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| UNITED HEALTHCARE COMMUNITY PLAN OF NEW JERSEY (UHCCP) | POLICY AND PROCEDURES |
| TITLE: (PCM) Medical Care Coordination: Private Duty Nursing | LINE OF BUSINESS: NJ Family Care/Medicaid/ FIDESNP/MLTSS |
| | Number: PCM3-SNU-P19 |
| EFFECTIVE DATE: September 2002 | Page 1 of 12 |
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| FOR PLAN USE ONLY: ANNUAL REVIEW DATE: 08/11, 07/12, 08/13, 8/14, 7/15, 8/16, 8/17, 6/18, 8/19 | CROSS REFERENCES: |

I. SCOPE: HEALTH SERVICES DEPARTMENT

II. PURPOSE:

To define the criteria necessary to obtain Private Duty Nursing (PDN) Services.

To describe the process of evaluating a member who has been referred for private duty nursing.

To ensure the member receives a choice of PDN participating agencies

III. POLICY:

IV. UnitedHealthcare Community Plan (UHCCP) will coordinate PDN care to its members that meet NJ Administrative Code (N.J.A.C 10:60) medical necessity criteria.

Members must qualify for the PDN benefit

1. Members under 21 years of age who live in the community requiring PDN as a result of an EPSDT screen or who are MLTSS-qualified are eligible for PDN care as medically necessary (N.J.A.C. 10:60-5.3 and 10:60-5.8).
 - a. The presence or absence of alternative care, such as medical day care and/or nursing/skilled services provided by the child's school/day program and/or nursing services provided by another payor, shall be identified and recorded, and those hours shall be deducted from the total hours of EPSDT/PDN services to be authorized (N.J.A.C. 10:60-5.5.d.).
2. Members age 21 years of age or older: Private Duty Nursing shall be a covered service only for those beneficiaries enrolled in MLTSS or the DDD Supports Plus PDN (SPPDN) Program. Members who meet the medically necessary criteria can receive PDN services.
 - a. Under MLTSS, when payment for private duty nursing services is being provided or paid for by another source, MLTSS shall supplement payment up to 16 hours per 24-hr period medical necessity (N.J.A.C. 10:60-5.9.b).
 - b. Private Duty Nursing services rendered during hours when the Member's normal activities take him or her outside the home will be covered. Private Duty Nursing services solely to be used when attending school or other activities and not needed in the home are not covered by UHCCP (N.J.A.C. 10:60-5.9).
 - c. The presence or absence of alternative care, such as medical day care and/or nursing/skilled

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services provided by the member's day program and/or PCS will be taken into consideration when determining the PDN award.

- d. For MLTSS and SPPDN members for which PDN care is medically necessary, the maximum daily services that can be received, including PDN from other sources and alternative sources of nursing care, beyond the 8 hour coverage requirement of the primary caretaker, is 16 hours per day (N.J.A.C. 10:60-5.9(f)3).
3. All new authorization request must be reviewed by the Medical Director for a medical necessity determination
4. Private Duty Nursing is not authorized for providing child care, companion/custodial care, monitoring, housekeeping, activities of daily living, respite care, or comprehensive care management. Services are not authorized for the convenience of the member's primary caregiver.
5. Family members of beneficiaries receiving PDN services that are licensed as a RN or LPN in the State of New Jersey may be employed by the agency authorized to provide PDN services to the beneficiary for up to 8 hours per day, 40 hours per week. The family member of the beneficiary may not serve as the supervising RN responsible for developing the treatment plan for the beneficiary. The agency employing the family member is responsible to ensure that the PDN services are properly provided and meet all agency standards and regulatory requirements. (N.J.A.C. 10:60-5.1(c)).

V. DEFINITIONS:

Primary Caregiver means an adult relative or significant other adult, at least 18 years of age, who resides with the beneficiary and accepts 24-hour responsibility for the health and welfare of the beneficiary. For the beneficiary to receive Private Duty Nursing services under MLTSS, SPPDN or EPSDT, the primary caregiver must reside with the beneficiary. For the beneficiary to receive Private Duty Nursing services under MLTSS/PDN or SPPDN only, they must also provide a minimum of eight hours of care to the beneficiary in any 24 hour period.

