Rule No. 560-X-11-.14 EPSDT Referred Service Providers

(1) OBRA '89 requires that medically necessary health care, diagnosis, treatment and/or other measures described in Section 1905(a) of the Social Security Act be covered under Medicaid if identified in an EPSDT screening whether or not such services are covered in the State Plan. If services are not ordinarily provided as a Medicaid benefit for children under age 21, the providers of the service will be enrolled to provide "EPSDT only" referred care. An EPSDT referral form must be maintained by the provider for services provided as a result of a screening.

(a) EPSDT-only providers include: physical therapists, occupational therapists, speech therapists, chiropractors, podiatrists, psychologists, private duty nurses, air transportation, and environmental lead investigators.

(b) Enrollment: Instate and borderline out-of-state (within 30 mile radius of the Alabama state line) are eligible to enroll as EPSDT-only providers.

(c) Documentation: EPSDT-only services are covered by Alabama Medicaid when medically necessary and when done to correct or ameliorate a defect, physical or mental illness or other conditions identified during an EPSDT Screening Exam. EPSDT-only providers must develop a plan of treatment and have it readily available at all times for review in the recipient's medical record. The plan of treatment should contain but is not limited to the following information:

1. Recipient's name,
2. Recipient's current Medicaid number,
3. Date of EPSDT Screening,
4. Referring physician's name,
5. Diagnosis(es),
6. Date of onset or acute exacerbation, if applicable,
7. Type of surgery performed, if applicable,
8. Date of surgery, if applicable,
9. Functional status prior to treatment and expected status after treatment, if applicable,
10. Frequency and duration of treatment, if applicable,
11. Modalities, if applicable, and
12. For ulcers, the location, size and depth should be documented, if applicable.

(d) Retrospective Review: Medicaid's Surveillance and Utilization Review Program will review medical records retrospectively to determine the appropriateness of the service rendered. Medicaid may discontinue and/or recoup payment for the treatment or service if any of the following circumstances have occurred:

1. An EPSDT screening was not performed,
2. The condition/diagnosis noted on the EPSDT referral form does not relate to the treatment performed, and
3. The EPSDT screening form is not valid. (EPSDT screening referral forms are valid only for the time specified by the referring provider or up to a maximum of twelve (12) months).

(2) Qualifications For EPSDT-only Providers:

(a) Physical Therapists (PT) - A qualified PT must be licensed by the

Alabama Board of Physical Therapy. Services provided must be ordered by a physician for an identified condition(s) noted during the EPSDT screening exam and provided by or under the supervision of a qualified physical therapist. Group physical therapy is covered only for codes specified as such in the Physical Therapy Billing Manual. Only procedure codes identified in the Medicaid Physical Therapy Billing Manual are reimbursable. Some codes may require attainment of prior authorization before services are rendered. Recreational and leisure type activities such as movies, bowling, skating, etc. are not covered by Medicaid.

1. Physical therapy may be provided by a PT assistant who practices under the direction of a licensed PT. Assistants may perform treatment procedures as delegated by the PT but may not initiate or alter a treatment plan. PT assistants must be licensed by the Alabama Board of Physical Therapy and must be an employee of the supervising PT in order for the PT to bill for services. The PT must oversee the assistants' activities on a frequent, regularly scheduled basis. Scheduled visits to supervise care provided by the assistant must be documented and signed by the PT at a minimum every 6th visit.

2. Physical therapy aides who are employed by the PT may perform only routine treatment procedures as allowed by State law and only under direct, on-site supervision of the licensed PT. Care rendered by a PT aide shall not be held out as and shall not be charged as physical therapy.

(b) Occupational Therapists (OT) - A qualified OT must be licensed by the Alabama State Board of Occupational Therapy. Services provided must be ordered by a physician for an identified condition(s) noted during the EPSDT screening exam and provided by or under the direct supervision of a qualified occupational therapist. Group occupational therapy is covered only for codes specified as such in the Occupational Therapy Billing Manual. Services are limited to those procedures identified in the Occupational Therapy Billing Manual. Some codes may require attainment of prior authorization before services are rendered. Recreational and leisure type activities such as movies, bowling, skating, etc. are not covered by Medicaid.

