Pediatric Shift Care Training

Office of Medical Assistance Programs

Live Presentation held:

September 14, 2023

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DISCLAIMER

While these are current requirements and language regarding denials and shift care, the HealthChoices Agreement is a constantly evolving document. The HealthChoices Agreement is reviewed and released annually, with OPS memos and MA Bulletins released as needed for clarification, changes, and expansions. Language and requirements are changed to best meet the evolving needs of the Medicaid population. The information in this presentation is current as of September 2023, but please ensure that you are utilizing the most current version of the HealthChoices Agreement, OPS memos, MA Bulletins, etc. when referencing as a resource or as training materials.

Shift Care Statistics

2020 Statistics:

- 7,800+ children received shift care nursing services:
  - 55% received skilled nursing only
  - 38% received home health aide only
  - 8% received skilled nursing and HHA

February 2023 Data from OPS 8:

- Total of 765,535.87 Authorized HHA hours
- Total of 1,390,556.59 Authorized SN hours

Background & Overview

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Medically Necessary — A service, item, procedure, or level of care compensable under the MA program that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.
  - i.e. Just because there is no improvement, does not mean that services are automatically no longer medically necessary. Emphasis here on MAINTAIN functional capacity.

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Special Needs

- Remember Exhibit J Requirements
- A member with Special Needs is based upon a non-categorical or generic definition of Special Needs. This definition will include but not be limited to key attributes of ongoing physical, developmental, emotional or behavioral conditions or life circumstance which may serve as a barrier to the member's access to care or services.
- Examples of members with Special Needs will include but not be limited to:
  - **Children with Special Health Care Needs including those requiring skilled or unskilled home shift care**
  - Children in Substitute Care
  - Those with limited English Proficiency, or special communication needs due to sensory deficits
  - Those with Physical and/or Intellectual/ Developmental Disabilities
  - Those with HIV/AIDS
  - Those with significant behavioral challenges
  - Members requiring transportation assistance

Background & Overview: CMSA Standards

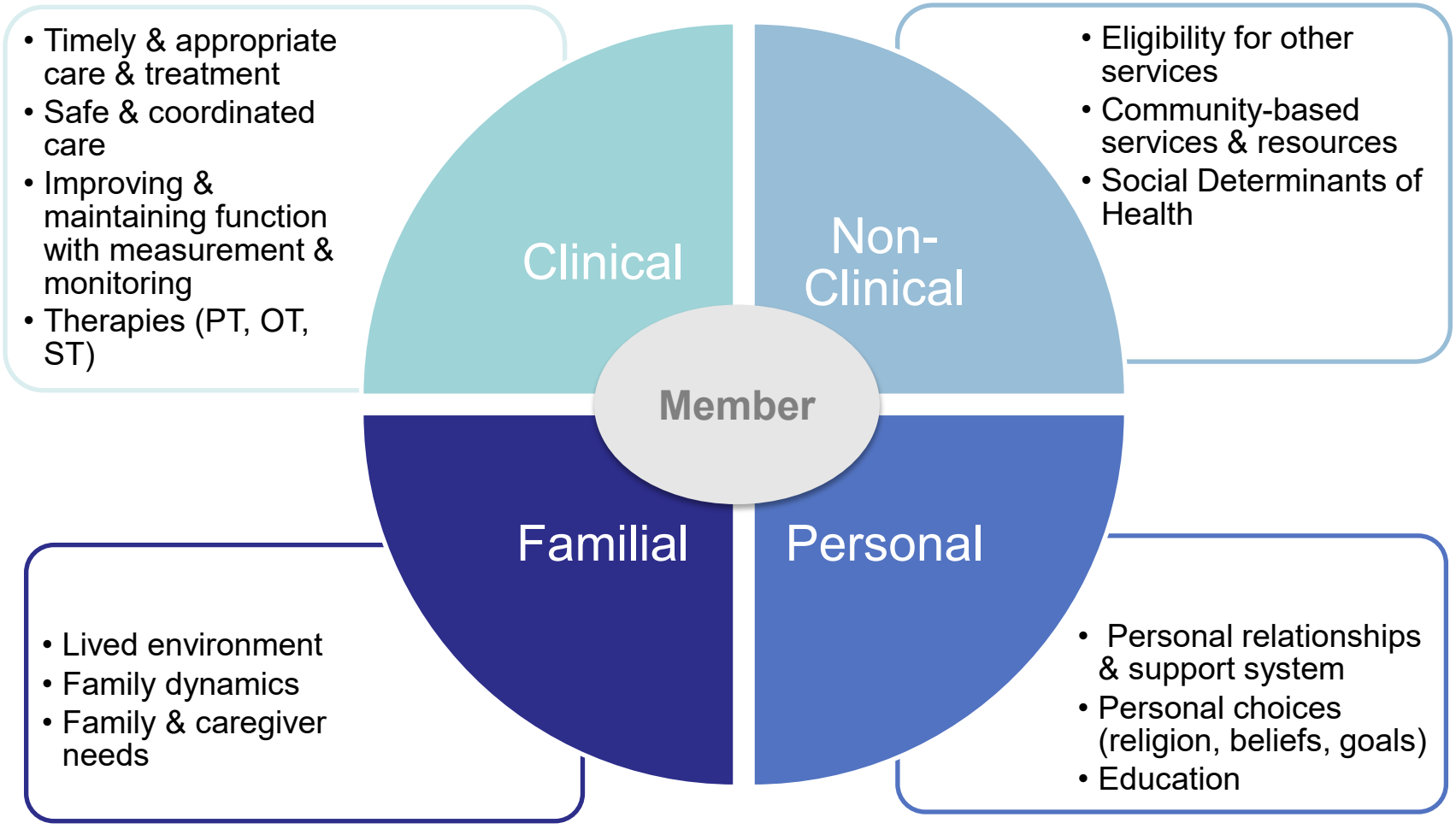
Highlights

- Timely coordination of quality services to address member's specific needs, both cost effectively and safely
- Collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet member and family's comprehensive health needs
- Serve as patient advocates to guide the member and their families through their health and wellness journey
- Care and Case management can be done in any environment
- The case management process is cyclical and recurrent, NOT linear and unidirectional
- The Member and member's family/caregiver input and participation in developing the plan of care to ensure whole-person care