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Private Duty Nursing (PDN) services: The purpose of Private Duty Nursing services is to provide individual and continuous nursing care, as different from part-time intermittent care, to beneficiaries who exhibit a severity of illness that requires complex skilled nursing interventions on a continuous ongoing basis. PDN services are provided by licensed nurses in the home to beneficiaries receiving managed long-term support services (MLTSS) or enrolled in DDD Supports Plus (SPPDN) program, as well as eligible EPSDT beneficiaries (N.J.A.C. 10:60-5.1(b)).

VI. PROCEDURE:

Requests for Private Duty Nursing

1. A Registered Nurse employed by the Health Plan will conduct a comprehensive nursing assessment of the member based on the current Milliman Care Guidelines (MCG) for PDN.
 - a. The Care Manager (CM) or UnitedHealthcare Community Plan staff member receives clinical documentation from the referring health care practitioner that supports the medical necessity for Private Duty Nursing. In addition to meeting the contractual eligibility criteria and in accordance with N.J.A.C. 10:60-5.4 and 10:60-5.8, the following criteria must be met in order to approve coverage of private duty nursing services in the home:
 - i. The Member resides with an adult who is willing and able to act as the member's primary caregiver and who accepts 24-hour responsibility for the member and agrees to be trained or has been trained in the care of the Member; and
 - ii. The Member has a skilled need AND the services of the private duty nurse are for the sole purpose of meeting the skilled needs of the member.

EPSDT/PDN

- b. Medical necessity for EPSDT/PDN services shall be based upon, but may not be limited to, the following criteria in i or ii below (N.J.A.C. 10:60-5.4):
 - i. A requirement for all of the following medical interventions:
 1. Dependence on mechanical ventilation;
 2. The presence of an active tracheostomy; and
 3. The need for deep suctioning; or
 - ii. A requirement for any of the following medical interventions:
 1. The need for around-the-clock nebulizer treatments, with chest physiotherapy;
 2. Gastrostomy feeding when complicated by frequent regurgitation and/or

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- aspiration; or
3. A seizure disorder manifested by frequent prolonged seizures, requiring emergency administration of anti-convulsants.
- c. The following situational criteria shall be considered, once medical necessity has been established in accordance with (b) above, when determining the extent of the need for EPSDT/PDN services and the authorized hours of service:
 - i. Available primary care provider support.
 1. Determining the level of support should take into account any additional work related or sibling care responsibilities, as well as increased physical or mental demands related to the care of the beneficiary;
 - ii. Additional adult care support within the household; and
 - iii. Alternative sources of nursing care.
 - d. Services that shall not, in and of themselves, constitute a need for PDN services, in the absence of the skilled nursing interventions listed in (b) above, shall include, but shall not be limited to:
 - i. Patient observation, monitoring, recording or assessment;
 - ii. Occasional suctioning;
 - iii. Gastrostomy feedings, unless complicated as described in (b)(ii)(2) above; and
 - iv. Seizure disorders controlled with medication and/or seizure disorders manifested by frequent minor seizures not occurring in clusters or associated with status epilepticus.
 - e. Private Duty Nursing shall be a covered service only for those beneficiaries covered under EPSDT/PDN.
 - i. Private duty nursing services shall not include respite or supervision, or serve as a substitution for routine parenting tasks (N.J.A.C. 10:60-5.4(f))
 - f. In the event that two Medicaid/NJ FamilyCare beneficiaries are receiving PDN services in the same household, the family may elect to have one nurse provide services for both children. The agency providing the nursing services shall document that having one nurse does not pose a health risk to either beneficiary in the plan of care which shall be signed by the physician. At no time shall a nurse provide care for more than two beneficiaries at the same time in a single household (N.J.A.C. 10:60-5.4(g)).

MLTSS/PDN & DDD Supports Plus/PDN (SPPDN)