1. OT assistants are allowed to assist in the practice of occupational therapy only under the supervision of an OT. OT assistants must have an Associate of Arts degree and must be licensed by the Alabama State Board of Occupational Therapy. Supervision of certified OT assistants must consist of a minimum of one on one on-site supervision at least eight hours per month. Supervision for non certified limited permit holders shall consist of one to one, on-site supervision a minimum of 50% of direct patient time by an OT who holds a current license. Supervising visits must be documented and signed by the OT. The supervising OT must ensure that the assistant is assigned only duties and responsibilities for which the assistant has been specifically educated and which the assistant is qualified to perform.

2. OT aides employed by the OT are allowed to perform only routine duties under the direct, on-site supervision of the OT. Care rendered by an OT aide shall not be held out as and shall not be charged as occupational therapy.

(c) Speech Therapists (ST-Speech Language Pathologist) - A qualified ST must have a Certification of Clinical Competence in Speech Language Pathology or be eligible for certification and licensed by the Alabama Board of Examiners for Speech, Language Pathology and Audiology. Services provided must be ordered by a physician for an identified condition(s) noted during the EPSDT Screening exam and provided by or under the supervision of a qualified speech therapist. Only procedures identified in the Medicaid Speech Therapy Billing Manual are reimbursable.

1. Speech Therapy Assistants must be employed by a Speech Therapist, have a bachelor degree in Speech Pathology and must be registered by the Alabama Board of Speech, Language Pathology and Audiology. Assistants are allowed to provide services commensurate with their education, training and experience only. They may not evaluate speech, language or hearing, interpret measurements of speech language or hearing, make recommendations regarding programming and hearing aid selection, counsel patients or sign test reports, nor other documentation regarding the practice of speech pathology. Assistants must work under the direct supervision of a licensed speech pathologist. Direct supervision requires the physical presence of the licensed speech pathologist in the same facility at all times when the assistant is performing assigned clinical responsibilities. The licensed speech pathologist must document direct observation of at least ten (10%) percent of all clinical services provided by the assistant. Speech therapists may supervise no more than the equivalent of two full-time assistants concurrently.

(d) Services provided under the direction of a health care practitioner provided to Medicaid eligible children by those working under the direction of licensed, enrolled Speech Therapists, Occupational Therapists or Physical Therapists as provided for in this rule must be provided under the following conditions:

1. The person providing the service must meet the minimum qualifications established by State laws and the Agency regulations and be in the employment of the supervising provider;

2. The person providing the service must be identifiable in the case record;

3. The supervising therapist must assume full professional responsibility for services provided and bill for such services;

4. The supervising provider must assure that services are medically necessary and rendered in a medically appropriate manner, and

(e) Podiatrist - Must have a current licensed issued to practice podiatry, and operate within the scope of practice established by the appropriate state's Board of Podiatry.

(f) Chiropractor - Must have a current certification and/or be licensed to practice chiropractic, and operate within the scope of practice established by the state's Board of Chiropractic Examiners.

(g) Psychologist - Must have a doctoral degree from an accredited school or department of Psychology and have a current license to practice as a psychologist, and operate within the scope of practice as established by the appropriate state's Board of Psychology.

1. Minimum Qualifications for Psychology Providers' Professional Staff working under Medicaid-enrolled Psychologists are as follows:

(i) A professional counselor licensed under Alabama law (e.g. LPC, ALC),

(ii) A marriage and family therapist licensed under Alabama law,

(iii) A certified social worker licensed under Alabama law,

(iv) A licensed psychological technician,

(v) An individual possessing a masters degree or above

from a university or college with an accredited program for the respective degree in psychology, social work, counseling, behavioral specialist, or other areas that require equivalent clinical course work and who meets at least one of the following qualifications.

(I) Has successfully completed a practicum as a part of the requirements for the degree or,

(II) Has six months of post master's level clinical experience supervised by a master's level or above clinician with two years of post graduate clinical experience.

2. Services rendered to persons with a primary psychiatric diagnosis must be delivered by a person meeting the criteria listed above unless an exception is specifically noted and defined in the service descriptions.