The 14 Guiding Principles

- ✓ **Using a client-centric, collaborative partnership approach that is responsive to the individual client's culture, preferences, needs, and values.**
- ✓ Facilitating clients' self-determination and self-management through the tenets of advocacy, shared and informed decision making, counseling, and health education, whenever possible.
- ✓ **Using a comprehensive, holistic, and compassionate approach to care delivery that integrates a client's medical, behavioral, social, psychological, functional, and other needs**.
- ✓ Practicing cultural and linguistic sensitivity and maintaining current knowledge of the diverse populations served.
- ✓ Implementing evidence-based care guidelines in the care of clients, as available and applicable to the practice setting, or client population served.
- ✓ **Promoting optimal client safety at the individual, organizational, and community levels**.
- ✓ Promoting behavioral change science and principles integration throughout the case management process.
- ✓ **Facilitating awareness of and connections with community supports and resources**.
- ✓ **Fostering safe and manageable navigation through the health care system to enhance the client's timely access to services and achieve desired outcomes.**
- ✓ Pursuing professional knowledge, practice excellence, and maintaining competence in case management and health and human service delivery.
- ✓ Supporting systematic approaches to quality management and health outcomes improvement, implementation of practice innovations, and dissemination of knowledge and practice to the health care community.
- ✓ Maintaining compliance with federal, state, and local rules and regulations and organizational, accreditation, and certification standards.
- ✓ Demonstrating knowledge, skills, and competency in applying case management standards of practice and relevant codes of ethics and professional conduct.
- ✓ Supporting clients and their support systems with access to available and advancing technologies such as applications, patient portals, and telehealth services.

Background & Overview: Person Centered Care



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Background & Overview

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Prior Authorization

- If the PH-MCO wishes to require Prior Authorization of any services, they must establish and maintain written policies and procedures for the Prior Authorization review process.
- Prior Authorization policies and procedures must:
  1. Meet the HealthChoices Program's definition of Medically Necessary
  2. Contain timeframes for decision making or cross reference policies on time frames for decision making that meet requirements outlined in Section V.B, Prior Authorization of Services, of the Agreement.
  3. Contain language or cross reference policies and procedures of notifying Members of adverse decisions and how to file a Complaint/Grievance/DHS Fair Hearing
  4. Comply with state/federal regulations
  5. Comply with HealthChoices RFP and other contractual requirements
  6. Specify populations covered by the policy
  7. Contain an effective date
  8. Be received under signature of individuals authorized by the plan.

All MCOs currently require prior authorization for pediatric shift care and must follow PARP-approved policies

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Denials

- Any determination made by the PH-MCO in response to a request for approval which:
  - disapproves the request completely (N1)
  - approves provision of the requested service(s), but for a lesser amount, scope or duration than requested (N2)
  - disapproves provision of the requested service(s), but approves provision of an alternative service(s); or reduces, suspends or terminates a previously authorized service (N3).
- An approval of a requested service which includes a requirement for a Concurrent Review by the PH-MCO during the authorized period does not constitute a Denial of Service.

Sources of Review Criteria

- **HealthChoices Agreement Section V**
  - V.A.2
    - Personal care services language, now replicated in OPS memo 05/2023-004
  - V.B.1
    - General Prior Authorization Requirements-provides baseline for further requirements set forth in Exhibits H, M(1) and N
    - Sets timeframes for review, including requests for additional information and notification to the members
- **Exhibit H**
  - Exhibit outlining Prior Authorization requirements
- **Exhibit M(1)**
  - Standard IX outlined the requirements of the of the UM program related to policies and procedures that must be addressed
- **Exhibit N (1-3, 7)-Denial Notices**
  - N-1: Complete denial
  - N-2: Approved other than requested (Partial denial/approval)
  - N-3: Approval of alternate service
  - N-7: Request for Additional Information

Denials and Medical Necessity 1 of 3

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- **All denials must be based on 1 of the 4 regulatory rationales. The notice must specifically state one of the following verbatim:**
  1. The service or item is not medically necessary
  2. The service or item is not covered under the MA program
  3. The service or item is not covered under the member's benefit package
  4. The service or item is denied due to lack of information.
- **There is no regulation that allows a denial to be issued for administrative reasons.**
  - Example: "This service is denied because it does not meet the administrative criteria."
- **The definition of medical necessity cannot be used as a rationale in a denial notice.**
  - Denials issued on the basis of medical necessity must state that the requested service or item is not medically necessary because…and then provide a rationale as to why the service or item is not medically necessary.

Denials and Medical Necessity 2 of 3

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- **Denials due to the lack the information must specify exactly what information needs to be submitted in order for medical necessity to be determined. However, this does not mean to list ALL requirements, just those specific to the member.**
  - For those under age 21, services/items cannot be denied without 3 attempts for a peer-to-peer PRIOR to denial. This must be documented in the notes.
- **Personal care services cannot be denied based on the member's diagnosis or because the need for assistance is the result of a cognitive impairment.** Assistance may be in the form of hands-on assistance (actually performing a personal care task for a person) or cuing so that the person performs the task by him/herself.

