



HOME AND COMMUNITY-BASED SERVICES WAIVER PROGRAMS COMMUNICATION BRIEF

Brief Ref: HCBS-2020-CB01

To: Utilization Management Vendor, Waiver Case Management and Skilled Nursing Service Providers

From: Tyler Deines, Community-Based Services Administrator
Lee Grossman, Developmental Disabilities Administrator

Date:

Subject: Additional Guidance for the Prior Authorization of Waiver Skilled Nursing Services

Purpose: To provide additional guidance and direction to utilization management vendor (UM vendor) contracted to conduct prior authorization reviews for skilled nursing services available under the Medicaid home and community-based services (HCBS) waiver programs.

Background: Medicaid HCBS waiver programs provide eligible individuals with access to an array of long-term services and supports as an alternative to institutional care. Skilled nursing services are a benefit included in the Community Choices Waiver (CCW), the Comprehensive Waiver, and the Supports Waiver programs. Waiver skilled nursing services include part-time or intermittent skilled nursing care which is within the scope of practice and required to be delivered by a registered nurse under the Wyoming Nurse Practice Act.

Waiver skilled nursing services are available as an extension of and are designed to supplement, but not replace, the home health services as defined by 42 CFR §440.70 and furnished under the Wyoming Medicaid State Plan. Skilled nursing services under the waiver differ in nature and scope from state plan skilled nursing services in that waiver services are not limited to rehabilitative services as defined by 42 CFR §440.130, may be provided on a long-term basis, and are not subject to a physician's review every 60 days. Medically necessary skilled nursing services for individuals under the age of 21 (including those services provided on a long-term basis) must be provided under the state plan in accordance with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements.

Waiver skilled nursing services may be provided in the home or in the community when the participant requires assistance in order to participate in community activities or to access other services in the community. Waiver skilled nursing services may not include companionship or other services which are diversional/recreational in nature. Participant transportation costs are not associated with the provision of skilled nursing services and must be billed separately.

The Division contracts with the UM vendor for the review of necessity for skilled nursing services before they are authorized or delivered. Prior authorization reviews facilitate coordination and minimize the duplication of Medicaid benefits to ensure the most effective use of public resources. A registered nurse from the UM vendor conducts a peer review of the care plan to ensure those services are authorized, within the scope and limitations of the waiver skilled nursing services benefit, according to the assessed

needs of the waiver participant, consistent with the practice of nursing as defined by the Wyoming Nurse Practice Act, and in such a manner that does not duplicate other services provided under the waiver program or the Medicaid State Plan.

Procedure or Information: While the state plan home health services and the waiver skilled nursing services are intended to serve different purposes (i.e. home health services are intended to be acute and transitional in nature while the waiver skilled nursing services are supportive of long-term needs for skilled nursing care), skilled nursing services must be clinically appropriate and consistent with the practice of nursing in Wyoming, irrespective of the payer program.

The waiver skilled nursing service provider must conduct a comprehensive assessment of the participant's needs and develop and submit a detailed care plan to the UM vendor for review. The UM vendor must review the care plan and determine if the services requested are consistent with the participant's assessed needs and the planned interventions are adequately described by the care plan. The UM vendor shall not determine the medical necessity or clinical appropriateness of other medical services not included in the request for waiver skilled nursing services (e.g. medications or medication routes).

It is appropriate for the UM vendor to consider the participant's natural supports and ability to complete the requested tasks independently. Waiver skilled nursing services should not be authorized when the participant is capable of self-care or when natural supports are willing, able, available, and appropriate. However, the UM vendor's requests for natural supports must be sensitive to the participant's individual circumstances and respectful of the participant's dignity and privacy. The care plan must include adequate information on any functional limitations that restrict the participant's ability to care for him/herself and the availability and willingness of any natural supports.

The UM vendor shall consider the availability of local provider network and workforce limitations (e.g. the availability of a Certified Nurse Aide II). If the care plan includes adequate justification and information on local provider network and/or workforce limitations, the UM vendor shall not deny waiver skilled nursing services on the basis that those tasks may be performed by a lower level practitioner in accordance with the Wyoming Nurse Practice Act

The UM vendor shall consider the availability and accessibility of other local healthcare services, the participant's functional limitations which may pose a challenge in accessing outpatient care, and the efficiency of coordinated, community-based service delivery. If the care plan includes adequate justification and information on the availability and accessibility of local healthcare services and/or the efficiency of the task's integration with other services included in the care plan, the UM vendor shall not deny waiver skilled nursing services on the basis that those tasks are typically provided on an outpatient basis (e.g. blood draws and diabetic foot care).

The UM vendor peer reviewers shall apply standardized review criteria to the extent possible and use clinical judgement in order to determine the need for waiver skilled nursing services and to ensure those services are authorized within the scope and limitations of the benefit as described above. The UM vendor shall provide waiver skilled nursing service providers with adequate guidance and instruction on its care plan content and submission requirements. The UM vendor shall seek guidance and direction from the Division as necessary to interpret the scope and limitations of waiver skilled nursing services.