFINITIONS

Early Periodic Screening, Diagnosis and Treatment (EPSDT): Medicaid's EPSDT provides access to specialized services such as personal care; physical, occupational and speech therapies; rehabilitative services; customized durable medical equipment; and mental health benefits frequently needed by children with chronic needs. EPSDT is designed to promote child health and development as well as treat diagnosed illness. (National Health Policy Forum; www.nphf.org)

(55 PA code, Chapter 1241)

Denial of Services: Any determination made by the PH-MCO in response to a request for approval which: disapproves the request completely; or approves provision of the requested service(s), but for a lesser amount, scope or duration than requested; or disapproves provision of the requested service(s) but approves provision of an alternative service(s); or reduces, suspends or terminates a previously authorized service. An approval of a requested service which includes a requirement for a Concurrent Review by the PH-MCO during the authorized period does not constitute a Denial of Service.

Durable Medical Equipment: Equipment that is primarily and customarily used to serve a medical purpose and is not useful to a person in the absence of an illness or injury. Equipment necessary to the proper treatment of management of an illness, injury or disability which is prescribed by a licensed practitioner in accordance with accepted standards of practice.

Federal Mandates:

Individuals and Disabilities Education Act (IDEA): "The Individuals with Disabilities Education Act (IDEA) was established by the [federal] government to ensure that children with disabilities have instruction that meets their unique needs. The IDEA is the federal law that requires public schools to provide a Free Appropriate Public Education to children with disabilities. IDEA regulations require schools to conduct activities to find and diagnose children with specific learning disabilities (SLDs) from ages 3 to 21. The IDEA also requires schools to provide complete educational evaluation to children to determine if they need special education services."[14]

Section 504 of the Rehabilitation Act and the Americans with Disabilities Act: [This federal regulation] specifies that no one with a disability can be excluded from participating in federally funded programs or activities, including elementary, secondary, or post-secondary schooling."[14]

Home and Community Based Waiver Program: Necessary and cost-effective services, not otherwise furnished under the State's Medicaid Plan, or services already furnished under the State's Medicaid Plan but in expanded amount, duration, or scope which are furnished to an individual in his/her home or community to prevent institutionalization. Such services must be authorized under the provisions of 42 U.S.C. 1396n.

Home Health Aide: A non-professional person, who has completed a minimum of 60 hours of classroom instruction, prior to or during the first 3 months of employment.

The term includes aides who are carefully trained in methods of assisting patients to achieve maximum self-reliance, principles of nutrition and meal preparation, the aging process and emotional problems of illness, changes in patient's condition that should be reported, work of the agency and the health team, ethics, confidentiality, and record keeping.[6]

Home Health Care Agency: A public or private agency or organization, or part of an agency or organization, which is licensed by the Commonwealth and certified for participation in Medicare. The agency shall be staffed and equipped to provide skilled nursing care and at least one therapeutic service—physical therapy, occupational therapy, or speech pathology—or home health aides to a disabled, aged, injured, or sick recipient on a part-time or intermittent basis in his/her residence. [5]

Home Health Services: Nursing services, home health aide services, physical therapy, occupational therapy or speech pathology and audiology services provided by a Home Health Agency and medical supplies, equipment and appliances suitable for use in the home. For the purpose of this chapter, medical supplies, equipment and appliances do not include dentures, prosthetic devices, orthoses or eyeglasses.[5]

Intermittent Skilled Nursing Care (*Medicare*): For purposes of benefit eligibility, under §§1814(a)(2)(C) and 1835(a)(2)(A) of the Act, "intermittent" means skilled nursing care that is either provided or needed on fewer than 7 days each week or less than 8 hours of each day for periods of 21 days or less (with extensions in exceptional circumstances when the need for additional care is finite and predictable).[11]

InterQual Criteria: Set of measurable, clinical indicators, as well as diagnostic and therapeutic services, which reflects a patient's need for medically necessary services. The criteria are based on Intensity of Service, Severity of Illness and Discharge Criteria.

Medical Daycare: Daycare for children with special medical needs. Most focus on children who require skilled care; however, some may accept children who do not have a skilled need when other daycares cannot accommodate the child. Each medical daycare defines the type of care and ages that are eligible to attend. Most have a Medical Director available either on site or by phone, a program manager, pediatric nurses, nursing assistants, therapists (PT/OT/SLP), social workers, teachers, a nutritionist as well as pharmacists for consultation with the staff and parents.

Medically Necessary (Medicaid): A service or benefit is Medically Necessary if it is compensable under the MA Program and if it meets any one of the following standards:

- The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition, or disability.
- The service or benefit will, or is reasonably expected to, reduce, or ameliorate the physical, mental, or developmental effects of an illness, condition, injury, or disability.
- The service or benefit will assist a Participant to achieve or maintain maximum functional capacity in performing daily activities, considering both the functional capacity of the Participant and those functional capacities that are appropriate for Participants of the same age.
- The service or benefit will provide the opportunity for a Participant receiving LTSS to have access to the benefits of community living, to achieve person-centered goals, and live and work in the setting of his or her choice.

