Pediatric Shift Care Training Q&A

The Department of Human Services (DHS) conducted Pediatric Shift Care Training on September 14, 2023. The training included a comprehensive PowerPoint Presentation (PPT) titled "Pediatric Shift Care Training". The training discussed specific case scenarios to help guide the Physical Health Managed Care plans (PH-MCO) when a request for pediatric shift care is received. The training PPT and training was subsequently recorded and can be found at HCProvider-Trainings (pa.gov). The questions that were asked during the training session were documented and responses are noted below under the various topics that were discussed. Should you have additional questions, please reach out to ra-pwpedshiftcare@pa.gov.

General Questions

1. Will the session be made available online for new employees to review? Will the slides be made available?

- Yes, the training was recorded separately and can be found here: HCProvider-Trainings (pa.gov). The slides are also at this location.

2. Please provide the additional observations that were shared at the end of each case study but were not included on the slides.

- The additional information, observations, and comments will be in the notes section of the slides and will be included in the copy that is distributed after the conclusion of the training. Also refer to the recorded version for additional detail.

Medical Necessity

1. Medical Necessity - Lack of Information

- Q: Case #4 was denied due to lack of requested information/requested information not provided. Is this denial reason correct?

  A: Case #4 was denied because the "mother was an available caregiver." The MCO did no outreach, nor requested additional information in order to determine medical necessity. The denial rationale is not based on medical necessity. All requests need to be reviewed and approved or denied based on medically necessity. If denying for lack of requested information and/or the information was not provided, you would use the rationale "denied due to lack of information" and then list the information that is missing. Outreaches and efforts to obtain this information must be documented in the case notes provided to the clinical staff for review. A minimum of three (3) attempts must be made and must be documented.

2. Medical Necessity - Staffing

- Q: If the appropriate information was received and the mother planned to staff all 16 hours/7 days a week, the managed care organization (MCO) bases the approval on medical necessity. Would this be something the Department of Human Services (DHS) would consider appropriate on the part of the agency?

  A: It is the responsibility of the MCO and the ordering provider to determine the amount of hours that are medically necessary/appropriate. It is the responsibly of the home health agency

to staff the case appropriately and based on their own regulations, laws, and guidance from DOH and other regulatory agencies. The MCOs are not paying the caregiver, they are paying the home health agency, then the agency is paying the caregiver to staff the case.

If the MCO has safety concerns, they should address them with the home health agency. It is the role of the MCO to ensure that the services are being provided in accordance with the authorization. Once in place, if the MCO has questions or concerns regarding safety of the member and or the caregiver, they should contact the home health agency or their regulatory oversight agency (e.g., the Pennsylvania Department of Health (DOH)) to express the concerns.

The Department acknowledges that there is no law or regulation stating the maximum number of hours nursing staff is allowed to work. However, there have been several articles, studies, and guidance put into place to prevent unsafe care and working excessive hours. Pennsylvania's legislature also enacted Act 102 in 2008, and the Department of Labor & Industry has since promulgated regulations pertaining to that act. Many entities, such as facilities or agencies, have limitations and rules in place to ensure both staff and patient safety. Please be aware of your partnering home health agency's protocols, and if concerns are raised, discuss with the home health agency to alleviate those concerns.

For additional guidance, please see the following:

DOH HHA Regulations
OSHA Guidance
L&I Act 102 Regulations

Ultimately, it is the responsibility of the home health agency to comply with legal requirements pertaining to staffing.

3. Medical Necessity - Reduction in Services

- Q: What citations are acceptable to support a medically necessary reduction in services?

  A: This is case dependent and is based on what is medically necessary at the time of the request/reauthorization.

4. Medical Necessity HHA

- Q: If a child's needs are age appropriate (ex. typical needs of a 2-year-old for activities of daily living (ADL), but there is a request for HHA services, how would DHS want the MCO to review the request?

  A: The MCO should review and base their decision to approve or deny on medical necessity. The onus is on the prescribing provider to provide proof that the services above what is age-appropriate activities and why the additional needs and assistance are medically necessary.

5. Medical Necessity with Behavioral Health Diagnosis

- Q: For case 6, if a member has no ADL needs, has autism and is manifesting physical behaviors that put caregiver's safety at risk, is denial still inappropriate?

A: This question is going to be answered in 2 views; from the view of case #6, and then from a general view.

For case #6, the MCO did not take the member's incontinence needs into account. While not part of the original request information, it was discovered during review of the case notes. The incontinence is secondary to the member's autism diagnosis. This added to the fact that the member needed to be watched for safety reasons due to his diagnosis. The MCO must take ALL aspects into consideration when denying a request, such as:

- Does the patient have physical implications from their behavioral health diagnosis?
- If safety is the only aspect in the request, what is the plan, should the request be denied?
- What else has been tried to mitigate the safety concern?
- What is the plan if the child should attempt to elope?
- What is the plan for safe care?

