

3. If the beneficiary is severely functionally limited and requires care to meet activities in daily living (ADL) needs, both in the morning and afternoon/evening; or

4. If the beneficiary's physical status/medical condition suddenly deteriorates, resulting in an increased need for personal care on a short-term basis until the stabilization of the health status.

(d) Additional hours under (c) above shall be medically indicated, as documented by the beneficiary's physician, and shall not be a companion service. The agency providing these increased services shall obtain prior authorization from the Medicaid District Office (MDO) serving the beneficiary's county of residence, in accordance with N.J.A.C. 10:49-6.1, for more than 25 hours per calendar work week of PCA services. Failure to comply with the prior authorization requirement shall be subject to denial of payment and recoupment of funds not prior authorized in excess of 25 hours. Services provided to these beneficiaries shall be included by the MDO in the post-payment quality assurance reviews.

SUBCHAPTER 4. PERSONAL CARE ASSISTANT SERVICES FOR THE MENTALLY ILL

10:60-4.1 Provision of personal care assistant services for the mentally ill

(a) The following applies to the provision of personal care assistant services:

1. Personal care assistant services (mental health) are health-related tasks performed by a qualified individual in a beneficiary's home under the supervision of a registered professional nurse, as certified by a physician in accordance with a written plan of care.

i. Each personal care assistant provider employing personal care assistants shall be individually approved by the New Jersey Medicaid and NJ KidCare programs before it will be reimbursed for services rendered to Medicaid or NJ KidCare-Plan A fee-for-service beneficiaries. The Division of Medical Assistance and Health Services will recognize upon approval, agencies under contract to the Division of Mental Health Services.

(1) For information and rules pertaining to personal care assistant services provided by a home health agency, refer to N.J.A.C. 10:60-3 in the Home Care Services chapter.

2. Personal care assistant services provided by a family member are not covered services.

3. Personal care assistant services shall be provided only in instances where a family support system or other informal care giver is unavailable, inaccessible or inappropriate.

4. The registered professional nurse, in accordance with the physician's plan of care, prepares written instructions for the personal care assistant to include the amount and kind of supervision needed, the specific needs of the patient and the resources of the patient, the family and other interested persons.

5. Supervision of the personal care assistant shall be provided by a registered nurse at a minimum of one visit every 60 days to assess the patient's health condition, as well as the quality of personal care assistant services received.

6. An initial nursing assessment visit must be made to evaluate the need for personal care assistant service. Following the initial visit, a nursing reassessment visit may be provided at least once every six months, or more frequently if the beneficiary's condition warrants, to re-evaluate the beneficiary's need for continued care.

7. The personal care assistant shall enter progress notes on a weekly basis in the beneficiary's record, including the beneficiary's progress toward goals. These progress notes shall be signed and dated by the personal care assistant.

10:60-4.2 HCPCS procedure code numbers and maximum fee allowance schedule for PCA services for the mentally ill

(a) The New Jersey Medicaid program utilizes the Health Care Financing Administration (HCFA) Common Procedure Coding System (HCPCS). The HCPCS codes as listed in N.J.A.C. 10:60-11.2(b) are relevant only to personal care assistant services for the mentally ill.

(b) The HCPCS procedure codes are used when requesting reimbursement for personal care assistant services provided to the mentally ill and when a HCFA 1500 Claim Form is required.

SUBCHAPTER 5. PRIVATE DUTY NURSING (PDN) SERVICES

10:60-5.1 Purpose and scope

(a) Private duty nursing services shall be provided by a licensed home health agency, voluntary non-profit homemaker agency, private employment agency and temporary-help service agency approved by the Division.

(b) The purpose of private duty nursing services is to provide individual and continuous nursing care, as different from part-time intermittent care, provided by licensed nurses in the home to beneficiaries under Model Waiver 3, ABC, ACCAP, as well as eligible EPSDT beneficiaries.

