



Policy: GG.1352
Title: **Private Duty Nursing Care Management**
Department: Medical Management
Section: Case Management

CEO Approval: /s/ Michael Hunn 12/07/2023

Effective Date: 08/06/2020

Revised Date: 11/01/2023

Applicable to: ☒ Medi-Cal
☐ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This policy defines the scope of the provision of case management services for Private Duty Nursing (PDN) services for CalOptima Health Medi-Cal Members under the age of twenty-one (21) years.

II. POLICY

- A. CalOptima Health and its Health Networks shall provide appropriate preventive, mental health, developmental, and specialty Early and Periodic Screening, Diagnosis, and Treatment medical services, including Private Duty Nursing services, under the scope of the CalOptima Health program to eligible Members under the age of twenty-one (21) years in accordance with applicable statutory, regulatory, and contractual requirements, as well as Department of Health Care Services (DHCS) guidance, and CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services.
- B. CalOptima Health or a Health Network is required to provide Case Management services as set forth in its Medi-Cal contract to all plan enrolled Medi-Cal beneficiaries who are EPSDT eligible and for whom Medi-Cal Private Duty Nursing services have been approved, including, upon a plan Member's request, Case Management services to arrange for all approved Private Duty Nursing services desired by the plan Member, even when CalOptima Health or a Health Network is not financially responsible for paying for the approved Private Duty Nursing services. Medi-Cal Private Duty Nursing services include Private Duty Nursing services approved under the California Children's Services Program (CCS).
- C. When CalOptima Health or a Health Network has approved a plan enrolled EPSDT eligible Medi-Cal beneficiary to receive Private Duty Nursing services, under either CCS or Medi-Cal, CalOptima Health or the Health Network has primary responsibility to provide Case Management for approved Private Duty Nursing services.
- D. Regardless of which Medi-Cal program entity has primary responsibility for providing Case Management for the approved Private Duty Nursing services, an EPSDT eligible Medi-Cal beneficiary approved to receive Medi-Cal Private Duty Nursing services, and/or their personal representative, may contact any Medi-Cal program entity that the beneficiary is enrolled in (which may be the managed care plan, or the Home and Community Based Alternatives Waiver Agency) to request Case Management for Private Duty Nursing services. The contacted Medi-Cal program

entity must then provide Case Management services as described herein to the beneficiary and work collaboratively with the Medi-Cal program entity primarily responsible for Case Management.

- E. CalOptima Health or a Health Network shall use one or more Home Health Agencies (HHA), Individual Nurse Providers (INP), or any combination thereof, in providing Case Management services as set forth in the Medi-Cal contract to plan enrolled EPSDT eligible Medi-Cal beneficiaries approved to receive Private Duty Nursing services, including, upon that Member's request, Case Management services to arrange for all approved Private Duty Nursing services desired by the Member, even when CalOptima Health or the Health Network is not financially responsible for paying for the approved Private Duty Nursing services.
- F. CalOptima Health or a Health Network's obligations to plan enrolled EPSDT eligible Medi-Cal beneficiaries approved to receive Private Duty Nursing services who request Case Management services for their approved Private Duty Nursing services include, but are not limited to:
 - 1. Providing the Member information about the number of Private Duty Nursing hours that they are approved to receive;
 - 2. Contacting enrolled HHAs and enrolled INPs to seek approved Private Duty Nursing services on the Member's behalf;
 - 3. Identifying and assisting potentially eligible HHAs and INPs with navigating the process of enrolling to be a Medi-Cal provider; and
 - 4. Working with HHAs and enrolled INPs to jointly provide Private Duty Nursing services to the Member as needed.

III. PROCEDURE

- A. CalOptima Health or a Health Network shall authorize Medically Necessary Private Duty Nursing services in accordance with CalOptima Health Policy GG.1121: Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services and GG.1508: Authorization and Processing of Referrals.
- B. Upon authorization of Private Duty Nursing services, CalOptima Health or a Health Network shall:
 - 1. Notify the Member of the number of Private Duty Nursing hours the Member is approved to receive;
 - 2. Arrange for approved Private Duty Nursing services on behalf of the Member with enrolled HHAs or INPs;
 - 3. For Members enrolled in CalOptima Health Direct or CalOptima Health Community Network, generate a referral for care management in accordance with CalOptima Health Policies GG.1121: Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services and GG.1301: Comprehensive Case Management Process.
 - 4. A case manager shall assist the Member with coordination of Private Duty Nursing services, including working with HHAs or INPs to jointly provide Private Duty Nursing services to the Member, if necessary, and collaborating with other entities as appropriate.
 - 5. A case manager shall identify potentially eligible HHAs and INPs and assist them with navigating the process of enrolling to become Medi-Cal providers.

- C. A Member may choose not to use all approved Private Duty Nursing service hours. CalOptima Health and its Health Networks must respect this choice.
- D. CalOptima Health or a Health Network shall document and report instances when a Member chooses not to use approved Private Duty Nursing services as required by DHCS. A Health Network shall report such instances to the CalOptima Health Case Management Department in a manner and frequency requested by CalOptima Health.
- E. CalOptima Health or a Health Network shall document all efforts to locate and collaborate with providers of Private Duty Nursing services and with other entities, such as CCS.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health Network Service Agreement
- C. Department of Health Care Services (DHCS) All Plan Letter (APL) 20-012: Private Duty Nursing Case Management Responsibilities for Medi-Cal Eligible Members Under the Age Of 21
- D. CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services
- E. CalOptima Health Policy GG.1301: Comprehensive Case Management Process
- F. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
- G. 42 Code of Federal Regulations §§440.80, 441.18 and 440.169
- H. 22 California Code of Regulations §§51184(d), (g)(5) and (h)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
10/13/2020	Department of Health Care Services (DHCS)	Approved as Submitted
02/09/2021	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
08/06/2020	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	08/06/2020	GG.1352	Private Duty Nursing Care Management	Medi-Cal
Revised	12/01/2020	GG.1352	Private Duty Nursing Care Management	Medi-Cal
Revised	07/01/2022	GG.1352	Private Duty Nursing Care Management	Medi-Cal
Revised	11/01/2023	GG.1352	Private Duty Nursing Care Management	Medi-Cal

IX. GLOSSARY

Term	Definition
California Children's Services (CCS)	The public health program that assures the delivery of specialized diagnostic, treatment, and therapy services to financially and medically eligible individuals under the age of twenty-one (21) years who have CCS-Eligible Conditions, as defined in Title 22, California Code of Regulations (CCR) Sections 41515.2 through 41518.9.
Case Management	A systematic approach to coordination of care for a Member with special needs and/or complex medical conditions that includes the elements of assessment, care planning, intervention monitoring, and documentation.
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	The provision of Medically Necessary comprehensive and preventive health care services provided to Members less than twenty-one (21) years of age in accordance with requirements in 42 USC section 1396a(a)(43), section 1396d(a)(4)(B) and (r), and 42 CFR section 441.50 et seq., as required by W&I Code sections 14059.5(b) and 14132(v). Such services may also be Medically Necessary to correct or ameliorate defects and physical or behavioral health conditions
Home Health Agency (HHA)	For purposes of this Policy, as defined in Health and Safety Code section 1727(a) and used herein, means a public or private organization licensed by the State which provides skilled nursing services as defined in Health and Safety Code section 1727(b), to persons in their place of residence.
Individual Nurse Providers (INP)	A Medi-Cal enrolled registered nurse (RN) or licensed vocational nurse (LVN) who independently provides Private Duty Nursing services in the home to Medi-Cal beneficiaries.
Medically Necessary or Medical Necessity	<p>Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p> <p>For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396d(r)(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p>
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
Private Duty Nursing	An Early Periodic Screening, Detection, and Treatment (EPSDT) Supplemental Service that includes Medically Necessary services provided to Members who require continuous in-home nursing care.

Term	Definition
Whole-Child Model (WCM)	An organized delivery system established for Medi-Cal eligible CCS children and youth, pursuant to California Welfare & Institutions Code (commencing with Section 14094.4), and that (i) incorporates CCS covered services into Medi-Cal managed care for CCS-eligible Members and (ii) integrates Medi-Cal managed care with specified county CCS program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.