

**TO:** All Local District Commissioners, Medicaid Directors,  
Care At Home Coordinators

**FROM:** Mark Kissinger, Deputy Commissioner  
Office of Long Term Care

**SUBJECT:** Prior Approval Nursing for Care At Home Recipients and  
Care At Home I and II Assessments  
Attachment

**EFFECTIVE DATE:** Immediate

**CONTACT PERSON:** Local District Support Liaison  
Upstate (518) 474-8887 NYC (212) 417-4500

The purpose of this GIS is to notify social services districts that beginning April 1, 2007, in accordance with the schedule below, private duty nursing services provided to children enrolled in the Medicaid waiver programs Care At Home (CAH) I, II, III, IV and VI will be subject to prior approval.

Please refer nurses who may call with questions on the prior approval process to the Provider Manual (Private Duty Nursing Manual) which can be accessed at:

<http://www.emedny.org/ProviderManuals/NursingServices/index.html>.

Refer callers with questions regarding the submission of prior approval documentation and billing to Computer Sciences Corporation (CSC) at 1-800-343-9000.

To facilitate an efficient transition and assure continuity of care, all nurses who currently provide services to Care At Home participants will submit their prior approval requests to Computer Science Corporation (CSC) according to the following time-table:

New York City:	April 1 through June 1, 2007
Nassau and Suffolk:	May 1 through July 1, 2007
Rest of the State:	June 1 through August 1, 2007

#### Existing CAH I and II cases

The Licensed Home Care Service Agency (LHCSA), private provider or CAH Case Manager will be contacting the local department of social services (LDSS) to obtain documentation concerning the current authorized nursing hours on the CAH case(s) they serve who will require nursing prior approval. The LDSS CAH coordinator or designee will provide the nursing provider with documentation that will verify the child's name, CIN, waiver (CAH I or II), level of home care (RN or LPN) and number of nursing hours/week currently authorized for CAH I/II. This information needs to be documented on LDSS letterhead and signed by the LDSS CAH coordinator or designee. In addition, the LDSS CAH coordinator or designee may be asked to supply a current copy of the following:

- Current physician's orders and plan of treatment, and
- Current nursing assessment from a Certified Home Health Agency (CHHA), LDSS or public health department.

It is anticipated that the child's CAH case manager will actively participate throughout this process and facilitate gathering the necessary documents required for the prior approval process.

#### Existing CAH III, IV & VI cases

If the LDSS receives inquiries from a nurse who provides care to a child enrolled in CAH III, IV or VI requesting documentation of the current authorized nursing hours, please refer the nurse to the responsible Developmental Disabilities Services Organization (DDSO).

#### Counties That Process Their Own Prior Approvals for Private Duty Nursing

For residents of Erie, Westchester, Broome, Oneida, Schenectady, Tompkins and Chemung Counties, the LDSS district office does its own nursing prior approvals. These counties will begin to accept documentation from nursing providers needing a prior approval for all new and existing Care At Home cases beginning April 1.

When a CAH participant moves from one county to another and is receiving private duty nursing services, it may be necessary for the LDSS CAH coordinators or designees to supply a copy of the necessary documentation for prior approval to the nursing provider in order for private duty nursing services to remain uninterrupted and to accommodate a smooth transition.

#### New Cases

As of April 1, 2007 all new CAH cases which are requesting private duty nursing services will be subject to the prior approval process. Please note that new cases are those which are being enrolled in CAH for the first time or have been closed and are re-applying to CAH; or those cases that have been opened but are requesting private duty nursing for the first time. For your information, the paperwork requirements for a new case needing prior approval is attached.

The CAH enrollment process will proceed as usual via the LDSS and State Department of Health for CAH I and II or the DDSO and Office of Mental Retardation (OMRDD) for CAH III, IV and VI.

In order for a prior approval request to be processed on a new case, the child must have an active Medicaid CIN. All CAH enrollees continue to require a Recipient Restriction/Exception (R/E, specific to the waiver of enrollment, to ensure reimbursement. The LDSS is responsible for inputting the R/E code on the recipient's WMS file.

#### CAH I & II Reassessments

Additionally, as of April 1, 2007, re-assessments for children enrolled in CAH I and II will be required to be completed every 6 months, unless otherwise requested by the LDSS or SDOH to document a change in the child's medical needs. The documentation required for re-assessments is the Case Management Plan of Care, completion of the assessment tool approved for your county, and the child's CAH budget. Physician's orders continue to be required every 60 days and the CAH Pediatric Peer Review Instrument (PPRI) must be completed yearly.



# STATE OF NEW YORK DEPARTMENT OF HEALTH

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**\*\*ALL NEW CASES REQUIRE PRIOR APPROVAL\*\***

## **Private Duty Nursing Paperwork Requirement for New Cases**

MEDICAID ID#: \_\_\_\_\_

1. Letter of Medical Necessity from ordering physician to include all skilled needs, level of care (LPN or RN) and number of hours being recommended.
2. Nursing Assessment – This is a head-to-toe, system-by-system physical assessment done by an RN. If client is hospitalized, in a rehabilitation center or skilled nursing facility, an in-house RN can do the assessment. If the client is currently residing at home in the community, then a Certified Home Health Agency (CHHA) must do the assessment (i.e., the M27R).
3. Back-up/training statement signed and dated by the primary caretaker, i.e., “In the event a nursing shift is not covered, I will be responsible for taking care of \_\_\_\_\_, and have been fully trained in all skilled tasks.”
4. Documentation of training by facility staff (for hospitalized clients or those in a rehabilitation or SNF).
5. Psychosocial Assessment to include:
  - a. Who resides in the household with the client (include ages of any siblings);
  - b. Caregiver(s) work schedules on their company letterhead;
  - c. If applicable, school schedule and calendar;
  - d. If primary caretaker is attending college, send course schedule on college stationery.
6. Ventilator dependent clients, send the respiratory company home assessment and ventilator settings.
7. If there is Primary Insurance, send an Explanation of Benefits (EOB) from the insurance company
  - a. If client has primary insurance and this is **NOT** disclosed on the Medicaid system, then no approval for PDN hours will be authorized.
8. All skilled tasks must be “specified.” For example, do not write suction “PRN,” instead, document actual frequency such as suctioned Q 4hrs. For tube feedings – list the actual time of day administered (8a, 12N, 4p, etc.)
9. For cases to be staffed by independent LPNs: a “letter of oversight” signed by the ordering physician must be submitted. This letter should state, “I am aware that there are independently enrolled LPNs staffing this case and I am willing to provide oversight to them.”
10. If PDN is for school, then submit a letter from the school district stating child cannot attend without 1:1 nursing and district cannot provide it.