Also, cuing and monitoring can still be medically necessary. Hands-on care is not always required in order to be medically necessary. It is the responsibility of the ordering provider, family, and or home health agency to give those details in their response to the request for information. This is one reason why it is important to have a discussion with the ordering provider, family, and home health agencies to obtain the most information in order to make the medical necessity determination.

In general, if safety to the caregiver is a concern, no one should be put in a position where they fear they have the potential to suffer harm. If this is the case, then that needs to be a secondary discussion including a Behavioral Health Managed Care Plan (BH-MCO) or a behavioral health professional. The PH-MCO, while not responsible for behavioral health care needs, is still required to assist in the coordination to meet the member's needs, including any physical manifestations of their diagnosis. The type of care and support that is required will need to be determined. This may not necessarily be something a HHA can handle due to the combination of physical and behavioral needs. There will need to be different levels of support. Information should be documented in the case notes about what types of resources and options were explored. HHA staff should be made aware of what is happening in the home prior to making the decision to staff the case.

If member safety is the only reason for the request with no ADL or other medically necessary needs, this still could be medically necessary due to a physical health diagnosis, for example seizure watch and feeding safety. Cuing and monitoring can still be medically necessary. Hands-on care is not always required in order to be medically necessary.

6. Denial Language

- Q: When HHA are being requested "in lieu of skilled nursing," what denial language should be used?

A: If the request comes through for HHAs in lieu of skilled nursing, the Medical Director should have a conversation with the ordering provider to see if the request should be re-written for HHA, and if that is medically necessary and safe for the needs of the child. All denials must be based on medical necessity. If services can be covered by a HHA, then the request would need to be resubmitted for that service.

For specific questions regarding scope of practice and what is allowed, please see 28 Pa. Code, Part IV, Health Facilities, sections 601.32 Skilled nursing services, 601.33 Therapy services, 601.34 Medical and social services, and 601.35 Home health aide services.

If the child's need is for a skilled level of care as defined in the above regulations, the MCO should not authorize an unskilled level of care. Unlicensed individuals (i.e., home health aides) may not provide services within the nursing scope of practice.

Hours

1. Approved Hours

- Q: What is meant by "specific times" and using approved hours other than requested?

  A: Information is sought to determine times for activities such as caregiver sleep, and time when the member may be in school. The request should be reviewed and based on medical necessity. Missing information that does not pertain to the actual request and time period in question should not be the reason for the denial. If a request is for a specific time, i.e., school hours or overnight, then the hours must be used as authorized.

- Q: In cases where the parent is a paid caregiver, who should be staffing hours for parent to sleep and complete household duties? When services are approved for this reason, it is usually to give time for the parent to rest overnight while someone meets the member's needs or runs errands.

  A: The home health agency would determine the shifts and hours. If the authorization is specific for this reason, then the MCO must ensure that the case is being staffed as authorized. If the MCO has concerns regarding how the agency is staffing the case, then the MCO and the home health agency must have a conversation to discuss.

- Q: How to turn needs into time? – How do you equate the needs to what you approve in terms of hours (how to estimate the time it'll take to perform the tasks that medical needs are deemed as necessary)?

  A: Member acuity, care needs, etc. will determine the amount of medically necessary hours that are needed. Each case must be reviewed on a case-by-case basis, looking at the child and the family's needs and situation. The ordering provider must provide the supporting evidence to show the level of care and needs of the member. This information is what is used in order to determine the hours that are medically necessity. The MCOs should not be using ADL and IADL time and activity algorithms to calculate the hours.

2. Shared Hours for Multiple Children

- Q: Is it possible to cover authorizations when multiple children in the home receive care? How would the hours be shared?

  A: Yes, it is possible. Each child must have their own authorization. The authorizations would have to be based on the specific conditions and the needs of each of the children who are in the home and receiving care. The care cannot be done simultaneously, and time must be allotted for each child and accounted for in order to meet their needs.

3. Safe Staffing Hours

- Q: What training or education has been done with the home health agencies on safe staffing hours. What monitoring is in place to ensure safety of medically fragile children and preventing caregiver burn out?

  A: DHS is not providing any separate training on this topic to the home health agencies. DHS has provided their guidance, and the home health agencies are aware of their respective laws, regulations, and guidance from their regulatory agencies such as DOH. The MCO must complete their own training with their partnering home health agencies if they feel it is necessary. It is up to the MCOs and the agencies to work together to determine training needs.

Caregiver

Caregiver Willingness

- Q: Please define caregiver "willingness."

