PART II – Chapter 1900

POLICIES AND PROCEDURES
for
EDWP (CCSP and SOURCE)
SKILLED NURSING SERVICES
by PRIVATE HOME CARE PROVIDERS



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF MEDICAID

Revised: October 1, 2021

PART II - POLICIES AND PROCEDURES FOR SKILLED NURSING SERVICES BY PRIVATE HOME CARE PROVIDERS

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PREFACE

Skilled Nursing Services by Private Home Care Providers

Policies and procedures in this Chapter apply to all Skilled Nursing Services by Private Home Care Providers. This Chapter must be used in conjunction with the manuals listed below:

Part I – Policies and Procedures for Medicaid/PeachCare for Kids, Chapters 100 through 500

Part II – Chapters 600 – 1000, Policies and Procedures for CCSP and SOURCE General Services Manual

Rules and Regulations for Private Home Care Providers, Chapter 290-5-54

PART II - CHAPTER 1900

SPECIAL CONDITIONS OF PARTICIPATION

1900. **General**

Skilled nursing services may be provided to EDWP CCSP/SOURCE members by a private home care provider licensed to provide skilled nursing. Private home care providers in accordance with O.C.G.A. 31-7-300 et seq, effective 7/95, must be licensed by the Georgia Department of Community Health, Health Care Section, Health Facility Regulations Division, and abide by the standards as stated in Chapter 290-5-54, Private Home Care Providers. In accordance with Section 105A of Part I Policies and Procedures for Medicaid/Peachcare for Kids, providers must be **fully licensed without restriction**.

1901. **Definition and Scope of Services**

Skilled nursing services are rendered in accordance with the provisions of the Georgia Registered Professional Nurse Practice Act, O.C.G.A. 43-26-1 and Georgia Practical Nurses Practice Act, O.C.G.A. 43-26-30, when ordered by a physician in a plan of care. All services rendered to the member require certification by a physician on the EDWP- CCSP/SOURCE Level of Care and Placement Instrument.

Physician orders/certifications are specific for procedures performed and are time limited. Services are rendered to those recipients who meet all requirements for Medicaid Home Health Skilled Services.

Skilled nursing services necessary to meet the medical needs of the member may be provided in the most appropriate setting including but not limited to the member's home, day care center or day treatment facility. If a home health agency is unable to provide service to the member, the member will be referred to a private home care provider licensed to provide skilled nursing services. Skilled nursing services may be rendered in type and frequency as determined by the EDWP- CCSP/SOURCE care coordinator on the comprehensive care plan as ordered by the physician. Skilled nursing services are indicated when necessary for treatment of an illness or injury and are performed by a registered nurse, or in certain cases, a licensed practical nurse in accordance with the plan of care and applicable professional licensing statutes and associated rules.

1902. **Skilled Nursing Services Guideline**

A. The EDWP- CCSP/SOURCE care coordinator will make referrals to licensed private home care providers who are enrolled in the EDWP- CCSP/SOURCE.

B. The specific service and frequency for skilled nursing services will be determined by the care coordinator and ordered by the physician, **subject to certain limits. The National Correct Coding Initiative, as required by the Affordable Care Act, limits the payment of skilled nursing visits by a private home care provider under Medicaid to no more than one per day. The use of a proxy caregiver to provide care for the member can be utilized in most of these situations unless expressly prohibited by the Rules and Regulations for Proxy Caregivers used in Licensed Healthcare Facilities, Chapter 111-8-100 of the Rules of the GA Department of Community Health. See also Section 606.9 B of the**

EDWP- CCSP/SOURCE General Services Manual for more information. Revised 4/2016

C. Upon acceptance of the EDWP- CCSP/SOURCE member by the private home care provider, the care coordinator sends the referral packet to the agency.

D. The private home care provider sends a EDWP Notification Form or Member Information Form (MIF) to notify the EDWP- CCSP/SOURCE care coordinator of the date services began. The care coordinator generates a Service Authorization Form (SAF) or Prior Authorization (PA) to authorize the services.

E. The private home care provider reports to the EDWP- CCSP/SOURCE care coordinator all significant changes in the member's condition and progress toward achieving the member's goals. Interim physician orders that increase frequency of services must have prior approval of the EDWP- CCSP/SOURCE care coordinator.

F. As outlined in Section 904 of the Policies and Procedures for Home Health Services manual, the private home care provider must update the member's plan of care for skilled nursing services at least every 62 days or every two months or more often if the member's condition changes.

1903. **Member Profile**

A. The member requires skilled nursing intervention/monitoring in the form of:

1. Skilled nursing care

2. Health education

3. Teaching/monitoring medication administration, indications for medication, possible side effects of medication, and side effects to report to the physician

B. A home health agency is unable to provide service to the member.

C. The member may need:

1. Nutritional counseling or assistance with a special diet not available through home delivered meals services

2. Professional skilled nursing supervision less than 24 hours a day/7 days a week

3. Maintenance to prevent regression

D. The member may have any of the following conditions:

1. an unstable medical status

2. recovering from an acute illness

3. needs that can be met by intermittent professional monitoring

1904. **Requirements Related to Member Services**

A. Description of Member Services:

Skilled Nursing Services provided through the EDWP- CCSP/SOURCE are the same as those defined in Section 901 of the Department of Community Health Policies and Procedures for Home Health Services.