(h) Private Duty Nursing – The purpose of the Private Duty Nursing Program is to provide payment for quality, safe, cost-efficient skilled nursing care to Medicaid recipients who require a minimum of four consecutive hours of continuous skilled nursing care per day. Skilled nursing care is defined as prescribed care that can only be provided by a licensed Registered Nurse (RN) or Licensed Practical Nurse (LPN) which is medically necessary to treat or ameliorate medical conditions identified as a result of an EPSDT screening. The medical criteria herein must be present when the specified condition listed below is found. For conditions not found in the Alabama Medicaid Administrative Code, medical necessity review will be conducted by the Medicaid Medical Director. Medicaid recipients who do not meet the medical necessity requirements for the Private Duty Nursing Program have access to a variety of nursing and related community services. The Agency will make referrals to the appropriate programs based on the level of care needed.

1. **Criteria – Non-ventilator Dependent Recipients**.

(i) High technology non-ventilator dependent recipients may qualify for private duty nursing services if they meet either of the following criteria and at least one qualified primary caregiver has been identified:

(I) Any one of the primary requisites are present.

(II) Two or more secondary requisites are present.

(ii) *Primary Requisites* – include, but may not be limited to, the following as qualifying criteria for nursing recipients:

(I) Tracheotomy – Coverage for a functioning tracheotomy requiring oxygen supplementation; and nebulizer treatments or cough assist/inexsufflator devices. Continuation of nursing services may be approved after initial certification for those periods of time when the qualified primary caregiver is away from the home for work or school or otherwise unable to provide the necessary care.

(II) Total Parenteral Nutrition (TPN) – Coverage up to two months for acute phase with additional certification based upon the need for continuing therapy.

(III) Intravenous Therapy – Coverage up to two months for a single episode. The number of hours required for a single infusion must be at least four continuous hours and require monitoring and treatment by a skilled nurse. An additional period of certification may be approved based on medical necessity for continuing therapy. Additional hours may also be approved for secondary criteria requisites listed below in conjunction with the primary criteria requisites.

(iii) *Secondary Requisites* – include, but may not be limited to,

the following as qualifying criteria for nursing recipients.

(I) Decubitus ulcers – Coverage for stage three or four ulcers.

(II) Colostomy or ileostomy care – Coverage for new or problematic cases.

(III) Suprapubic catheter care – Coverage for new or problematic cases.

(IV) Internal nasogastric or gastrostomy feedings – Coverage for new or problematic cases.

(V) Tracheotomy

(VI) A documented illness or disability, which requires ongoing skilled observation, monitoring and judgment to maintain or improve health status of a medically fragile or complex condition to include at least one (1) of the following:

a. An unstable seizure disorder
b. Unstable respiratory function
c Unstable vital signs
d. A cardiac pacemaker
e. Unstable shunted hydrocephalus or otherwise unstable neurological status and

Delayed skilled intervention is expected to result in:

a. Deterioration of a chronic condition
b. Loss of function
c. Imminent risk to health status due to medical fragility

(VII) Extensive or complete assistance with activities of daily living in a child of an age normally expected to perform ADLs such as eating, bathing dressing, mobility, bowel and bladder control.

(iv) *Qualified Primary Caregiver.*

(I) The family must have at least one member capable of and willing to be trained to assist in the provision of care for the recipient in the home.

(II) The qualified primary caregiver must accept responsibility for the recipients care when the nurse is not available.

(III) The family must provide evidence of parental or family involvement and an appropriate home situation (for example, a physical environment and geographic location for the recipient's medical safety).

(IV) Reasonable plans for emergencies (such as power and equipment backup for those with life-support devices) and transportation must be established.

2. **Ventilator Dependent Recipients.**

(i) *Ventilator dependent recipients* may qualify for private duty nursing services if any one of the primary requisites are present and at least one qualified caregiver has been identified.

(ii) *Primary Requisites* – include, but may not be limited to, the following as qualifying criteria for nursing recipients:

(I) Mechanical ventilator support is necessary for at least six hours per day and appropriate weaning steps are in progress on a continuing basis.

(II) Frequent ventilator checks are necessary. Frequent ventilator checks are defined as daytime versus nighttime setting changes, weaning in progress, or parameter checks a minimum of every eight hours with subsequent ventilator setting changes.

(III) Oxygen supplementation for ventilator dependent recipients is at or below an inspired fraction of 40 percent ($FiO_2$of 0.40).

(iii) *Qualified Primary Caregiver.*

(I) The family must have at least one member capable of and willing to be trained to assist in the provision of care for the recipient in the home.

