

Review of 3G-2 Clinical Coverage Policy Proposed Amendments (Changes/Additions)

- **Skilled Nursing** – Amended to clarify the description and definition, the definition of continuous and the definition of primary and secondary caregivers.
 - **Description** - amended to “skilled nursing services provided for beneficiaries who require more individual and continuous care than what is available from a home health service visit.” (1.0)
 - **Definition**- amended to include verbiage from the NC Board of Nursing Scope of Practice. (1.1.1)
 - **Continuous** - has been amended to remove “every two or three hours.” Continuous will mean at least every two hours. (1.1.5)
 - **Primary and Secondary Caregivers** - has been amended to add secondary caregiver and to clarify fully available and partially available caregivers. (1.1.7)
- **Specific** – Amended to update the Medicaid eligibility categories to include Medicaid Prepaid Health Plans (PHPs). (2.1.2)
- **Medicaid Additional Criteria Covered** – Amended to remove “only in the primary private residence of the beneficiary,” as PDN may be provided when normal life activities take the beneficiary out of that setting. Also removed “to prevent institutionalization” from the basis for PDN approval. PDN services are based on medical necessity and caregiver availability. Clarification that caregiver is required to be available to assume this role, or PDN cannot be approved. (3.2.2)
- **Health Criteria** – Medical Fragility definition removed. Medical Necessity definition clarified. Medical Fragility criteria will be known as PDN Service Criteria. (3.3)
- **Short-Term Increase** – Increased limit to six calendar weeks, which is consistent with research suggesting six weeks is a more utilized recovery period from a variety of procedures. (3.4.3)
- **Therapeutic Leave** – Addition of 14 days per calendar year of physician-ordered, non-medical therapeutic leave. (This will be an addition.)
- **School Absences** – Added process for reporting school absences to align with new PDN forms. (This will be an addition.)
- **School Enrollment or Disenrollment** – Added process reporting new school enrollment or disenrollment to align with new PDN forms. (This will be an addition.)
- **Medicaid Additional Criteria Not Covered** - Removed Vacation and added Therapeutic Leave. (4.2.2)

- **Initial Referral**
 - **Process** – Amended the comprehensive assessment timeframe from 24-48 hours prior to the start of care date. (5.2.2.1)
 - **Documentation Requirements** – Provisional and Continuation review streamlined to align with new PDN forms (will be discussed later during PDN Reminders section). (5.2.2.2)
- **Reauthorization Process** – Removed 30 calendar days and added 15 business days, which is consistent with a more utilized timeframe for preparation of required documentation and due process. Review streamlined to align with new PDN forms. (5.2.2.6)
- **Missed Shift Hours** – Reporting structure for shift hours that are missed within the preceding 180-day period. (This would be an addition.)
- **Re-Evaluation During the Approved Period** – Amended notification process for “a significant change in the beneficiary’s medical status...within five business days” (5.2.2.8)
- **Emergency Changes** – Notification timeframe limited to five business days from 15, which is consistent with reporting other changes within the policy. (5.2.3.3)
- **Notification of Termination**- Added notification timeframe for discharging PDN services due to another source of nursing care coverage within five business days (5.2.4.1 b)
- **Changing Service Providers** – Amended to streamline process for transfers, shared cases and re-distribution of shared hours. Added requirement that requests for transfer shall be submitted at least five business days prior to the anticipated transfer. This new process will decrease administrative burden for the provider and provide clarification on the information needed for the transfer
 - **Transfer of Care Between Two Different Agencies** – Amended transfer notification timeframe to ‘at least five business days prior,’ which is consistent with reporting other changes within the policy. Added transfer provisional and transfer continuation review. (5.2.5.1)
 - **Shared Cases** – Added process for shared provisional and shared continuation review processes to align with new PDN forms. (This would be an addition.)
 - **Re-Distribution of hours** – Added process for changing shared hours to align with new PDN forms. (This would be an addition)

- **Coordination of Care**
 - **Transfers Between Health Care Settings** – Amended notification timeframe to “within five business days,” which is consistent with reporting other changes within the policy. (5.2.6.1)
 - **DME/Medical Supplies** – Amended to include required DME taxonomy code per Medical Equipment Clinical Coverage Policies 5A-1, 5A-2 and 5A-3. PDN providers who do not meet this requirement may request medical supplies through the Home Health Services Clinical Coverage Policy 3A. (5.2.6.2; 5.2.6.3; 5.2.6.4 and 5.2.6.5)
- **Weaning of a Medical Device** – Removed two weeks and added “within 10 business days,” for notification to allow time for re-evaluation of PDN services. (5.3.3)
- **Provider to Beneficiary Relationship** – Amended to further clarify the beneficiary's relationship to their provider and nursing staff. (6.3)