  A: "Willingness" is the quality or state of being prepared, able, and free to choose to do something. Willingness can be influenced by factors such as one's religious, ethical, cultural beliefs, life experiences, gender roles, and age, and can prevent a person from being able to perform certain activities even when it involves the care of someone else. Willingness can also be affected by the parent/caregiver's work obligations, family obligations, family responsibilities, etc. and must not be dependent on whether or not they are the LRR. Every decision starts with determining what is medically necessary and not the parent as a paid caregiver.

  For clarification, the "willingness" of the parent/caregiver is the willingness to perform those tasks which are above and beyond normal care and are directly related to the medically necessary additional services. For instance, bathing an infant vs. bathing a 16-year-old. Willingness of the caregivers to perform "normal care" needs to be defined in the context of the patient's medical, intellectual, and physical capabilities, as well as those of the caregiver.

- Q: If a parent/caregiver is unwilling to care for their child, how are the appropriate number of hours determined? Are there criteria to guide in the assessment of those hours?

  A: The MCO must determine how many hours are medically necessary. Each case needs to be reviewed on a case-by-case basis looking at the child and family's needs/situation. During that process, the ordering provider must detail those factors that affect the amount of care and needs required, therefore leading to what is medically necessary.

  If a parent/caregiver is unwilling to provide care, the ordering provider must specifically indicate that in the submitted documentation. This unwillingness is another factor in determining the amount of medically necessary hours. The MCOs should not be using ADL and IADL time and activity algorithms to calculate hours.

- Q: How should unwillingness (ex. an adult male caregiver/parent may not be comfortable diapering and cleaning a female child) and religious beliefs be taken into consideration?

A: Willingness may be tied to religion, but sometimes it is just a decision, and the parent/caregiver should not be expected to perform the service. Beliefs and preferences must be taken into consideration. Note: religion is a protected class under state and federal laws, so care must be taken when having discussions surrounding religion.

- Q: Are there guidelines as to what is considered acceptable with regards to religious qualms with delivery of care?

  A: Religion is a protected class under discrimination laws and must be taken into consideration when determining medical necessity. If a parent or caregiver states religion as a reason, then that must be honored.

1. Caregiver Employment

- Q: When a parent/caregiver is seeking outside employment, how should the MCO decide the duration and definition of what this consists of? What is the definition of "looking for active employment" and how long can that go on before the person is not considered available?

  A: Proving that one is searching for a job is not necessary. Stating one is actively seeking employment suffices. Stating one is seeking and will need this time period to be available for interviews is good information to obtain but is not required. The MCO should establish an agreeable follow-up time period to obtain updates about the status of the employment search from the parent/caregiver. Home health agency staff or the ordering provider can also provide feedback during their interactions concerning the parent/caregiver's job search activities if seen or addressed verbally.

- Q: Is there a requirement of documentation regarding job searches or interviews by the parent seeking employment? Also, would consideration be made when a parent/caregiver has a pending job offer?

  A: Per DHS, no official documentation is necessary. The parent/caregiver stating that they are actively looking for job is adequate. If more information is provided that is permissible but is not required.

  Also, knowing the parent/caregiver is going to be a paid caregiver should not affect the medical necessity decision.

2. Caregiver Stress

- Q: Parents, especially those with children who have special needs may experience stress while caring for the child. Please provide guidance on how to quantify "caregiver stress."

  A: Utilization management should be working closely with case management to determine the needs of the family, including the parent/caregiver. Detailed notes should be kept and utilized to determine any issues and should note any conversation between the family and case manager. If necessary, there should be some level of conversation with the assigned case manager (CM) or staff person that can help fill in missing information so appropriate decisions can be made. Additionally, it is beneficial for the CM to help understand internal and external stressors on the family, and what types of supports the family may have. Outreach may need to be made to the primary care provider, Children and Youth Services, or someone already in the

home setting, to obtain additional details to understand the member's needs and psychosocial environment.

DHS is unable to quantify a specific number of hours. These requests should be reviewed on a case-by-case basis.

Legally Responsible Relative (LRR)

1. **External Review Organization - LRR Qualifications**
   - Q: If a denial was overturned by an external reviewer indicating that a LRR HHA was qualified by experience to perform the child's skilled care hours, is this acceptable?

     A: This is not acceptable. An LRR HHA cannot perform activities and be paid outside of their scope. Some parents are being 'qualified' by experience if no shift is available. At that point, someone may be performing care that is not within their practice and scope.

     DHS is working with the PA Insurance Department to ensure that such decisions that are contrary to state law will not be issued in the future. If an external reviewer issues a decision contrary to state law, the MCO should avail itself of processes to appeal such a decision.

2. **LRR Parent Caregiver**
   - Q: If the appropriate information was received and the parent planned to be paid to staff all 16 hours/7 days a week, the MCO treats that letter as the parent's work verification and the MCO bases the approval on medical necessity, would this be considered appropriate?