(II) The qualified primary caregiver must accept responsibility for the recipients care when the nurse is not available.

(III) The family must provide evidence of parental or family involvement and an appropriate home situation (for example, a physical environment and geographic location for the recipient's medical safety).

(IV) Reasonable plans for emergencies (such as power and equipment backup for those with life-support devices) and transportation must be established.

Note: Any private duty nursing hours approved will be reduced by the number of hours of care which are provided or are available from other resources. In the event a child eligible for Medicaid is already attending or plans to attend public school, the case manager should contact the Special Education Coordinator within the appropriate school district to request that the child's Individual Education Program (IEP) committee meet to determine the student's need for related services. The names and contact information for the coordinators are on the education website at www.alsde.edu. The Individuals with Disabilities Education Act (IDEA) guarantees every child the right to a free, appropriate public education and related services in the least restrictive environment. The case manager may be asked to be part of the client's IEP team to facilitate the coordination of necessary related services. Related services needed in the school that are the same as services provided in the home should be closely coordinated. For example, a child needing nursing services should be evaluated and recommended for the appropriate level of care to ensure no break in services if services previously provided by Medicaid are subsequently provided by the school district. For children attending public school, the number of approved hours may be modified during the summer months and school breaks.

3. **Limitations**:

(i) Nursing services must be prescribed as medically necessary by a licensed physician as a result of an EPSDT screening referral, based on the expectation that the recipient's medical needs are adequately and safely met in the home.

(ii) All private duty nursing services require prior authorization. Additionally, the recipient must be under 21 years of age to qualify and must be Medicaid eligible. The recipient must require skilled nursing care which exceeds the caregiver's ability to care for the recipient without the assistance of at least four consecutive hours of skilled nursing care.

(iii) Major commitment on the part of the recipient's family is

mandatory to meet the recipient's needs. The qualified primary caregiver must sign the Private Duty Nursing Agreement for Care form agreeing to participate in and complete training. Additional caregivers identified for training must be indicated on the Private Duty Nursing Agreement for Care form. In the event that multiple caregivers exist, an adjustment in the hours approved for PDN will occur.

(iv) When a Private Duty Nursing (PDN) applicant is added to the PDN Program, they may be granted more PDN hours beyond what is normally approved. The purpose of the additional hours initially is to give the PDN provider time to train the qualified primary caregiver(s). However, during the initial certification or recertification period, the PDN hours may be decreased to the hours determined by the PDN criteria.

(v) Medicaid does not provide private duty nursing services under the following circumstances:

(I) Observational care for behavioral or eating disorders, or for medical conditions that do not require medically necessary intervention by skilled nursing personnel;

(II) Services not prescribed to treat or improve a condition identified as a result of an EPSDT screening;

(III) Custodial, sitter, and unskilled respite services;

(IV) Services after the recipient is admitted to a hospital or a nursing facility; or

(V) Services after the recipient is no longer eligible for Medicaid.

(vi) Medicaid allows hours for the continuation of private duty nursing services under the following circumstances:

(I) Temporary Illness: Private duty nursing hours may be provided for a period up to 90 days if the qualified primary caregiver is incapacitated due to personal illness or illness of another family member who is dependent upon the caregiver and there is no other trained caregiver available in the home. Temporary illness includes a required surgical procedure due to illness/disease, an illness which would be a danger to the child because of contagion, or an illness which is debilitating for a limited period. Medical documentation from the caregiver's attending physician is required. The number of hours approved is dependent upon the specific circumstances.

(II) Patient at Risk: Private duty nursing hours may be approved if the patient appears to be at risk of abuse, neglect, or exploitation in the domestic setting and a referral for investigation has been made to the appropriate state agency. The number of hours approved is dependent upon the specific circumstances.

(III) Sleep: Private duty nursing hours may be provided up to eight hours depending on the situation of the qualified primary caregiver. For example, a single parent with no other family support may be granted a full eight hours while two parents serving as qualified primary caregivers may require fewer hours or only hours on an occasional basis.

(IV) Work: Private duty nursing hours provided will be up to the number of hours that the qualified primary caregiver is at work plus one hour travel time. If additional travel time is needed beyond one hour, documentation must be provided to justify the increase. A Private Duty Nursing Verification of Employment/School Attendance Form must be completed providing documentation of work hours.

