

LAKESHORE REGIONAL ENTITY SERVICE DESCRIPTION
Private Duty Nursing (PDN) – HAB Waiver

This service must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual as updated. The manual is available at:

<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

1. Definition or Description of Service

- a. Private Duty Nursing (PDN) services are skilled nursing interventions provided to Individuals age 21 and older, up to a maximum of sixteen (16) hours per day, to meet an Individual's health needs that are directly related to his developmental disability. PDN includes the provision of nursing assessment, treatment and observation provided by licensed nurses within the scope of the State's Nurse Practice Act, consistent with physician's orders and in accordance with the written health care plan which is part of the beneficiary's individual plan of services (IPOS). PDN services are for beneficiaries who require more individual and continuous care than periodic or intermittent nursing available through state plan services, e.g., Home Health. The Individual receiving PDN must also require at least one of the following habilitative services, whether being provided by natural supports or through the waiver.
 - i. Community Living Supports
 - ii. Out-of-Home non-vocational habilitation
 - iii. Prevocational or supported employment
- b. To be determined eligible for PDN services, the PIHP must find that the beneficiary meets Medical Criteria I as well as Medical Criteria III, or meets Medical Criteria II as well as Medical Criteria III. Regardless of whether the beneficiary meets Medical Criteria I or II, the beneficiary must also meet Medical Criteria III.
- c. These services must be provided consistent with requirements outlined in the MDHHS Medicaid Provider Manual.

2. Practice Principles

- a. The amount of PDN (i.e., the number of hours that can be authorized for an Individual) is determined through the person-centered planning process to address the Individual's unique needs and circumstances. Factors to be considered shall include the Individual's care needs which establish medical necessity for PDN; the Individual's and family's circumstances (e.g., the availability of natural supports) and other resources for daily care (e.g., private health insurance, trusts, bequests).
- b. Although the person-centered planning process is used to determine the exact amount of PDN specified in the IPOS, in general, an Individual who has a Low Category PDN need would require eight (8) or fewer hours per day, an Individual who has a Medium Category PDN need would require twelve (12) or fewer hours per day, and an Individual who has High Category PDN need would require sixteen (16) or fewer hours per day.
- c. The nurse may provide personal care only when incidental to the delivery of PDN, e.g., diaper changes, but may not provide routine personal care. The provision of personal care in unlicensed homes is through Home Help, a State plan service. If the Individual receiving PDN services demonstrates the need for Home Help services, the IPOS must document coordination of Home Help and PDN to assure no duplication of services.
- d. Licensed nurses provide the nursing treatments, observation, and/or teaching as ordered by a physician, and that are consistent with the written IPOS.
- e. These services shall be provided to an Individual at home or in the community. A physician's prescription is required.
- f. If a beneficiary is attending school and the Individualized Educational Plan (IEP) identifies the need for PDN during transportation to and from school and/or in the classroom, the school is

responsible for providing PDN during school hours. For adults up to age 26 who are enrolled in school, PDN services are not intended to supplant services provided in school or other settings or to be provided during the times when the beneficiary would typically be in school but for the parent's choice to home-school.

- g. Provider will comply with the principles of person-centered planning as outlined in the MDHHS BHDDA Person-Centered Planning Policy.
- h. MDHHS encourages the use of natural supports to assist in meeting an Individual's needs to the extent that the family or friends who provide the natural supports are willing and able to provide this assistance. The use of natural supports must be documented in the Individual's IPOS.

3. Credentialing Requirements *Refer to current Medicaid Provider Manual for updated requirements*

- a. Provider will assure that licensed professional staff are licensed and/or registered in the State of Michigan to provide services at the level authorized by the Payor. Licensed professionals shall act within the scope of practice defined by their license.
- b. Provider shall assure that all staff providing services are qualified and trained to provide services at the level authorized by the Payor.
- c. Provider shall ensure that all vehicles used for transporting the Individual(s) under this agreement are in safe operating condition and contain first aid equipment.
- d. Provider shall permit only responsible staff with an appropriate valid driver's license and insurance, as required by State law, to operate motor vehicles while transporting Individual(s) as evidenced by annual driving record and insurance checks.
- e. Provider shall maintain a copy of training records for each staff person for review if requested by the Payor, the LRE, or an external review team.
- f. Provider shall work in collaboration with the Supports Coordinator to ensure that goals of community inclusion are addressed in the IPOS.
- g. Providers of services must:
 - i. Be at least 18 years of age.
 - ii. Be able to prevent transmission of any communicable disease from self to others in the environment where they are providing supports.
 - iii. Be able to communicate expressively and receptively in order to follow individual plan requirements and Individual-specific emergency procedures, and report on activities performed. Understanding and skill must be documented.
 - iv. Be in good standing with the law as outlined in the MDHHS/PIHP contract.

4. Service Requirements

- a. Provider's supports and services will be based upon the IPOS, and in coordination with any additional plans of the Individual (e.g. nursing, occupational therapy, physical therapy, behavior support plans). Said documents are to be present (hard copy or electronically) at the service site, and accessible to Provider's staff responsible for delivering the supports and services.
- b. Provider shall notify the Individual's care manager when the IPOS requires revision or modification.
- c. Provider shall provide services in the least restrictive and most integrated settings, unless the less restrictive levels of treatment, service or support have been unsuccessful or cannot be safely provided for that Individual.
- d. Provider shall ensure coordination of care occurs between the Individual(s) primary health care physician and Medicaid Health Plan (as appropriate). Coordination of care shall include the full array of primary and acute physical health services, behavioral health care, natural or community supports to provide effective treatment, and as specified in an Individual's IPOS.
- e. Provider shall ensure language interpretation, translation services, and hearing interpreter services are provided as needed, and at no cost to the Individual. Provider shall be responsive to the

particular needs of Individuals with sensory or mobility impairments, and provide necessary accommodations.

- f. Provider shall complete service documentation and records that meet the PIHP/CMHSP's requirements for reimbursement. Provider's services and documentation/records shall comply with the standards of the PIHP, CMHSP, accreditation bodies, MDHHS, any applicable licensing Department or Agency of the State of Michigan, Medicaid and Medicare regulations and/or any third-party payers.
- g. The Individual's record must contain sufficient information to document the provision of services, including the nature of the service, the date, and the location of contacts, including whether the contacts were face-to-face. The frequency and scope of contacts must take into consideration the health and safety needs of the Individual.
- h. Provider agrees to participate in the annual planning meeting of each Individual as request by the Individual and/or guardian. Provider also agrees to participate in other Individual-related meetings, as requested by the CMHSP, the Individual, and/or the Individual's guardian. Provider will provide consultation to the assigned Individual's inter-disciplinary team to assist with problem resolution or improvement skills as needed and assigned.

5. Training Requirements

- a. See Attachment I: Training Requirements for specific training requirements and frequency of trainings.
- b. Individual specific training as needed.
- c. Provider will ensure and document that each staff is trained on the Individual's IPOS and ancillary plans, prior to delivery of service.

6. Eligibility Criteria/Access Requirements/ Authorization Procedures

- a. Individuals presenting for mental health services will be engaged in a person-centered planning process through which diagnostic information and service eligibility will be determined. Eligibility tools may be used in conjunction with the person-centered planning process to determine and document medical/clinical necessity for the requested service.
- b. Waiver eligibility requires verification of no change in waiver status.
- c. The [Lakeshore Regional Entity Guide to Services](#) provides a summary of service eligibility, access to services, and service authorization. Additional information related to policies, procedures and Provider Manuals may be found by accessing the specific CMHSP websites.