     A: Yes, the parent should be considered unavailable.

   - Q: If it is noted that the caregiver is going to be the LRR if the authorization is approved, and they have a letter stating as such, is that treated as the caregiver's work verification and then not available for those hours?

     A: Yes, the MCO could consider the caregiver "unavailable" during those hours.

3. **LRR - Parent Time and Other Children**
   - Q: Is there any consideration that should be given to support time for parenting? By working every waking hour there is no time for the parent to be a parent to the member or any other children in the home.

     A: The hours would be based on the authorization and are assigned by the agency. When determining an authorization, there is space to consider "other responsibilities." Refer to the funnel analogy presented in the training. Being a parent can be considered and factored in so a parent can just be a parent; however, if authorizing additional hours and the agency is using the parent, this has the potential for the parent to work even more. The agency should have checks and balances. As the parent's employer, they should be communicating and monitoring for caregiver stress and safety. There should be communication between the agency and the MCO as well as the parent to reach a suitable agreement.

- Q: What about single caregiver homes and if there are other children in the home, if the parent is staffing the authorized hours?

  A: MCOs must take other parental responsibilities and the other child(ren)'s activities/school/etc. into consideration. If they are the only parent/caregiver and they will also be the HHA, then the agency may not be able to staff that case with just the parent/caregiver.

4. LRR Parent Hours

- Q: Could the MCO write into their provider contract that a parent may only cover so many hours per day?

  A: The Department cannot offer legal advice to MCOs regarding permissible contract provisions. Please consult your legal counsel to determine whether such a provision would be lawful.

Monitoring

1. Agency Monitoring

- Q: Understanding that it is DOH's responsibility to monitor agencies, what is the MCO's responsibility when they see concerning staffing patters or issues that do not appear to meet appropriate care in the MCO's opinion?

  A: DHS is not responsible for licensing, that is done through DOH. Specific concerns should be documented internally addressed in detail with the appropriate staff at the agency. It is possible to request and engage in a 3-way conversation with DOH/DHS, the agency and the MCO. It should also be noted that home health agencies are part of an MCOs provider network, therefore MCOs are responsible for provider services and provider education as outlined in the HealthChoices Agreement.

- Q: If the appropriate information is received and a caregiver plans to staff 16 hours per day 7 days per week, may the MCO approve the total hours based on medical necessity, but would this be something DHS would consider appropriate on the part of the agency?

  A: The MCO only determines the amount of hours that are medically necessary. The home health agencies will make the decision as to what's appropriate in terms of hours covered per shift.

- Q: If we find out after the fact that a mom or dad is listed as caretaking 16 hours a day 7 days a week, is that appropriate to pay that person for employment for that number of hours?

  A: If the MCO has concerns about how the shift is being covered, then this is a conversation that the MCO would need to have with the home health agency. The MCO is not paying the LRR, they are paying the home health agency. If the MCO has concerns about quality of care or the member's safety, then it may be appropriate to question the safety of one person working 16 hours per day each day of their work week.
  The MCO must monitor that the services provided are what was authorized according to medical necessity. If the MCO has concerns about staffing arrangements, they can contact leadership at the home health agency and have that conversation that they are concerned

about the quality of care for the member or safety of an employee to work such long-term hours and schedule.

- Q: Are parents allowed to work outside the home full time hours during the day and then be the paid caregiver at home when they aren't working their full-time job in the evenings? Even when both parents are home in the evenings because they say the spouse is taking care of other children at home.

  A: This is determined on a case-by-case basis. The parent would have to go through the agency.

2. Electronic Verification System (EVV)

- Q: How will the EVV system be used in relation to shift care.

  A: The home health agency should be aware of the EVV requirements and should train their employees, including any LRRs, accordingly. A link to EVV Training Materials on the DHS website is provided in the Resources section below.

Peer-to-Peer Review

1. Peer-to-Peer Review

- Q: What are the appropriate avenues for peer-to-peer review?

  A: The reviews may be completed by phone calls, faxes, emails, or any other form of HIPAA compliant communication that helps someone get in touch with prescribing provider. It is recommended (not required) that the MCO attempt to use various avenues to reach the prescribing provider.

Resources

1. QuickTip #259
   - QuickTip #259 is a resource that can be referenced when addressing coverage in the same amount, duration, and scope as the Fee-For-Service program.

     The QuickTip can be accessed at the following link: Quick Tips (pa.gov).

2. OPS Memo #05/2023-004
   - OPS Memo #05/2023-004 was released effective May 15, 2023, and has information that addresses Home Health and Personal Care Services for Medical Necessity.

     The memo can be accessed at the following link: MCS-05-2023-004 (pa.gov).

3. EVV Training Materials
   - Trainings on the EVV Home Health Care Services systems can be accessed at the following link: EVV Trainings