B. The Clinical Record:

The private home care provider must establish and maintain a current clinical record on all members admitted to the agency for EDWP- CCSP/SOURCE reimbursed services.

These records must include at a minimum:

1. Appropriate member identifying information including current directions to the member's home;

2. Name and telephone number of member's attending physician;

3. Pertinent past and current findings, including the admission assessment done by the provider RN;

4. A plan of care signed and dated by the attending physician at least every sixty-two (62) days or every two (2) months that includes drug, dietary, treatment and activity orders;

5. Member care plan, reviewed, updated, signed, and dated at least every 62 days by the provider RN. (Refer to Section 606.18 of the EDWP- CCSP/SOURCE General Manual);

6. The Appendix DD Nursing Visit Form is completed during-

a. each service/care plan update that is conducted by the RN, at least every 62 days, with a copy of the completed form sent to the member's waiver case manager and the original maintained in the member's clinical record

b. each home visit where a Case Management ordered, scheduled telehealth visit with the member's PCP and Provider's RN is performed, with a copy of the completed form sent to the member's waiver case manager and the original maintained in the member's clinical record, regardless of whether they're receiving traditional or enhanced case management. Rev 7/2018, 1/2020, 1/2021

7. Signed and dated clinical notes written by the close of the business day immediately following the day the service was rendered by the providing member of the health team and incorporated in the record no less often than weekly;

7. Copies of summary reports sent to the physician at least every sixty-two (62) days or every two (2) months; and

8. A discharge summary when applicable.

C. Qualifications and Responsibilities of Staff

The minimum qualifications and duties for staff are listed below. The private home care provider incorporates these and any other requirements deemed appropriate into written criteria based job descriptions for each position.

1. Registered Nurse Qualifications

   Private home care provider registered nurses must have a current license to practice as a registered nurse in the State of Georgia, two years experience in home health, geriatrics, long term care or a related field. One year of experience in an administrative or supervisory capacity is preferred. **Preference should be given to individuals with home care experience.**

2. Registered Nurse Responsibilities

   Activities that can be performed by a registered nurse include but are not limited to:

   a. Any service in accordance with and outlined in the Official Code of Georgia Annotated (O.C.G.A.), Section 43-26-1, Georgia Registered Professional Nurse Practice Act

   b. Monitoring, supervising, and providing the care of those members whose health status and situation involve complex observations

   c. Initial evaluation visit, including development of the written care plan

   d. Reevaluation of member's nursing needs

   e. Initiation of the plan of treatment

   f. Initiation of appropriate preventive and rehabilitative nursing procedures

   g. Preparation of clinical and progress notes

   h. Coordination of services

   i. Informing the physician, care coordination team, and other personnel involved of changes in the member's condition and needs

   j. Member and family teaching

   k. Supervising and teaching other nursing personnel

   l. Reviewing and revising the member care plan at least every 62 days and communicating revisions to appropriate staff

   m. Facilitates telehealth visits with the member and the member's PCP 1/2021

1. Licensed Practical Nurse (LPN) Qualifications

   Private home care provider licensed practical nurses render services in accordance with the provisions of the Georgia Practical Nurses Practice Act, (O.C.G.A.) Section 43-26-30, and must have a current license to practice as a licensed practical nurse in the State of

Georgia. One year of experience in home health services, public health, geriatrics, long-term care or a related field is preferred.

Preference should be given to individuals with home care experience.

2. Licensed Practical Nurse (LPN) Responsibilities

A. Activities that can be performed by a licensed practical nurse include but are not limited to:

1. Any service in accordance with and outlined in the Official Code of Georgia Annotated (O.C.G.A.), Section 43-26-30 through 39, Georgia Practical Nurses Practice Act;

2. Documenting clinical and progress notes

3. Assisting the registered nurse

4. Assisting the member in learning appropriate self-care techniques

5. Teaching the member and family

6. Performing and/or assisting with range-of-motion exercises and ambulation

7. Administering and setting up medications ordinarily self-administered and which have been ordered by a physician and supervised by the RN

8. Reporting of changes in the member's condition and needs to the RN

9. Taking and recording vital signs

B. **Activities Which May Not be Performed by a Licensed Practical Nurse (LPN) Include**:

1. The initial evaluation visit;

2. Initial development of the Member Care Plan

3. Initiation of the plan of care; and

4. Re-evaluation of member.

D. Medication Teaching

The RN or LPN must provide instruction to the member, family and friends in medication administration, according to the physician's orders. The RN or LPN must supervise self-administration and teach methods of medication administration when appropriate. Teaching includes the indication for the medication, possible side effects, and side effects to report to the physician.