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- g. Medical necessity for MLTSS/PDN & SPPDN services shall be based upon the following criteria (N.J.A.C. 10:60-5.9(d)):
- i. A requirement for all of the following medical interventions:
 1. Dependence on mechanical ventilation;
 2. The presence of an active tracheostomy; and
 3. The need for deep suctioning; or
 - ii. A requirement for any of the following medical interventions:
 1. The need for around-the-clock nebulizer treatments, with chest physiotherapy;
 2. Gastrostomy feeding when complicated by frequent regurgitation and/or aspiration;
 3. A seizure disorder manifested by frequent prolonged seizures, requiring emergency administration of anti-convulsants; or
 4. The need for other skilled nursing interventions on an ongoing basis.
- h. Medical interventions that shall not, in and of themselves, constitute a need for MLTSS/PDN & SPPDN services, in the absence of the skilled nursing interventions listed in above, shall include, but shall not be limited to (N.J.A.C. 10:60-5.9(e)):
- i. Beneficiary observation, monitoring, recording, or assessment;
 - ii. Occasional suctioning;
 - iii. Gastrostomy feedings, unless complicated as described in (g)(2)(ii) above; and
 - iv. Seizure disorders controlled with medication and/or seizure disorders manifested by frequent minor seizures not occurring in clusters or associated with status epilepticus.
- i. The following situational criteria shall be considered, once medical necessity has been established in accordance with (g) above, when determining the extent of the need for MLTSS/PDN & SPPDN services in addition to the primary caregiver(s) eight-hour responsibility and the authorized hours of service (N.J.A.C. 10:60-5.9(f)):
- i. Available primary care provider support.
 1. Determining the level of support should take into account any additional work related or dependent(s) care responsibilities, as well as increased physical or mental demands related to the care of the individual;
 - ii. Additional adult care support within the household; and
 - iii. Alternative sources of nursing care.

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- j. In the event that two Medicaid/NJ FamilyCare MLTSS or SPPDN beneficiaries are receiving PDN services in the same household, the beneficiary or legal guardian may elect to have one nurse provide services for both beneficiaries. The agency providing the nursing services shall document that having one nurse does not pose a health risk to either beneficiary in the plan of care, which shall be signed by the physician. At no time, shall a nurse provide care for more than two beneficiaries at the same time in a single household (N.J.A.C. 10:60-5.9(g)).
2. Initial service requests must be submitted with all of the following specific clinical documentation that supports medical necessity:
 - a. CMS-485 Home Health Certification that includes Plan of Care signed by a physician (M.D. or D.O.);
 - b. A comprehensive assessment of the member's health status including documentation of the skilled need and medication administration record and all of the following:
 - i. Most recent Well Child Check or adult office visit note from the member's primary care physician (must be actual clinical notes not aftercare summaries);
 - ii. Most recent office visit note from subspecialist is required if PDN request includes subspecialty care (For example: Pulmonology note for members on a ventilator, CPAP, bi-level PAP or who require respiratory care; Gastroenterology note for members who are fed parenterally; Neurology note for members with uncontrolled seizures);
 - iii. Most recent office visit note from the physician who ordered PDN services (if not the primary care physician or subspecialist note described above);
 - iv. Medication list; and
 - v. Discharge summary or recent progress note and Medication Administration Record if member is being discharged from an inpatient setting. If member is requesting PDN for discharge from inpatient setting, the Well Child Check and subspecialist visit notes are not required.
 - c. An assessment of the scope and duration of PDN services to be provided;
 - d. An assessment of the available support system including an assessment of the following:
 - i. An assessment of the member's Home environment (or setting outside of the member's Home in which the services would be provided), and available support system which includes:
 - ii. Description of the Home environment for safety and adequacy for care of member including any identified durable medical equipment needs;

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- iii. For EPSDT/PDN: Description of the ability and availability of the parents or legal guardian, or willing family members or other willing caregivers including non-parental/guardian adults to be trained to care for the member to provide services including, but not limited to, any of the following: routine tube feedings, bladder catheterizations, tracheostomy care, routine maintenance of colostomies and ileostomies;
 - iv. For MLTSS/PDN & SPPDN: The adult primary caregiver must be trained in the care of the individual and agree to meet the beneficiary's skilled needs during a minimum of eight hours of care to the individual during every 24 hour period. (N.J.A.C. 10:60-5.9.c.2)
 - v. Documentation regarding member's school attendance, if applicable, including:
 - Time of arrival and departure,
 - Who provides care while at school.
 - Number of private duty nursing hours received at school
3. If a member meets the applicable State and UHC guidelines and criteria, UnitedHealthcare Community Plan may authorize Private Duty Nursing congruent with the member's applicable needs and up to the allowable maximum of services for that member.
- a. UHC Medical Director will utilize current Milliman Care Guidelines (MCG) for PDN and MCG PDN Acuity Tool, along with clinical judgement, in order to assist in determining the appropriate amount of PDN services based on the member's needs.
 - b. The number of daily/weekly PDN hours awarded will take into account Private Duty Nursing services currently being received by the member; Private Duty Nursing services being received from another payment source; skilled services being received from alternative source (i.e. medical day program or day program); and other alternative sources of nursing care. Those hours shall be deducted from the total hours of PDN services to be authorized in accordance with N.J.A.C. 10:60-5.4 and 10:60-5.9.