Determination of Medical Necessity for covered care and services, whether made on a Prior Authorization, Concurrent Review, Retrospective Review, or exception basis, must be documented in writing.[4]

The determination is based on medical information provided by the Member, the Member's family/caretaker, and the Primary Care Practitioner, as well as any other Providers, programs, agencies that have evaluated the Member.[4]

All such determinations must be made by qualified and trained Health Care Providers. A Health Care Provider who makes such determinations of Medical Necessity is not considered to be providing a health care service under this Agreement.[4]

Providers:

- **Participating Provider/Vendor:** A provider or vendor who has an agreement with Health Partners to provide services to Health Partners members.
- **Non-Participating Provider/Vendor:** A provider/vendor who does not have a contract with Health Partners to provide services for the Jefferson Health Plan members.

Periodic Review of Plan of Treatment: The total plan of treatment shall be reviewed by the attending physician and home health care agency personnel as often as the severity of the

members condition requires, but at least once every 60 days. Agency professional staff shall promptly alert he physician to changes that suggest a need to alter the plan of treatment.[2]

Prior Authorization: A procedure specifically required or authorized by Department regulations wherein the delivery of an item or service is either conditioned upon or delayed by a prior authorization determination by the Department or its agents or employee that an MA eligible recipient is eligible for a particular item or service or that there is medical necessity for a particular item or service or that a particular item or service is suitable to a particular recipient. (55 Pa. Code § 1101.21).

Plan of Treatment: The plan of treatment shall be developed in consultation with the agency staff and shall cover pertinent diagnoses, including mental status, types of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, safety measures to protect against injury, instructions for timely discharge or referral and other appropriate items. If an attending physician refers a patient under a plan of treatment, which cannot be completed until after an evaluation visit, the attending physician shall be consulted to approve additions or modifications to the original plan. Orders for therapy services shall include the specific procedures and modalities to be used and the amount, frequency and duration of the procedures and modalities. The therapist and other agency personnel shall participate in developing the plan of treatment.[2]

Skilled Nursing Services: High intensity comprehensive, planned service provided with maximum efficiency by a registered professional nurse in instances where judgment is required, or by a licensed practical nurse under the supervision of a registered nurse.[6]

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making.

Policy Bulletins are developed by Jefferson Health Plans to assist in administering plan benefits and constitute neither offers of coverage nor medical advice.

This Policy Bulletin may be updated and therefore is subject to change.

Per DHS Medicaid and CHIP products: Any requests for services that do not meet criteria set in PARP will be evaluated on a case-by-case basis.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
2023 Annual review. • Minor verbiage changes made to the Policy Statement and Guidelines sections. • Definition of Medical Necessity was revised. • Coding table was updated to remove codes T1019, S9123 & S9124. Codes T1002, T1003 & G0156 were added. Policy version changed from "C" to "D".	D	11/1/2023
2022 Annual review. • "Related Policies" section was updated to include **RB.025B** Pediatric Shift Care when Multiple Members in a Household are Receiving Care. • Coding table was updated to remove code S9122 and add T1019. • The following statement was added to the "Disclaimer" section: Per DHS: Any requests for services that do not meet criteria set in the PARP will be evaluated on a case-by-case basis. • Policy version changed from "B" to "C".	C	10/1/2022
2021 Annual policy review. No changes to this version.	B	1/1/2019
2020 Annual policy review. No changes to this version.	B	1/1/2019
2019 Annual policy review. No changes to this version.	**B**	1/1/2019
Annual policy review (2018). Modifications made to enhance readability and clarify intent.	B	1/1/2019

New policy.	A	1/30/2017

REFERENCES

1. 55 PA Code §1249.53 Payment Conditions for Skilled Nursing Care. http://www.pacode.com/secure/data/055/chapter1249/s1249.53.html

2. 28 PA Code § 60 https://www.pacode.com/secure/data/028/chapter601/chap601toc.html

3. 55 PA Code § 1249.54. Payment Conditions for Home Health Aide Services. http://www.pacode.com/secure/data/055/chapter1249/s1249.54.html

4. 2018 MCO Health Choices Agreement.

5. 55 PA Code § 1249.2. Définitions. http://www.pacode.com/secure/data/055/chapter1249/s1249.2.html

6. 28 PA Code § 601.6. Définitions. http://www.pacode.com/secure/data/028/chapter601/s601.6.html

7. Out-of-Home Placement for Children and Adolescents with Disabilities, Friedman et al. Pediatrics, Volume 134, Issue 4, October 2014. http://pediatrics.aappublications.org/content/134/4/836

8. Family-Provided Health Care for Children with Special Health Care Needs, Romley et al., Pediatrics, Vol 139, Issue 1 / 2016, p1284. http://pediatrics.aappublications.org/content/pediatrics/139/1/e20161287.full.pdf

9. Home Care of Children and Youth with Complex Health Care Needs and Technology Dependencies, Ellen Roy Elias, MD, Nancy A. Murphy, MD, and the Council on Children with Disabilities, Pediatrics, 2012; 129; 996, originally published online April 30, 2012. http://pediatrics.aappublications.org/content/129/5/996.full-text.pdf

10. Pub 100-16 Medicare Managed Care Manual, Chapter 4, Benefits and Beneficiary Protections, Section 30.2. Supplemental Benefits Extending Original Medicare Benefits. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c04.pdf

11. Pub 100-02, Medicare Benefit Policy Manual, Chapter 7, Home Health Agency Manual, Section 30, and Conditions Patient Must Meet to Qualify for Coverage of Home Health Services. http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf