



# **Kaiser Permanente Southern California Home Health Shift Care / Private Duty Nursing (PDN) Services**

## **Utilization Management (UM) Criteria- Medi-Cal, Including Members Under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit Under the Age of 21**

### **Utilization Management Criteria Statement**

This document includes criteria that support utilization review of certain provider-requested health care services

Utilization review occurs when a qualified physician other than the treating clinician reviews the treating clinician's request against utilization review criteria. The qualified physician is in the position to approve, deny, delay, or modify the service request based on a determination of medical necessity. These criteria are consistent with professional standards of practice and are provided for your reference.

If you are in a treatment relationship with a member, then your clinical recommendations are not subject to these criteria. Your treatment recommendations are guided by your professional judgment and informed, where applicable, by clinical practice guidelines and clinical support tools found in the UM Criteria References section, below.

### **Principles**

The Permanente Medical Group, Inc. ("TPMG") and Southern California Permanente Medical Group ("SCPMG") provides Private Duty Nursing services when medically necessary.

Kaiser Foundation Health Plan, Inc. covers Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services, as required by law for Medi-Cal managed care plan (MCP) members under age 21, when determined to be medically necessary based upon the following medical necessity criteria and the member's current clinical condition to correct or ameliorate defects and physical and mental illnesses or conditions. Services must also be provided when medically necessary to prevent disease, disability, and other health conditions or their progression, to prolong life, and to promote physical and mental health and efficiency.

Service/s need not cure a condition in order to be covered under EPSDT. Services that maintain or improve the member's current health condition are also covered under EPSDT because they "ameliorate" a condition. Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems. Services are covered when they prevent a condition from worsening or prevent development of additional

health problems. The common definition of "ameliorate" is to "make more tolerable." Additional services must be provided if determined to be medically necessary for a member.

Medical necessity decisions are individualized. Flat limits or hard limits based on a monetary cap or budgetary constraints are not consistent with EPSDT requirements. Therefore, MCPs are prohibited from imposing service limitations on any EPSDT benefit other than medical necessity. The determination of whether a service is medically necessary or a medical necessity for a member must be made on a case-by-case basis, taking into account the particular needs of the member.

In the situations where a member has more than one coverage or program eligibility offering, such as Commercial, Self-Funded, Federal, Medicare, California Children Services (CCS), and other lines of coverage not listed above, the PDN benefit under EPSDT is effective only when the other coverage benefits, or program eligibility is exhausted or has not been met.

**Note on care coordination:** If the managed Medi-Cal care plan (MCP) approves the private duty nursing (PDN) services, then the MCP is responsible for providing case management to arrange for all approved PDN hours. If another entity (such as CCS) has authorized all or a portion of the PDN hours, the MCP still must coordinate the case management as necessary. This includes, when at the Member's request, arranging the services with home health agencies and individual nurse providers.

## Scope of Services

- Private Duty Nursing services are intended to support, not supplant, the natural supports supplied by the primary caregiver.
- There must be a primary caregiver in the home who is proficient in the tasks.
- In-home supplemental services may include a combination of assistance with ADLs, nursing services, or other supportive services provided by professional providers.

## Eligibility, Ineligibility and Redetermination

**To be eligible for PDN services, Medi-Cal members under the age of 21 must meet the following criteria:**

- Medi-Cal beneficiary and is covered by a Medi-Cal Managed Care plan.
- Reside in a home setting.
- Be capable of being safely served in a home setting. The space in the home setting is adequate to accommodate needed equipment, supplies, and personnel.

Private Duty Nursing services are required by the member in the home setting at a skilled level that could be safely and effectively performed by unlicensed family member(s) or other layperson(s) with appropriate training and supervision. Family member(s) or layperson(s) are willing, able, and available as determined by the Home Health Continuous Hourly Care Committee.

KFHP is responsible for coordinating the provision of services with other entities, including but not limited to Regional Centers and County Mental Health plans,

## **Ineligibility for services can be based on meeting the following criteria:**

- Resides in a hospital, school, subacute facility, nursing facility, intermediate care facility for the developmentally delayed, residential facility or other institution.
- Is not safely served in a home setting as described above.

## **Redetermination:**

The Home Health Continuous Hourly Care Committee shall re-determine a member's eligibility for Private Duty Nursing services using the UM criteria at a minimum of every year, or as the member's skilled nursing needs have changed.

## **Clinical Review**

**Service Levels:** The Home Health Continuous Hourly Care Committee shall base the average monthly service hours as determined by an authorizing physician in the Plan of Care using the criteria outlined below.

## **Skilled Nursing Needs:**

The intensity of medical/skilled nursing care required as such that in the absence of in-home services, the member would be placed in a facility.

In-home services are the health care services needed by a member less than 21 years of age who may use a medical technology that compensates for the loss of a vital bodily function, and/or requires more individual and continuous care in order to remain in their home setting and avoid a higher level of care.