N.J.A.C. 10:60-5.4 (EPSDT)

(c) The following situational criteria shall be considered, once medical necessity has been established in accordance with (b) above, when determining the extent of the need for EPSDT/PDN services and the authorized hours of service:

- *Available primary care provider support.*
 - i. *Determining the level of support should take into account any additional work related or sibling care responsibilities, as well as increased physical or mental demands related to the care of the beneficiary;*

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- *Additional adult care support within the household; and*
- *Alternative sources of nursing care.*

N.J.A.C. 10:60-5.9 (MLTSS & SPPDN)

(f) The following situational criteria shall be considered, once medical necessity has been established in accordance with (d) above, when determining the extent of the need for MLTSS/PDN services in addition to the primary caregiver(s) eight-hour responsibility and the authorized hours of service:

1. *Available primary care provider support.*
 - i. *Determining the level of support should take into account any additional work related or dependent(s) care responsibilities, as well as increased physical or mental demands related to the care of the individual;*
 2. *Additional adult care support within the household; and*
 3. *Alternative sources of **nursing** care.*
- c. A change in the number of hours awarded will be based on changes noted in the member's condition, as documented in – but not limited to - the clinical records. Documentation supporting a change in or termination of PDN hours will be reviewed by the medical director on a case by case basis so that a determination can be made.
- d. If a member is approved for PDN services,
- i. The Medical Director will determine the level of nursing care (i.e., RN vs. LPN) necessary to staff the case, and
 - ii. The CM will send an authorization to the appropriate agency to provide services. The CM will contact the PDN agency to ensure ability to provide required staffing during the time of the initial authorization.
 - iii. More than one agency may be utilized to staff a member's case, as is found necessary.
- Note: A claim will only pay for the number of hours and the level of care as approved in the authorization.**
- e. If a member does not meet the applicable State and UHC guidelines and criteria, the member is deemed ineligible for PDN services. The case is referred to a Medical Director for review and potential adverse determination. Once an adverse determination is rendered, a letter is sent to the member and agency notifying them of the determination. The letter will include appeal and State Fair Hearing rights information

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- f. If a member does not meet the applicable State, UHC Guidelines and criteria and receives an adverse determination, the member will be referred to case management.

Requests for Private Duty Nursing for Members with Transition of Care

1. If a member is transitioning from another health plan and is already receiving PDN services, then the PDN services will be covered until the end of the required continuity of care period. In order to continue receiving PDN services after this period ends, ALL of the following additional documentation must also be submitted before the end of the required continuity of care period, as defined in Article 4 of the Contract:
 - a. Evidence that the member is already receiving PDN services that were approved by their previous plan;
 - b. CMS-485 Home Health Certification which includes the Plan of Care signed by a physician (M.D. or D.O.);
 - c. Nurses' notes, logs and daily care flow sheets for 14 consecutive days within the most current three (3) weeks preceding the request; and
2. Additional documentation clarifying clinical status (such as well child check and/or specialist visit notes, seizure log, and ventilator, BIPAP, CPAP logs) may be requested if clinical documentation provided does not support the hours requested.

In-State and Out-of-State (OOS) PDN requests for students temporarily residing outside of the permanent NJ residence:

Requests for PDN made by members who are temporarily residing outside of the permanent residence to attend school (i.e., college and graduate students) in or out of the State of NJ will be considered once the following documentation is provided and approved by the UHCCP Medical Director:

1. A notarized letter from the member/current primary caregiver(s) confirming the name(s) of the responsible adult party/parties residing with member while away at school. Letter should affirm:
 - a. The impending responsible adult person(s) is/are willing to take responsibility for member's health and well-being while away at school 24 hours per day, 7 days per week.
 - b. The person(s) will be residing in the home with the member daily.

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- c. The person(s) is/are willing and able to provide a minimum of 8 hours of the member's care in a 24 hour period daily for members over 21 years old.
 - d. The person(s) is/are trained (or are willing to be so) to care for the member's current and future health needs, including any equipment being used regularly by the member.
 - e. The temporary place of residence can accommodate the member, the necessary equipment, the caregiver(s) and a private duty nurse and/or PCA.
2. A notarized letter from each future responsible adult caregiver named in the aforementioned notarized letter (if different from the current primary caregiver) or those who the current primary caregiver(s) assign to perform their duties on their behalf (i.e., proxy caregivers). Each letter should affirm that the future primary caregivers/proxy caregivers understand and accept the responsibility of the member in the absence of the current primary caregivers and all that entails, including
 - a. understanding and acceptance of the responsibility of member's health and well-being while member is away at school 24 hours per day, 7 days per week and all it entails;
 - b. that they will be/are residing with the member while in school;
 - c. that they are trained or are being trained in member's current and future health care needs; and
 - d. that they are willing to provide hands on care to the member as necessary
 3. Lease (preferably if member and/or one of the caregiver's names are on it) or confirmation from the university of acceptance in an on campus dormitory.
 4. POA/attestation by member regarding responsible party for discussing with and making decisions regarding his healthcare.

