

POLICY AND PROCEDURE

POLICY NAME: Home Health Nursing/Aide Services Expanded Benefit	POLICY ID: FL.UM.24
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 10/1/2021	PRODUCT(S): Managed Medical Assistance (MMA), Comprehensive Long Term Care, Serious Mental Illness (SMI)
REVIEWED/REVISED: 06/22, 06/01/2023	
REGULATOR MOST RECENT APPROVAL DATE(S):	

POLICY STATEMENT:

Sunshine Health will provide qualified adult members with the following home health nursing/aide services with prior authorization:

- Unlimited visits by a home health aide or certified nurse assistant (per hour and per visit)
- Unlimited nursing care in the home provided by a registered nurse or licensed practical nurse (per hour and per diem); and
- Unlimited personal care services (per fifteen (15) minute units and per diem).

PURPOSE:

To establish clinical criteria on which to review requests for home health nursing/aide services as an expanded benefit for Sunshine Health's Managed Medical Assistance (MMA) and Serious Mental Illness (SMI) products.

SCOPE:

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS:

POLICY:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved expanded benefits when medically necessary, appropriate, and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy.

PROCEDURE:

Review Process: To assist in determining the medical necessity of an expanded benefit, the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review
- FL.UM.02 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend or terminate services must be made by the Health Plan's Medical Director or contracted vendor as outlined in the policy Clinical Decision Criteria and Application FL.UM.02
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions FL.UM.05

Specific Clinical Information/Criteria:

The requesting practitioner must provide information relative to the Home Health Nursing/Aide Services Expanded Benefit that is being requested.

Private Duty Nursing Services Criteria:

The treating provider must submit to Sunshine Health's utilization management department the following information when initially requesting private duty nursing services:

- Signed, completed current Plan of Care (POC)
- Documentation of the member's medically complex condition(s), system and organ function of the member. This would include but not be limited to diagnosis related to:
 - Illness/Injury/Exacerbation/Surgery
 - Discharge from inpatient facility
- Documentation to support reason that the member needs more extensive and continual care than can be provided through a home health nurse visit. This would include, but not be limited to:
 - Modification of initial or on-going treatment/medication regimen

- Lack of adherence
- Management of plan of care
- Exacerbation of known illness
- Documentation on why the member needs services in the home, or other approved location:
 - Assessment of home environment
 - Activity restrictions requiring ≥ minimum assistance in transfer/bed mobility/locomotion to leave home/residence
 - Isolation and/or immunocompromised host/communicable disease
 - Specific skilled nursing interventions needed
- Information on the member's ADL and IADL needs and level of support needed
- Summary of other services that are in place for the member in the member's residence or other requested location
- Clinical documentation on the need for the amount, duration and scope of private duty nursing

Upon receipt of the information provided by the treating physician, the Sunshine Health utilization management nurse review for medical necessity for private duty nursing will consider such criteria as:

- Home environment
- Care required in the home or other authorized setting
- Current documentation of organ system dysfunction including but not limited to:
 - Genitourinary system
 - Initiate/continue teaching of self-catheterization and voiding schedule
 - Catheter change/irrigation/reinsertion
 - Post void residual
 - Suprapubic tube
 - Cardiovascular system
 - Significant arrhythmias
 - Blood pressure monitoring
 - Signs of congestive heart failure
 - Endocrine system
 - Fluid monitoring for diabetes insipidus
 - Care for diabetes mellitus including
 - Insulin injections/pump
 - Blood sugar testing/monitoring
 - Diet/Meal planning
 - Eye/foot/skin care
 - Gastrointestinal system and nutrition
 - Initiate/continue teaching of prescribed bowel regimen
 - Manual disimpaction
 - Aspiration precautions
 - Feeding tube care (includes pump management)
 - TPN
 - Formula medication administration
 - Site care/dressing
 - Hematologic system
 - Administration of injectable anticoagulants
 - Neurologic system
 - Seizure precautions/interventions
 - Vagal nerve stimulator
 - Musculoskeletal system
 - Cast care Wound care
 - Decubiti/pressure ulcers
 - Respiratory system
 - Tracheostomy care
 - Technology dependent child

This information is reviewed to determine the medical necessity of private duty nursing and the level of support based on InterQual skilled nursing criteria supplemented by information in this policy.

Redetermination

Prior to the expiration of the initial authorization period, the requesting provider must submit to Sunshine Health's utilization management department information on the member's status in order for a review for a subsequent approval using "Information Required for Initial Review".