Medical necessity for services may be substantiated by any of the following items in (1) through (4) below:

1. A tracheostomy with dependence on mechanical ventilation for a minimum of six hours each day.
2. Dependence on tracheostomy care requiring suctioning at least every six hours, and room air mist or oxygen as needed, and dependence on one of the three treatment procedures listed in (a) through (c) below:
  - a) Dependence on continuous intravenous therapy including administration of therapeutic agents necessary for hydration or intravenous pharmaceuticals; or intravenous pharmaceutical administration of more than one agent, via a peripheral or central line, without continuous infusion.
  - b) Dependence on peritoneal dialysis treatments requiring at least four exchanges every 24 hours.
  - c) Dependence on tube feeding, nasogastric or gastrostomy tube.
3. Dependence on skilled nursing care in the administration of any two of the three treatment procedures listed in (2) (a) through (c) above.
4. Medical necessity for care may be substantiated by all the following conditions:

- a) The intensity of medical/skilled nursing care required by the member may be such that the continuous availability of a licensed nurse is medically necessary to meet the patient's healthcare needs. This involves frequent assessment, interpretation, evaluation, and monitoring of the member's response to treatment on a frequent or on-going basis. The member requires maximum assistance needed with activities of daily living, such as quadriplegic or paraplegic care.
- b) The member's medical condition has stabilized such that the immediate availability of the services of an acute care hospital, including daily physician visits, is not medically necessary. But the member requires a frequent need to identify and evaluate clinical changes which may result in ramifications for the member's medical condition, including initiation of appropriate interventions.
- c) The intensity of medical/skilled nursing care required by the member is such that, in the absence of a facility providing services, the only other medically necessary inpatient care appropriate to meet the member's health care needs under the Medi-Cal program is in an acute care licensed hospital bed.

**Criteria for Continuous Hourly Care - 8 hours or greater for a transitional period of time:**

The purpose of a transitional period is to assist family member(s) or other layperson caregiver(s) with the completion of training to assume 24-hour responsibility for the member's care in the home setting. Continuous Hourly Care is required for a transitional period of time to accomplish the training noted above.

For authorization of continuous hourly care for a transitional period, all 3 criteria below must be met:

1. There is evidence that the family member(s) or other layperson caregiver(s) require further teaching, observation, and/or monitoring to perform the services for the member required to safely and effectively remain in the home setting.:
2. Continuous Hourly Care is required for a defined and temporary period of time with a specified start and end date.
3. A transition plan must be developed that specifies a continuous and gradual reduction in hours over a defined period of time to less than 8 hours per day.

## **Contributors / Clinical Experts**

Colleen Keller, NCAL Regional Director, Home Health/Hospice

Heather M. Ward, RN, BSN, MHA, CCM, Clinical Operations Consultant, Medicaid Care Delivery and Operations, California

Brett Lapinski, Director, Medi-Cal Regulatory Change Management

Myrza Perez, MD, Medical Director of Pediatrics, Roseville

Southern California Home Health Care Services Regional Leaders for Clinical and Quality:  
 Menyea Baker, RN Southern California Home Health Care Services  
 Charles Kellerman, MD, Medical Director of Private Duty Nursing (PDN) Program, SCAL

## Approving Bodies

Menyea Baker, RN Southern California Home Health Care Services	6/13/2006, 5/22/2007, 5/14/2008, 5/13/2009, 5/10/2010, 6/1/2012, 6/20/2013, 6/17/2015, 8/25/2016, 8/27/2017, 8/24/2018, 8/26/2019, 8/24/2020, 8/21/2021, 6/20/2022, 08/2023, 8/2024, 10/2024
John Brookey, MD William Cory, MD SCAL Health Plan UM Physician Advisors	6/13/2006, 5/22/2007, 5/14/2008, 5/13/2009, 5/10/2010, 6/1/2012, 6/20/2013, 6/17/2015, 8/25/2016, 8/27/2017, 8/24/2018, 8/26/2019, 8/24/2020, 8/21/2021, 6/20/2022, 09/2023, 8/2024, 10/2024
Utilization Management Steering Committee (UMSC)	6/13/2006, 5/22/2007, 5/14/2008, 5/13/2009, 5/10/2010, 6/1/2012, 6/20/2013, 6/17/2015, 8/25/2016, 8/27/2017, 8/24/2018, 8/26/2019, 8/24/2020, 8/21/2021, 6/20/2022, 09/2023, 8/2024, 10/2024

## References

- Centers for Medicare and Medicaid Services (CMS), titled *EPSDT — A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents* (June 2014)
- Department of Health Care Services, All Plan Letter 23-005 (Supersedes APL 19-010, APL 18-007 and 07-008)
- Department of Health Care Services, All Plan Letter 20-012
- Title 42, United States Code, Section 1396(d)(r)
- Social Security Act (SSA), Section 1905
- WIC Section 14059.5