This documentation is in addition to the clinical information necessary to make a determination.

This documentation must be resubmitted to the Health Plan annually or more often if necessary as long as:

1. The member resides outside of his/her permanent address, and
2. The member requests PDN from UnitedHealthcare Community Plan (UHCCP) of New Jersey.

Recertification of Private Duty Nursing

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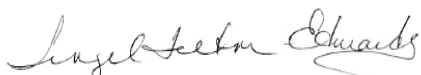
1. All private duty nursing must be recertified at a minimum of 90-day intervals or as clinically indicated by the Care Manager or UnitedHealthcare Community Plan staff person and the PDN nursing agency.
2. The following information must be included in the request for recertification:
 - a. UnitedHealthcare Community Plan PDN Prior Authorization Request signed by the member's physician which includes:
 - i. The Member's name and demographic information
 - ii. The Member's diagnosis(es)
 - iii. The ordering physician's (or provider's) name and demographic information
 - iv. The beginning date of private duty nursing and number of hours provided
 - b. Documentation of continued need for private duty nursing from the ordering physician and the nursing agency providing care. Clinical documentation required to support medical necessity includes all of the following:
 - i. CMS-485 Home Health Certification which includes the Plan of Care signed by a physician (M.D. or D.O.); and
 - ii. Nurses' notes, logs and daily care flow sheets for 14 consecutive days within the most current three (3) weeks preceding the request.
 - iii. Additional documentation clarifying clinical status (such as well child check and/or specialist visit notes, seizure log, and ventilator, bi-level PAP, CPAP logs) may be requested if clinical documentation provided does not support the hours requested.
 - c. Optional letter of medical necessity can be submitted by the physician as supplemental information.
3. The Care Manager (CM) will perform recertification reviews as per standard prior authorization best practice.
 - a. If medical necessity criteria continues to be met and no change in determination is needed, then the CM can continue the approval of the existing medical necessity determination that was initially made by the Medical Director,
 - b. If medical necessity criteria is not met when applied by the CM and a change in determination is needed, then the CM will provide all available pertinent documentation to the Medical Director for additional review. The Medical Director will review the documentation and ask the CM to

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| UNITED HEATHCARE COMMUNITY PLAN OF NEW JERSEY (UHCCP) | POLICY AND PROCEDURES |
| TITLE: (PCM) Medical Care Coordination: Private Duty Nursing | LINE OF BUSINESS: NJ Family Care/Medicaid/ FIDESNP/MLTSS |
| | Number: PCM3-SNU-P19 |
| EFFECTIVE DATE: September 2002 | Page 12 of 12 |
| REVISED: 05/04, 11/05, 10/07, 01/08, 03/09, 07/10, 08/14, 5/15, 2/17, 6/17, 7/18, 4/19, 5/19, 9/19, 03/20 | AUTHORIZED BY: CHIEF MEDICAL OFFICER |
| FOR PLAN USE ONLY: ANNUAL REVIEW DATE: 08/11, 07/12, 08/13, 8/14, 7/15, 8/16, 8/17, 6/18, 8/19 | CROSS REFERENCES: |

obtain additional information, if necessary. Once the Medical Director renders a determination, the CM will notify the member and provider agency.

4. Decrease in PDN hours or termination of PDN services that are in place
 - a. Potential adverse determinations on recertification shall be brought to PDN rounds for discussion with a medical director prior to a final decision.
 - b. The PDN care manager and Medical Director will develop a transition plan for the member prior to the reduction or termination of PDN hours.
 - c. The PDN care manager will contact the member and provide the member with the notice of adverse determination and appeal rights, including NJ Fair Hearing rights

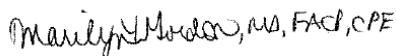
APPROVED BY:



3/2/2020

Angel Felton-Edwards MSJ, BSN, RN
Director of Health Services

Date



3/2/2020

Dr. Marilyn Gordon
Chief Medical Officer

Date