Benefit Guideline: Home Care Nursing Service (HCN)

Service: Home Care Nursing Service (formerly known as Private Duty Nursing or PDN)

Products: Minnesota Senior Health Options (MSHO), Minnesota Senior Care (MSC+)

Effective: 9/1/2014
Reviewed: 10/14/15

Definition of Service: Home Care Nursing (HCN) Services, also known as hourly nursing, are nursing services ordered by a physician, for a recipient whose illness, injury, physical or mental condition requires more individual and continuous care by an registered nurse (RN) or licensed practical nurse (LPN) than can be provided in a single or twice daily skilled nurse visit and requires greater skill than a home health aide (HHA) or personal care attendant (PCA) can provide. HCN services may be provided to a recipient in their home or outside the home when normal life activities take the recipient outside the home, including school. HCN services can be classified regular or complex.

1. Regular HCN care is provided to a recipient who is not ventilator dependent and does not require an intensive level of care. Services include, but are not limited to:
   a. Regular HCN assessments and interventions for recipients who are considered stable but have episodes of instability not immediately life threatening
   b. Nursing observation, monitoring, and assessment to determine appropriate interventions to maintain or improve the recipient’s health status.

2. Complex HCN care is provided to recipients who are either ventilator dependent or who require an intensive level of care.

Covered:
- When authorized by the care coordinator
- When a recipient needs more individual and continuous skilled nursing care than can be provided in a single, or twice daily skilled nurse visit
- When the care needed is outside the scope of services provided by a HHA or PCA
- When provided under a plan of care or service plan approved by the physician
- When ordered by the recipient’s physician
- When provided by an RN or LPN
- When provided by an RN or LPN with a hardship waiver who is one of the following: parent of a minor child, spouse or non-corporate legal guardian.
- When used as a service to support a members transitioned into the community from a hospital, nursing facility (NF), or intermediate care facility (ICF).

Not Covered:
- HCN visits for the sole purpose of providing household tasks, transportation, companionship, or socialization
- Services that are not medically necessary
- Services that are not ordered by a physician
- Services provided in a hospital, nursing facility (NF), or intermediate care facility (ICF)
Process:
1. Determine if nursing needs exceed what a skilled nurse visit (SNV) can accomplish in once a day or twice daily SNVs. If yes, proceed to #2.
2. Contact an in-network HCN provider and request they complete a HCN Assessment and submit completed assessment to Care Coordinator to review. At a minimum, the HCN Provider should complete the Minnesota Department of Human Services (DHS) HCN Assessment form (DHS-4071A). The care coordinator should specify that they would like the following to be specified on the assessment:
   • Documentation regarding if regular or complex HCN is needed.
   • Identification of the HCN home care rating the member falls in, per the DHS HCN Service Decision Tree (DHS-4071C)
   • Identification of all other home care services that the HCN provider would recommend be provided along with HCN (all MA home care services must fit within the HCN home care rating cost cap).
3. Once the care coordinator receives the completed assessment, they will review to ensure services recommended do not duplicate other services in place and to make sure that the findings on the assessment are consistent with the level of need the care coordinator has identified. If not, the care coordinator should call the HCN provider to discuss case until agreement is reached on what services are needed.
4. The care coordinator needs to complete the Medica Referral Request Form and send into Medica Operations for a HCN authorization to be entered into the system.
   a. On the referral request form indicate the daily amount of HCN, & date span etc. Medica does not need to know how much of the daily PDN is provided by RN or LPN nor do we need to know how much is complex versus regular.

When to Submit a Request for a Benefit Exception:
• When the Care Coordinator feels more PDN is needed than is allowed per the HCN Home care rating tree.
• When the member has a need for waiver services, meets eligibility for HCN but the cost of all the state plan services do not fit within the EW cap.

Considerations:
• If a member is determined eligible for HCN services and expresses an interest in living in the community, the care coordinator will follow the above outlined process to support the member through the transition process.
• Any risks identified with using HCN should be managed through a care plan risk management plan.
• Frequently HCN and PCA are used as a service combination and the HCN Provider may recommend this as part of the HCN Assessment. In this instance, a PCA Assessment still should be completed though the amount of PCA that can be provided must fit within the monthly maximum limit for HCN as determined by DHS’s continuing care administration. See monthly limits for HCN on the DHS website.
   o For example, a member assessed as eligible under the MA home care rating of PD (HCN Nursing Facility Level) is eligible for a monthly maximum of $12,817. This means all MA home care services must fit within this monthly cap regardless of how much PCA is recommended by the PCA assessment. We look to the PDN provider to make
recommendations as to the amount of PCA and HCN needed for that member when both services are needed.

- When a member is not vent dependent, the HCN cost cap has priority over the PCA assessment tools PCA recommendation.
- Members who meet the definition of vent-dependent and the EN Home care rating and utilize a combination of home care services are limited to a total of 24 hours of home care services per day. Additional hours may be authorized when a recipient’s assessment indicates a need for two staff to perform activities (Additional time is limited to 4 hours/day of PCA services, not 4 additional hours of HCN services).

References:
DHS-4071 C
DHS-4071 A
§ 256B.0654
§ 256B.0652
§ 256B.0651
DHS Continuing Care Rate Sheets
DHS Bulletin #15-69-02C
Medica Find-a-Doctor