Denials and Medical Necessity 3 of 3

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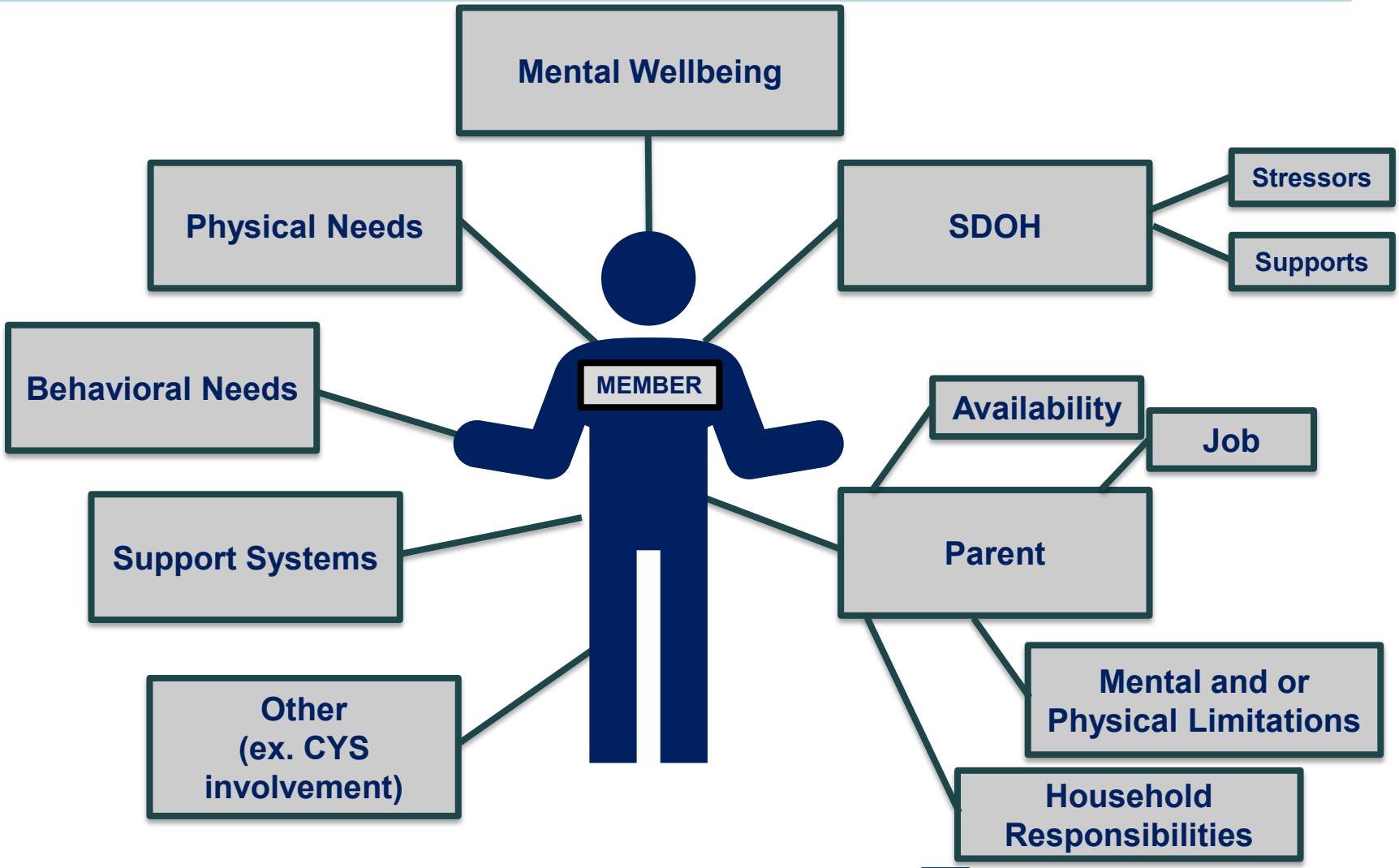
- **Criteria may not be arbitrary and capricious**
  - Must have a documented scientific basis
  - Must be appropriate to the population it is being used for
  - Criteria must be interpreted for the member and provider in the denial notice
  - MCOs cannot deny hours for specific times i.e. days, nights, school hours etc. When the missing information does not pertain to that specific time period, it should be handled as approved other than requested

DENIALS MUST BE MEMBER SPECIFIC!

You do not meet criteria established by our shift care policy.

Your doctor's request for skilled nursing 24 hours a day is not medically necessary. Based on the medical information submitted, the member's type or level of care they need has not changed. The parents have stated they are willing, able, and have the ability to care for the child eight (8) hours a day each totaling 16 hours total, and the child has services approved for school hours. Therefore, 24 hours of skilled nursing per day is not approved.

Factors Affecting Medical Necessity Determinations



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Calculating Free hours

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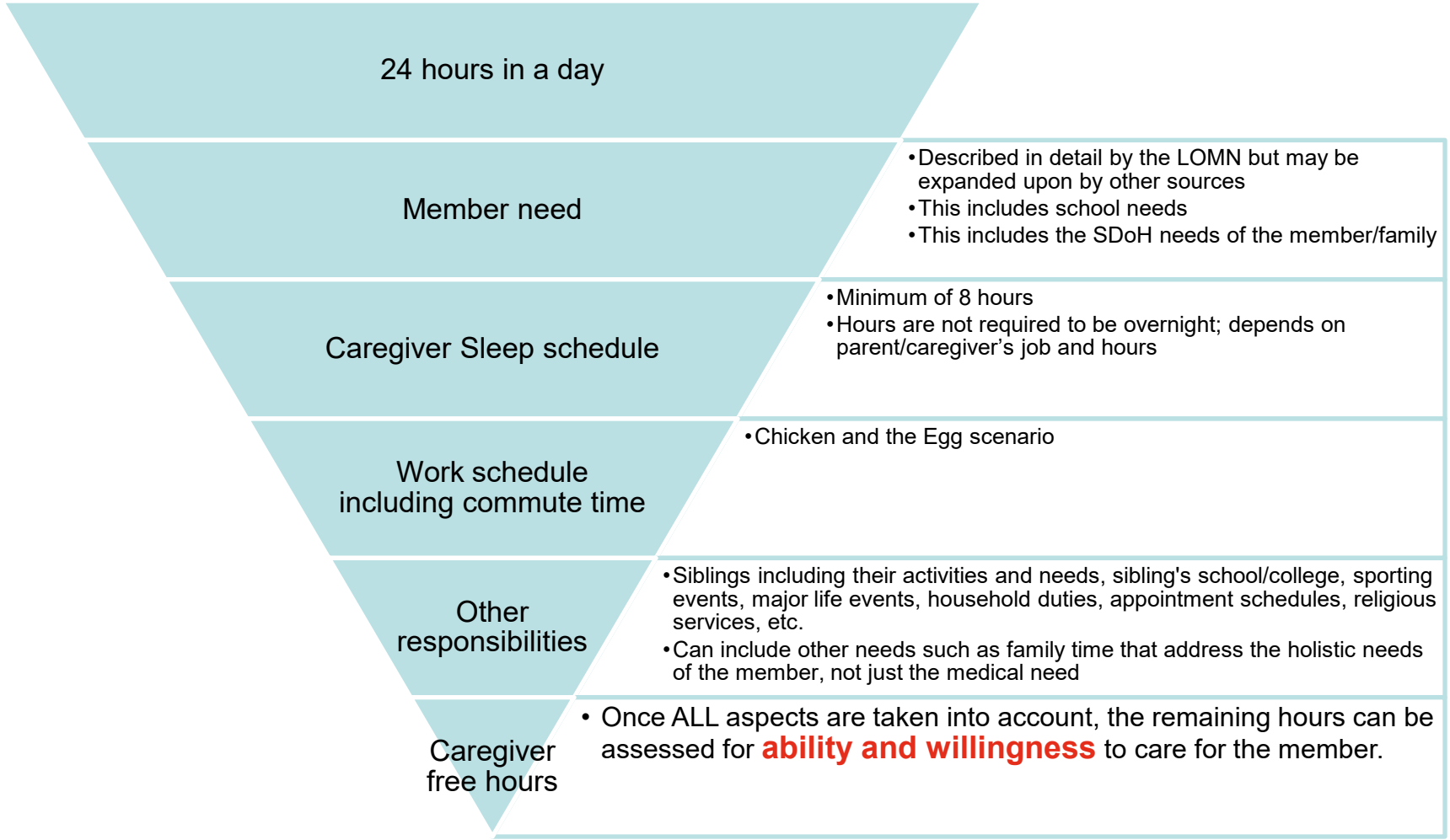

Shift Care Policies

- Section V: If the PH-MCO wishes to require Prior Authorization of any services, the PH-MCO must establish and maintain written policies and procedures which must have advance written approval by the Department. The criteria for shift care coverage is also reviewed and approved prior to implementation. This is all completed via the PARP process.
- Exhibit M(1) requires the MCOs to submit all UM policies to the Department, this includes the policy for their shift care review (QM/UM 3 Report).
- Each MCO was required by the OPS memo to integrate the new regulations into their policies. These were then reviewed by DHS and approved for use.

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- **Managed Care Organizations are to provide coverage in the same amount, duration, and scope as Fee For Service.**
  - Please see FFS Provider QUICK TIPS 
    QT#259
- **Private Duty Nursing, Personal Care and Home Health Aide Services for Members under 21**
  - **Legally Responsible Relative (LRR) Must be hired by the Home Health Agency (HHA)**
  - Personal care services are used to assist member with Personal care needs. Personal Care services can't be denied based on member diagnosis or because the need for assistance is the result of a cognitive impairment
    - Assistance may be hands on
    - Assistance may be cuing
  - Private duty nursing (shift nursing) are nursing services provided to under 21 members who need more individual and continuous care.
    - **Provided by RN or LPN employed by HHA**

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- **Must not be denied because there is a parent or caregiver present in home unless MCO determines and substantiates the party is able, willing and available to provide level and extent of care member needs**
  - Other responsibilities include but not limited to:
    - Household duties such as shopping, housekeeping, laundry, yard work, errand and medical appts
    - Coordination of health care and services for member
    - Religious services
    - Care of other children in home including extracurricular activities
- **Must not be denied because MCO believes service should be part of member IEP**
- **Medical necessity is based on individual member medical necessity, not the medical necessity of a family unit/siblings.**
- **Denials must explain specific reasons for the denial**

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- **Per Exhibit J, MCO is responsible to provide all medically necessary services.**
- **Each request must be reviewed for medical necessity**
- **Services may be provided outside of the home**
- **No minimum hours**
- **Each MCO must have a process in place to obtain information to determine medical necessity**
  - MCO must outreach to prescribing provider and member using N7

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- **PH-MCOs may not deny coverage of or limit number of authorized hours that may be provided by individual, specific nurses or home health aides, including legally responsible relatives**
  - Agency to identify qualified, physically capable, safe, acceptable and trained staff to provide services
  - Responsibility of Agency to provide adequate supervision of nurses and home health aides to assure services in accordance with the authorization and agencies policies

CASE REVIEW PROCESS

Clinical Case Review Process 1 of 3

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Member	
Age:	
Request Received:	DATE • Was LOMN submitted? • Was LOMN written within 6 months of request? • Was the LOMN signed?
History:	
Services Needed:	Is the request appropriate for the level of care requested?
Hours Requested:	
Case Notes:	

- ❑ **Was the N7 (Request for Additional Information) sent (if applicable)?**
  - ❑ Did the case manager or medical director outreach to provider, family, etc. for additional information?
- ❑ **What information was requested on the N7?**
- ❑ **What additional information was received?**
- ❑ **Was the case reviewed by the Medical Director? Did the Medical Director adequately offer P2P (peer to peer) prior to denial?**
  - ❑ Is there proof of these outreaches to the provider? (are outreaches documented in case files sent to DHS)

Clinical Case Review Process 2 of 3

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- ❑ **Do the received documents include everything necessary to determine medical necessity?**
- ❑ **Was the request denied based off one of the 4 regulatory reasons?**
    1. **Not medically necessary**
    2. **Not a covered benefit under the MA Program**
    3. **Not covered under the recipient's benefit package**
    4. **The request contained insufficient information to make a determination**
- ❑ **Are there adequate case/clinical notes to support medical necessity request?**
- ❑ **Does the information include Social Determinants of Health information? Is there any member/family specific information provided that can impact member need?**
- ❑ **Are Parent/caregiver work schedules considered? Needs of other children in the home? Other activities/responsibilities?**
    - ❑ Proof of employment and work schedules, school calendar
    - ❑ Parental need for sleep, other responsibilities
    - ❑ Willingness, ability, and availability addressed prior to denial?

Clinical Case Review Process 3 of 3

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- **Were the hours denied because they are part of an IEP?**
- **Was the case denied because of who was staffing the case?**
- **Was the service denied because not being provided in the home?**
  - Medically necessary services can be provided anywhere that is not expressly prohibited by the HealthChoices Agreement.
- **Was the denial processed within the required timeframes?**

Denial Date and Reason

Strengths **Areas for Improvement**

MCO vs Home Health Agency

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MCO Responsibilities	HHA Responsibilities
Receive request	Receive case referrals/authorizations
Review request	Find and procure appropriate and safe staffing
Determine if request meets medical necessity definition	Train staff and maintain proper trainings and certifications
Authorize coverage for services	Monitor staff for safe practice standards
Partner with agencies per HealthChoices Agreement standards	Be aware of and adhere to DOH guidance regarding ratios and staffing hours

Sample Case #1

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Member	Child #1
Age:	5
Request Received:	12/12/2022
Hx:	Autism Spectrum Disorder
Services Needed:	Monitor for safety, meal prep, bathing, incontinence care, assistance for ADLs.
Hours Requested:	40 hours flex per week (no specification for skilled nursing vs. home health aide)
Case Notes:	• LOMN received (written 11/4/2022), however was not signed by provider • Member's mother recently willingly gave up custody to the grandparents. • Grandmother had to quit job due to having to care for member's needs; unable to work and accommodate member's needs. • Grandfather works outside of the home 40+ hours per week.

- **N7 was sent on 12/12/2022 requesting the following:**
  - Caregiver work schedule
  - What are services requested for work, sleep, school, etc.?
  - Anyone else in the home with special care needs?
  - Caregivers' other tasks, duties, and responsibilities.
  - How are needs currently being met?
  - Who lives in the member's home?
  - Who is currently trained to provide care?
  - Who will perform the care if Health Aide is not available?
- **Outreach to provider on 12/13 to sign the LOMN and clarify whether request was for skilled nursing or home health aide level of care**
- **Case notes mention that P2P was attempted x3, 2 phone and 1 fax; does not mention if any messages were left or any outcomes from the attempts**
  - **It is important for detailed case notes to be documented and provided to DHS clinical review staff**
- **Outreach to Member's Grandmother on 12/14 to explain the authorization process. At that time, the grandmother informed the CM that all information was provided to the prescribing physician.**
  The following were addressed during conversation with grandmother:
  - Care gaps
  - DME (durable medical equipment
  - School hours
  - Work schedule for Grandfather
  - Work schedule for Grandmother (if authorization is approved).

Sample Case #1 Review

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Services denied on 12/20 because the Grandmother was an "able and available caregiver."

Strengths

- Number of P2P attempts fulfill HCA requirement.
- Initial outreach and communication with Grandmother.
- MCO had Provider correct LOMN to specify skill level of request and sign LOMN

Areas for Improvement

- SDOH needs were not addressed.
- Grandmother is assumed to be willing, able and available despite having to quit her job to accommodate for member's needs
- Denial prior the 14-day requirement for additional information submission without provider confirmation of the receipt of all information

Denial is not appropriate. It does meet the OPS memo requirement of addressing whether the caregiver is able and available. Grandmother had a job that she had to give up, to be available to meet the care needs of the member. There must be sufficient evidence in the case notes OR a documented conversation with the Grandmother stating she is willing, available, and able to care for the member. This must be addressed to determine medical necessity.

Sample Case #2

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Member	Child #2
Age:	11
Request Received:	12/13/2022
Hx:	Autism, sleep dysfunction, language and communication disorder; non-verbal
Services Needed:	Monitoring for safety due to impulsivity, poor decision making, and engaging in dangerous activities to self and others; complete assistance with ADLs, bathing, dressing, meal prep, toileting, incontinence care.
Hours Requested:	8 hours per day for 5 days per week home health aide care. On school days, 2 hours prior to and 6 hours after school until bed.
Case Notes:	• Signed LOMN received (written 12/11/2022) • Attends school in special education class, has IEP (individualized education plan) in place and receives supportive services from school. • Requires 1:1 supervision due to disruptive behaviors. • Mother is primary and sole caregiver; had to quit job because was unable to accommodate caring for member; is in process to become paid caregiver with Home Health Agency. • Has 1 sibling • Mother's significant other, who resides in the home, will not be involved in member's care at all; also works from 5:30am-6pm, and sometimes longer when needed.

- **N7 was sent on 12/14/2022 requesting the following:**
  - Clarify what has changed with the member that he now requires a home health aide.
  - Submit a copy of the IEP or Developmental Pediatrics visit notes.
  - Clarify if the member takes a bus or if caregiver takes to school.
  - Submit a copy of the member's school schedule.
  - Clarify if there are other children living in the home with Special Needs.
  - How is the member currently being cared for and why can't this arrangement continue?
- **Outreach to mother using Spanish Interpreter on 12/14/2022 where the pend for additional information was discussed and mother agreed to send the IEP, school schedule, and doctor's notes.**
- **Additional information received on 12/19 including IEP, school schedule, and Developmental Pediatrics visit notes.**
- **Outreach to provider's office on 12/19; confirmed all information was provided.**
- **Case notes indicate 2 attempts at P2P. No response on either P2P, no third attempt.**

Sample Case #2 Review

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Services denied on 12/19 because "A home health aide is someone who helps with activities of daily living (feeding, bathing, getting dressed). They are not regular childcare."

Strengths

- Good outreach to mother and provider to get information.

Areas for Improvement

- Missing third P2P attempt
- Did not allow the requesting provider the full 14-day window to submit information
- Did not outreach for discussion to obtain missing information.

Denial is not appropriate because the Medical Director did not establish nor explain that services were not medically necessary.

Sample Case #3

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Member	Child #3
Age:	16
Request Received:	10/4/2022
Hx:	Bell's palsy, compulsive eating patterns, bilateral congenital cataracts, hyperinsulinemia, blindness, asthma, severe obstructive sleep apnea, patellofemoral arthralgia of both knees
Services Needed:	Assist with ADLs, dressing, meal preparation and assist with eating, safety supervision
Hours Requested:	Renewal of 24 hours home health aide per week flex x3 months or until waiver services are active.
Case Notes:	• Mother primary caregiver; also has sibling in home • No other available or willing caregivers • Mom works as a hairdresser and her hours vary • LOMN states hours would be 2 hours M-F prior to school, 2 hours after school, varying on the weekends and as needed. • Previous authorization ends 10/20/2022

- No additional outreach to provider or mother

Sample Case #3 Review

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Services denied on 10/4/2022 for not meeting the minimal hours/day requirement per MCO policy. Current authorization will end as of the date on the denial notice (10/4/2022).

Strengths

- Denial made within timeframe requirements

Areas for Improvement

- MCO **CANNOT** have a minimal required hours.
- MCO cannot end a prior approved authorization before the end date of the previous authorization
- No outreach to provider or mother for additional information

Denial does not meet HCA standards of medical necessity. A request cannot be denied for lack of medical necessity if MCO did not perform due diligence in outreaching for all necessary information. That is why DHS utilizes a 14-day window. Requesting provider should indicate that all available information has been submitted and that there is nothing else available or until every reasonable attempt has been made based on case management standards.

MCO may not require a minimum number of hours be requested to consider an authorization.

MCO must allow the original authorization to complete. When there is a request for increased hours, this does not negate the original request.

Sample Case #4

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Member	Child #4
Age:	16
Request Received:	11/11/2022
Hx:	Gastrostomy, congenital malformation syndrome, dysphagia, autism, deletion syndrome, fecal and urinary incontinence
Services Needed:	Skilled (per LOMN) for medication administration
Hours Requested:	16 hours per day, 7 days per week.
Case Notes:	• Mother is lone caregiver

- **Request for AI sent 11/11/22**
  - Provide caregiver work schedule
  - Are there any caregiver health concerns
  - Who currently meets care needs, who lives with member, who is trained, who provides care when nurse is not available
  - Is care required at school and if so, why is school unable to provide care
- **AI not received per case notes**
  - MCO made multiple outreaches to the prescribing provider and the mother to obtain the necessary information; no return callbacks or information received.

Sample Case #4 Review

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Services denied on 11/30/22 as mom is a skilled caregiver and hours can't be approved just to give mom a job.

Strengths

- Outreach to prescribing provider and mother to obtain information
- All required timeframes met.

Areas for Improvement

- MCO did not base denial on medical necessity, just that the mother was an available caregiver per the MCO.

Denial is not appropriate by HCA standards. Rationale provided is not based on medical necessity (Exhibit J requirements).

Sample Case #5

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Member	Child #5
Age:	8
Request Received:	01/23/2023 (reauthorization, LOMN dated 1/13/23)
Hx:	Autim spectrum disorder
Services Needed:	Bathing, dressing, hair, oral and skin care. Supervision and hands on care for bowel and bladder. Meal prep (finger food or bite sized pieces, pockets food and forgets to swallow. Constant supervision due to lack of safety awareness and risk of elopement
Hours Requested:	8 hours/day 5 days/week while mother works
Case Notes:	

- **N7 sent 2/10/2023 requesting**
  - Most recent progress note from PCP
  - Does member have developmental pediatrician
  - Current signed POC
  - Is there shared custody/visitation
  - If member shares time between mother and father's home
    - If so send proof of work including drive time
    - If father's work schedule changes each week, send schedules from Dec 22, Jan 23 & Feb 23 and 4 weeks of pay stubs

Sample Case #5 Review

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Services denied on 2/25/23 because of "not having enough information to make a determination."

Strengths

- CM notes were detailed and easy to follow, social information has been assessed and in included in the case.
- Multiple outreaches to multiple sources.

Areas for Improvement

- If services are medically necessary, they are medically necessary anywhere the child is, whether at home, school, camp, church, etc.
- Denial was not processed following HCA timeframes for decisions (If services are not denied in a timely fashion, services should be automatically approved

Denial is inappropriate as written as it does not follow HCA guidance related to making determinations based on medical necessity. If determining medical necessity can be met without creating unnecessary hurdles from provider and family to overcome. If notes of "developmental pediatrician" are not necessary to prove medical necessity, this cannot be a reason for denying services.

Sample Case #6

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Member	Child #6
Age:	15
Request Received:	11/28/2022
Hx:	Autism Spectrum Disorder
Services Needed:	Safety (elopement)
Hours Requested:	For Member to attend school
Case Notes:	• Father is primary caregiver and works 40+ hours/week outside of the home • Mother has behavioral health needs and is a questionable caregiver • Has a supports coordinator through the waiver that provided the information regarding the urinary and bowel incontinence; member unable to attend school due to not having supports at school to address this incontinence

- No N7 sent
- No outreach to provider
- No outreach to family

Sample Case #6 Review

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Services denied on 11/29/22 for only having behavioral health needs.

Strengths

- Denial decision was within required timeframe

Areas for Improvement

- No N7 sent
- No outreach to provider, family, etc.

Denial is inappropriate. Does not meet OPS memo or HCA standards for outreach related to additional information. No outreach to family/caregivers does not meet the expected level of case management for a member with Special needs as defined by Exhibit NN. Medical necessity was not addressed.

Sample Case #7

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Member	Child #7
Age:	8 months
Request Received:	5/7/2023
Hx:	TBI, failure to thrive, delayed gastric emptying
Services Needed:	Skilled nursing for vent maintenance, feeding tube care, tube feeding, turn and repositioning, skin care, etc.
Hours Requested:	50 hours/week, 8 hours overnight M-F and 10 hours flex
Case Notes:	• Must use CPAP when asleep • Mother is an RN • States schedule is flexible. Contracted to work 15 hours a month for her job, but often works up to 18 hours per week. • Involves 3rd party payor

- No N7 sent
- No outreaches to prescribing provider or family
    - No sleep schedule requested for member who must use CPAP when asleep

Sample Case #7 Review

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Services denied on 5/8/2023 for lack of information. Member's pediatrician submitted another request for skilled nursing with the mother to provide the daytime hours on or around 5/8/23 and was reportedly told by a the MCO representative they will not process a new request only for a parent to be paid. No denial notice has been received."

Strengths

Areas for Improvement

- To deny for lack of information, additional information must have been requested. Denying outright because MCO doesn't have the information, is not appropriate.
- No outreach to family
- No outreach to provider or P2P after denial
- MCO wouldn't even begin to process because of having the mother be the caregiver.

Denial is not based on medical necessity. Also denied for lack of information without use of N7. It is not within the purview of the MCO to determine who meets the members needs. That is the responsibility of the Home Health Agency.

Breakout Room Examples

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Breakout Room Case #1

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Member	Child BR #1
Age:	9
Request Received:	11/23/2022 LOMN received for new services
Hx:	ADHD
Services Needed:	Needs assistance with ADLs, socialization. Mother provided additional ADL info including assistance with brushing teeth, tying shoes, washing, dressing. There are additional BH issues.
Hours Requested:	45 hours M-F with additional 10 flexible hours for other HH duties.

Case Notes:	• Confirms HHA Level of Services
	• Unique circumstances noted:
	  • Member's father deceased
	  • Multiple siblings within home (sibling with special needs)
	  • Additional information needed

- Outreach 11/23/22 via N7 for AI r/t parent(s) work schedule
  - Work schedule received 11/28/22 but did not include travel times and specific hours
- During the phone call b/n CM and mother, this lack of detail was not communicated although this was listed in the denial rationale.
- CM stated she would reach back out 11/28/22
- Call was placed as agreed upon. CM notes states that the work verification was received. There was no mention that it lacked scheduled hours.
- 3 attempts at P2P. 2 phone calls, 1 fax

  2 phone calls. Notes state P2P offered

Services denied on 11/29/22 because "it has been shown that mom who is trained is able and available to provide care for the member."

Denial was issued 11/30/22 after 7 days without a 2nd attempt at obtaining the necessary information within the 14 day window.

Medical reviewer notes state that member is in school during the day and that the mother is available in the evening. This does not take into account that the caregiver schedule could require coverage in the evening is she works 3-11 shift.

Breakout Room Case #1 Review

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Services denied on 11/29/22 because "it has been shown that mom who is trained is able and available to provide care for the member."

Strengths

- P2P efforts clearly documented
- Appropriate use of N7
- CM notes clearly document special considerations
- Active CM participation

Areas for Improvement

- Ensure follow up outreaches if any information is unclear
- Do not assume that everyone works dayshift
- Denial was issued 11/30/22 after 7 days without a 2nd attempt at obtaining the necessary information within the 14 day window.
- Medical reviewer notes state that member is in school during the day and that the mother is available in the evening. This does not take into account that the caregiver schedule could require coverage in the evening is she works 3-11 shift.

Does the denial seem appropriate? Yes or No and Why?

Denial does not meet HCA or OPS memo requirements. Though there was use of the N7, there was no follow up for the requested information nor any attempts at clarifications. The documented denial rationale did not include that work verification lacked hours and that was the reason for the denial and it was assumed that parent caregiver was available second shift when there was no confirmation of her actual scheduled hours.

Breakout Room Case #2

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Member	Child BR #2
Age:	13
Request Received:	11/2/2022, LOMN dated 11/1/2022
Hx:	Spina bifida, shunted hydrocephalus, lack of sensation below knees, neurogenic bowel and bladder, non-ambulatory, uses manual wheelchair
Services Needed:	Requires assistance with ADLs including bathing, dressing, bowel and bladder management, meal prep, and mobility. - Skilled needs also include wound care and daily intermittent S.C.
Hours Requested:	8 hours 7 days per week
Case Notes:	• Mother works outsides home 3-11 and has 3 other children.

- AI request (N7) issued 11/3/22 states no information submitted showing mom is not available
  - updated letter for each parent that is working from their place of work that outlines their work schedule. Please include travel time.
  - Updated LOMN. What care needs will be provided for the member, for both skilled and unskilled care.
  - How are the member needs currently being met?
  - Who lives in the home
  - Who is trained to care for member needs
  - If the requested services will be provided at school, please send a letter from the school that states why they are unable to provide services.
  - Who will care for the member if the nurse or aide is not available?
- Additional information received, but there were no additional outreaches to ordering provider or mother for information on availability to provide care (household duties, job hours, other children's needs, etc.)
- 2 P2P attempts: 1 phone, 1 fax

Services denied on 11/17/22 because "there are caregivers who are trained, able and available to provide care for the member. No information has been submitted showing that caregivers are not available."