10:60-5.2 Basis for reimbursement for EPSDT/PDN

(a) To be considered for EPSDT/PDN services, the beneficiary shall be referred by a parent, primary physician, hospital discharge planner, Special Child Health Services case manager, Division of Developmental Disabilities, or current PDN provider. Requests for services shall be submitted to the Division using a "Request for EPSDT Private Duty Nursing Services (FD-389)" form. The Request shall be completed and signed by a physician and agreed to and signed by a parent or guardian. All sections of the Request shall be completed and a physician's case summary and current treatment plan shall be attached. Incomplete requests shall be returned to the referral source for completion prior to further action by the Division.

(b) Upon receipt of the fully completed Request (FD-389), the Division's Regional Staff Nurse shall conduct an assessment of the need for PDN services, as well as the level (LPN or RN) and amount of service required. A letter notifying the family and the person who referred the individual of the decision following the assessment shall be issued by the Division. When the child is found to be eligible for EPSDT/PDN services, the number of hours approved, the level of services, and the length of time of the approval (up to a maximum of six months) shall be noted.

(c) The PDN provider agency, selected by the family, shall submit a request to the Division for the PDN services on the "Prior Authorization Request Form (FD-365)" which contains a pre-printed prior authorization (PA) number. Telephone requests for prior authorization (PA) can be accommodated in an emergency but shall be followed immediately by a written request.

(d) Requests for continuation, or modification of PDN services during the treatment period, shall be submitted by the PDN agency, in writing, to the Division on the "Prior Authorization Request Form (FD-365)." In an emergency, requests for modification of services may be made by telephone but shall be followed immediately by a written prior authorization (PA) request.

Recodified from N.J.A.C. 10:60-5.5 and amended by R.2003 d.103, effective March 3, 2003.

See: 34 N.J.R. 2705(a), 35 N.J.R. 1279(a).

Rewrote the section. Former N.J.A.C. 10:60-5.2, Clinical records and personnel files, recodified to N.J.A.C. 10:60-5.6.

10:60-5.3 Eligibility for Early and Periodic Screening Diagnosis and Treatment/Private Duty Nursing (PDN) Services

(a) Individuals under 21 years of age who are enrolled in the Medicaid/NJ FamilyCare FFS programs, and who require private duty nursing services, which will allow them to be cared for in a community setting, may be referred for EPSDT/PDN services.

1. Individuals eligible for Medicaid services through the Medically Needy program are not eligible for EPSDT services, in accordance with N.J.A.C. 10:49-5.3(a)2.

2. For individuals who are enrolled in Medicaid managed care, private duty nursing is authorized and provided by the HMO.

(b) An individual must exhibit a severity of illness that requires complex skilled nursing interventions on an ongoing basis, to be considered in need of EPSDT/PDN services.

1. "Ongoing" means that the beneficiary needs skilled nursing intervention 24 hours per day/seven days per week.

2. "Complexity" means the degree of difficulty and/or intensity of treatment/procedures.

3. "Skilled nursing interventions" means procedures that require the knowledge and experience of licensed nursing personnel, or a trained primary caregiver.

(c) EPSDT/PDN services are only appropriate when the following requirements are satisfied:

1. There is a capable adult primary caregiver residing with the individual who accepts ongoing 24-hour responsibility for the health and welfare of the beneficiary;

2. The primary caregiver agrees to provide a minimum of eight hours of hands-on care to the individual in any 24-hour period; and

3. The home environment can accommodate the required equipment and licensed PDN personnel.

Amended by R.2003 d.103, effective March 3, 2003.

See: 34 N.J.R. 2705(a), 35 N.J.R. 1279(a).

Rewrote the section.

10:60-5.4 Limitation, duration and location of EPSDT/PDN

(a) The following requirements shall apply to EPSDT/PDN services:

1. Private duty nursing shall be provided for eligible FFS beneficiaries in the community only and not in hospital inpatient or nursing facility settings.

2. The Division shall determine and approve the total PDN hours for reimbursement, in accordance with N.J.A.C. 10:60-5.5(b). A maximum of 16 hours of private duty nursing services may be provided in any 24-hour period.

3. The determination of the total EPSDT/PDN hours approved, up to the maximum of 16 hours per 24-hour period, shall take into account alternative sources of care available to the caregiver, such as medical day care or a school program.

4. In emergency situations, for example, when the sole caregiver has been hospitalized, the Division may authorize, for a limited time, additional hours beyond the 16 hour limit.