Personal Care Services Criteria:

Personal care services are covered for members who are over the age of 21. In order to be considered for approval, the member's treating physician must order the service. The member must meet all of the following criteria:

- Member must have one of the functional impairments noted in the "Level of Functional Impairment" section below.
- Member has a documented medical condition or disability that substantially limits the member's ability to perform their Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL), or has a documented cognitive impairment which prevents him/her from knowing when or how to carry out the personal care task.
- Member has a documented functional limitation and evidence is provided for one of the following:
 - There is documentation that the member is incapable of learning despite efforts to train in personal care task(s)
 - Member has a documented memory deficit(s) which prevents him/her from managing a personal care task
- Member requires more individual and continuous care than can be provided through a home health aide visit
- Member does not have a parent or caregiver able to provide ADL or IADL care
- Member would normally perform the age appropriate personal care task without the medical condition or disability, and his/her parent or caregiver is not able to provide ADL or IADL care

Information Required for Initial Review of Personal Care Services:

The treating provider must submit to Sunshine Health's utilization management department the following information when initially requesting personal care services:

Plan of Care

- A current signed, completed Plan of Care (POC).

Medical condition, disability, cognitive, or functional limitation

- Documentation of the member's current medical condition, disability, cognitive limitation or functional limitation and how this is substantially limiting the member's ability to perform specific Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)
 - ADLs include: eating (oral feedings and fluid intake), bathing, dressing, toileting, transferring, and maintaining continence (examples include taking care of a catheter or colostomy bag or changing a disposable incontinence product while the member is unable to control his/her bowel or bladder).
 - IADLs include: personal hygiene, light housekeeping, laundry, meal preparation, transportation, grocery shopping, using the telephone to take care of essential tasks (examples include paying bills and setting up medical appointments), medication management, and money management.
- Service Need
 - Documented need for services that cannot be provided by a home health aide, including information on the reason that the member requires more individual and continuous care than can be provided through a home health aide visit.

Support for ADLs and IADLs

- Description of parent or caregiver ability to support member's ADLs and IADLs, including:
 - Information on the level of ADL and IADL support that the parent or caregiver is able to safely provide.
 - If training needs are needed to enable the parent or caregiver to safely provide ADL or IADL support, description of the level of training needed.

Living situation consideration for members age 21 and up:

- Provide information on the member's housing situation:
 - Lives alone
 - Lives with family (with consideration of the number of days and hours that family members are not available to assist the member).
 - Lives with non-family (with consideration of the number of days and hours that non- family members are not available to assist the member).

Age appropriate personal care tasks

- Provide information related to the age appropriateness of the member being able to perform the specific ADL or IADL task, such as grocery shopping, preparing meals, money management medication administration, laundry, or light housekeeping.

Limitations/Exclusions

The following limitations or exclusions apply:

- Member must be 21 and older
- A skill level other than what is prescribed in the physician order and approved POC
- Babysitting
- Certification of the POC by a physician
- Nursing assessments related to the POC
- Professional development training or supervision of home health staff or other home health personnel
- Respite care to facilitate the parent or caregiver attending to personal matters
- Services funded under section 110 of the Rehabilitation Act of 1973 or under the provisions of the Individuals with Disabilities Educational Act
- Services furnished by relatives as defined in section 429.02(18), F.S., household members, or any person with custodial or legal responsibility for the recipient (except as described in section 4.2.1)
- Services rendered prior to the development and approval of the POC
- Travel time to or from the recipient's place of residence
- Housekeeping (except light housekeeping), homemaker, and chore services, including any shopping
- Services to a recipient residing in a community residential facility when those services duplicate services the facility or institution is required to provide.
- Transportation services (except when necessary to protect the health and safety of the recipient and no other transportation service is available)
- Escort services
- Care, grooming, or feeding of pets and animals
- Yard work, gardening, or home maintenance work
- Companion sitting or leisure activities
- Services to an adult recipient enrolled in hospice when the services are related to the treatment of the terminal illness or associated condition.
- Medicaid does not reimburse for home health services provided in any of the following locations:
 - Hospitals
 - Nursing facilities
 - Intermediate care facility for individuals with intellectual disabilities (ICF/IID) (see exceptions for ICF/IIDs in 42 CFR 483, Subpart I)
 - Day care centers for children or adults

REFERENCES:

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS:

N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy	Policy Created	06/10/2022
Annual Review	Updated Policy ID Updated Footer with full policy name	06/01/2023

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

SVP Compliance _____

Senior Dir. Compliance _____