1905. Program Evaluation and Customer Satisfaction

Program evaluations are conducted at least annually by a designated staff person. The provider maintains available evidence to demonstrate that the provider reviews, analyzes, and uses results of the program evaluation to improve the quality of services. (Refer to Section 609 of the EDWP- CCSP/SOURCE General Manual). At a minimum, program evaluation includes, but is not limited to:

A. Customer Satisfaction as indicated by the measurement of:

1. staff responsiveness to member's needs
2. timeliness
3. sensitivity to cultural differences
4. staff respect for member's rights, choices, privacy, dignity, and property and protection from harm and exploitation
5. staff attitude and courtesy
6. staff competency in performing assigned tasks

B. Policies and procedures are reviewed at least annually and revised as needed. The provider indicates in policy how changes in agency policies and procedures are communicated to all staff.

C. Clinical records are monitored and reviewed at least annually to insure they contain current, required information.

1906. **Basis for Reimbursement**

Refer to Chapter 1000 of the EDWP- CCSP/SOURCE General Manual regarding the basis of reimbursement and Appendix S of the EDWP- CCSP/SOURCE General Manual for reimbursement rates and procedure codes.

Reimbursement for Skilled Nursing Services by a Private Home Care Provider is based on a fixed rate per visit.

Reimbursement for employee travel time and expenses to and from the member's home is included in the reimbursement rate for skilled nursing visits.

REIMBURSEMENT RATES FOR SKILLED NURSING SERVICES

Procedure Codes

S9123 – RN Services	65.00 Per Visit
S9124 – LPN Services	50.00 Per Visit

Appendix DD - Nursing Visit Form

ADH/ALS/PSS/X - Completed upon request of the Case Management at each supervisory visit that is conducted by the agency nurse, to assist in the determination of the member in Enhanced Case Managment.

SNS- Completed at each nursing visit that includes a service/care plan update that is conducted by a Registered Nurse (RN) or at each Case Management ordered SNS visit to facilitate a telehealth visit with the member's PCP.

Client Name: Client Medicaid ID
Dates of Supervisory visits for the last 3 months
Noted changes found during these visits:
Skin (changes/issues)
Weight (changes/issues)
Vitals- BP Pulse Resp. BS Check
Cognition (changes/issues)
Functional (changes/issues)
Home environment (changes/issues)
Medications (changes/issues)
Hospitalizations (changes/issues)
Falls (changes/issues)
ADL/IADL (changes/issues)
Support system (changes/issues)
Other

Provider or RN Name
Provider or RN Signature _____
Date:

Case Management RN Name
Case Management RN Signature _____
Date:
***Send a copy of the completed form to the client's case manager and retain the original in the client's clinical record.**

Purpose:

1-To determine ongoing level appropriateness for the member in Enhanced Case Managment
2- To assist the SNS at care plan update for payment of service rendered.
3- To assist in the case management order of a telehealth visit, facilitated by the service provider RN, between the member and the PCP.

Who completes/When completed:

ADH/ALS/PSS/X

The *Appendix DD – Nursing Visit Form* is completed upon request by Case Management for ECM eligibility in CCSP, performed at each supervisory visit that is conducted by the service provider RN/LPN, with a copy of the completed form sent to the member's waiver case manager and the original maintained in the member's clinical record. Rev 7/2018 1/2021 4/2021

SNS-

The Appendix DD Nursing Visit Form is completed during-

1. each service/care plan update that is conducted by the RN, at least every 62 days, with a copy of the completed form sent to the member's waiver case manager and the original maintained in the member's clinical record
2. each home visit where a Case Management ordered, scheduled telehealth visit with the member's PCP and Provider's RN is performed, with a copy of the completed form sent to the member's waiver case manager and the original maintained in the member's clinical record Rev 7/2018, 1/2020, 1/2021

SNS must have MD orders for skilled nursing with duties performed. Example- medication monitoring. Providers can't be paid for supervisory work only. Can be RN visit request by Case Management for Provider RN facilitator of telehealth visit between member and PCP.
The reimbursement to SNS agencies (private home care providers) for a "supervisory visit" is **ONLY for clients who are receiving *skilled nursing visits*** as part of their CCSP or SOURCE services, regardless of whether they're receiving traditional or enhanced case management.

The "supervisory visit" referred to is actually the RN visit for the care/service plan update that's required at least every 62 days for any member who receives nursing visits from their private home care provider. **If the RN performs the nursing visit tasks specified in the care plan in the same visit the care plan update is performed, the private home care provider can bill for the visit as an RN visit.** The private home care provider can get paid at the RN rate of $65 for these visits if all the above is met.

The reimbursement will also be made when the request by case management is for the Provider RN to facilitate a telehealth visit between the member and his/her PCP. Rev 7/2018 1/2021

A service provider can use the form as part of their supervisory visit form or use it instead of the supervisory visit form they are currently using. They can use it at every supervisory visit, even those conducted by the LPN, and have the RN sign off behind the LPN. If their current supervisory visit form contains ALL the information on the RN Visit Form, they can use the appendix DD form instead.