Breakout Room Case #2 Review

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Services denied on 11/17/22 because "there are caregivers who are trained, able and available to provide care for the member. No information has been submitted showing that caregivers are not available."

Strengths

- Physician reviewer monitored case for recently received AI and weighed info available before concluding

Areas for Improvement

- No outreach to mom noted for AI

Does the denial seem appropriate? Yes or No and Why?

Denial is not appropriate. It does not meet HCA standards or OPS memo standards for appropriate outreach. Denial rationale states there is no information showing the caregiver is not available. Even though there is not written documentation submitted, there was no conversation with the mother confirming she was truly available. All sources of information must be leveraged, not just the prescribing provider.

3 attempts are required for P2P, this case only had 2 and the prescribing provider never stated that all information was submitted which would have satisfied this requirement which does not conform to OPS memo 05/2023-004 requirements.

Breakout Room Case #3

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Member	Child BR #3
Age:	15
Request Received:	5/15/2023; LOMN received and signed, dated 5/12/2023
Hx:	Autism, Trisomy 21, ADHD
Services Needed:	Assistance with ADLs including incontinence care, feeding
Hours Requested:	Request for Member to attend summer camp.
Case Notes:	• Has 2 younger siblings living in home • Does not have a history of shift care services • Mother is caregiver for elderly parents

- No N7 requested
- No outreaches to family or provider
- Complete denial files was not requested as the decision was reconsidered by the MCO following receipt of additional information

Services denied because "medical necessity has not been established for the requested service. Camp is not a required school activity. It is not part of the extended school program. It is an optional summer camp. Father works outside the home. Mother does not work outside the home. No record that mother has medical or physical limitations to care for member. Mother is available caregiver during the requested hours. "

Breakout Room Case #3 Review

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Services denied because "medical necessity has not been established for the requested service. Camp is not a required school activity. It is not part of the extended school program. It is an optional summer camp. Father works outside the home. Mother does not work outside the home. No record that mother has medical or physical limitations to care for member. Mother is available caregiver during the requested hours. "

Strengths

- Timeframes for review met

Areas for Improvement

- Being a required school activity is not included in the definition of medical necessity.
- Mother/father work schedule is irrelevant. Parents are not allowed at the summer camp therefore parental availability does not have any bearing and is the responsibility of the MCO to determine if denial rational is pertinent to the situation
  - In this particular case, parents are not able to accompany member to the camp.
- Services/care do not need to be performed in the home. Services are assigned to a member, not a location
- No P2P attempts
- No outreach for information

Does the denial seem appropriate? Yes or No and Why?

Case was denied because the summer camp was not a required activity. Being a required activity does not impact whether or not a service is medically necessary nor does location. If a service is not prohibited by the HealthChoices Agreement, this cannot be a reason for denial. Parental availability also has no bearing on the case as the parent is not allowed to attend the program with the child. The onus is on the MCO to obtain all needed information to determine medical necessity

Breakout Room Case #4

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Member	Child BR #4
Age:	11
Request Received:	Reauthorization received 3/3/23
Hx:	Autism, ADHD, ODD, anxiety, ID
Services Needed:	bathing, toileting, dressing, eating including issues with textures. It is also noted that he has behavioral issues though the LOMN does not request assistance in dealing with them
Hours Requested:	HHA 10hrs/day, 5 days/week for assistance and supervision while mom is working or travelling to work.
Case Notes:	• Mom lost job 3/15/23 due to caring for the member's needs • Mom is lone caregiver with 1 other child (infant) at home. • Mom actively looking for outside work

- N7 sent 03/04/23
- Information requested:
  - Does member have developmental pediatrician
  - Most recent visit note and assessment/evaluation
  - Current signed POC from agency
  - School schedule
    - Online/in person
    - Start/end time
    - # of days per week
- No outreach to family or provider for additional information
- No P2P attempted

Services denied because "mother is an available caregiver."

Breakout Room Case #4 Review

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Services denied because "mother is an available caregiver."

Strengths

- None

Areas for Improvement

- LOMN established medical necessity
  - Mother worked 40 hours per week. Looking for similar job with similar hours.
- No outreaches to family or provider for missing or additional information, just the N7
- No P2P

Does the denial seem appropriate? Yes or No and Why?

Denial is inappropriate. Simply sending an N7 without any follow up if nothing is received, does not meet OPS memo or HCA requirements based on standards of care.

Also, if mother previously worked 40 hours per week prior to losing her job to support herself and the member, what steps did MCO take to make certain these needs were currently being met? How can mom search for a new job if she is the caregiver for the member?

Questions and Pre-Test Survey

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Resources

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- **HealthChoices Agreement**
  - See slides for specific Exhibits and sections
- **OPS memo #05-2023-004**
- **CMSA Standards**
  - Outreach to the MCO SNU for their copy of the Standards
- **FFS Provider Quick TIPS**
- **Previous Denial trainings provided by the Department**
- **EVV Training Materials:**
  - https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV-HHCS.aspx

Moving Forward…EDUCATION

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- **Is updated Prescribing Provider Education necessary to improve what is being submitted for Home Health Services requests?**
- **Is Home Health Agency Education necessary?**
- **How often is the member caregiver education provided?**
  - How is it provided?

Contact Information

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If you have questions on an ongoing basis, please feel free to outreach to the Clinical team here at BMCO:

United & HPP	Geisinger	ACP & KF	UPMC & HWC	Clinical Quality Supervisor	Division Director
Mary Petrini	Sarah Weir	Laura Theurer	Allie Samuel	Donald Quigley	Angela Gumby
mpetrini@pa.gov	sarweir@pa.gov	latheurer@pa.gov	alsamuel@pa.gov	dquigley@pa.gov	agumby@pa.gov
717-214-4119	717-257-5249	717-886-5090	717-346-4346	717-772-6156	717-772-6619

Please also refer to the Q&A document which addresses any questions that were asked in the live presentation of this training.