(V) School: Private duty nursing hours provided will be up to the number of hours that the qualified primary caregiver is attending class plus one hour travel time. If additional travel time is needed beyond one hour, documentation must be provided to justify the increase. A current course selection guide published by the school, validated class schedule from school, curriculum guide and transcripts of previous courses taken must be provided. The coursework must be consistent with the requirement for obtaining a GED, college degree, or some other type of certification for employment. Courses selected must follow a logical approach with class hours being taken one after the other unless the course has been indicated by school officials as "closed".

4. A care plan must be developed and submitted with each request for service documenting the extent of nursing needs. Careful review of the patient's status and needs should be made by each professional participating in the patient's care. Each discipline should formulate goals and objectives for the patient and develop daily program components to meet these goals in the home. This plan must include the following:

(i) designation of a home care service coordinator;

(ii) involvement of a primary care physician with specific physician orders for medications, treatments, medical follow-up, and medical tests as appropriate;

(iii) family access to a telephone;

(iv) a plan for monitoring and adjusting the home care plan;

(v) a defined backup system for medical emergencies;

(vi) a plan to meet the educational needs of the patient;

(vii) a clearly shown planned reduction of private duty hours; and

(viii) criteria and procedures for transition from private duty nursing care, when appropriate.

5. At each certification, the care plan will be denied, approved, or additional information will be requested. The patient should be transitioned to the most appropriate care when the patient no longer meets the private duty nursing criteria. The most appropriate care may be home care services, nursing home placement, or the Home and Community Based Waiver Program.

6. Cost Effectiveness: The cost of private duty nursing services, when combined with the total daily cost of all Medicaid reimbursable services, should not exceed the cost of available hospital care for which the recipient would qualify if private duty nursing services were not provided.

7. Private duty nursing providers are required to indicate the date and time of all services provided on a signature log maintained in the patient's record with a copy retained by the patient/parent or guardian. The nurse providing services and the caregiver must sign each entry. The nurse providing services may not be a spouse, parent, guardian, foster parent, or anyone who is legally responsible (regardless of the relationship) who resides with the recipient.

8. A missed visit occurs when the recipient is at home waiting for scheduled services, but the services are not delivered. The PDN provider shall have a written policy assuring that when a nurse is unavailable, the supervisor assesses the need for services and makes arrangements for a substitute to provide services as necessary. The PDN provider will document missed visits in the recipient's files.

(i) If the supervisor sends a substitute, the substitute will complete and sign the service log after finishing duties.

(ii) If the supervisor does not send a substitute, the supervisor will contact the recipient and inform them of the unavailability of the nurse.

9. Private duty nursing providers are required to submit to Medicaid a copy of the Home Health Certification and Plan of Care form (HCFA-485), the Medical Update and Patient Information form (HCFA-486), the Private Duty Nursing Agreement for Care Form (Form 166), and the EPSDT Referral for Services form (Form 167) for Medicaid to consider authorization for services.

10. Private duty nursing providers are required to submit the Home Health Certification and Plan of Care form (HCFA-485) and the Medical Update and Patient Information form (HCFA-486) to Medicaid for continued services at least fourteen (14) days prior to the recertification due date. Recertification not received timely will be approved when criteria are met based on the date of receipt.

11. Failure by the provider to comply with agency rules and program policies contained in the applicable Private Duty Nursing Services Program Manual may result in recoupments and termination of the provider contract.

(i) Air Ambulance - Refer to Rule 560-X-18-. 15.

(j) Environmental Lead Investigators - a qualified investigator must have graduated from a four-year college or university with a minimum of 30 semester hours or 45 quarter hours of combined course work in biology, chemistry, environmental science, mathematics, physical science, or a minimum of, or evidence of, five years or more of permanent employment in an environmental health field. Any person employed must have successfully completed the training program for environmentalist conducted by the Alabama Department of Public Health before being certified by the Alabama Department of Public Health.

1. Environmental Lead Investigations are billable as a unit of service. A unit of service is the investigation of the home or primary residence of an EPSDT eligible child who has an elevated blood lead level. Testing of substances which must be sent off-site for analysis, or any non-medical activities such as removal or abatement of lead sources, or relocation efforts are not billable as part of an Environmental Lead Investigation.

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