



Date: 7/12/16
Client Name: Morris Dashon
Medical Record No. CPD6010119

Cleaning and Maintenance

Document each task performed with time and initials

	Time	Initials		Time	Initials
Suction Canister Cleaned	0700	JE	Catheter Changed	N/A	—
Suction Catheter Changed	0700	JE	Bath: <input checked="" type="checkbox"/> Bed [] Shower [] Tub	1030	JE
Suction Tubing Changed	7/10/16	—	Cleaning Solution Changed	—	—
Nebulizer Tubing Changed	—	—	Equipment Cleaned	1230	JE
Nebulizer Filter Changed	—	—	Linens Changed (per PCG scheduled)	—	—
Oxygen Tubing Changed	—	—	Travel Bag Restocked	N/A	—
Ventilator Tubing/Circuit Changed	N/A	—	Supplies Restocked	1230	JE
Feeding Bag/Tubing Changed	0745	JE	Trash Emptied	1350	JE
Ostomy Bag Changed	N/A	—	Client Area Cleaned	1350	JE

Nursing Narrative Documentation

All changes in your client's status must be detailed. Be sure to sign out at bottom of your narrative with signature included.

0700 Report received from Night Nurse Arthur Linn stated that Pt. woke up 0100 and went back to sleep 0400, then woke up around 0700, there was distress, Nurse assumed care of Pt. awake, alert, pulse oximeter and O₂ in progress. continual. v/s with as recorded, complete assessment done, 0 new findings noted. App medications and formula prepared, Pt. transferred to Living area with all his medical equipments in working conditions and audible, Seamed in his swngwr with belt 0800 Tube feeding started, Pt. pulling out of tubing from trach frequently as usual, trying to pull out his trach while giving his sister breathing treatments 0900 Due to tube medication given per order, tolerated well, Nebulizer inhalation of $\frac{1}{2}$ vsal pulmicort with manual CPT, tolerated well 1000 SI here worked with Pt 1030 Bath, q-tube care, trach care the 1st after bath 1100 OT here worked with Pt 1200 Pt. Seamed with belt in his Swngwr, tube feeding. IPV inhalation of $\frac{1}{2}$ vsal Albuterol, slept after treatment 1330 Pt. awake, Nurse held Pt, played with his toys 1400 Trach cap applied passy muire, tolerated x 20 minutes and started coughing, took it off, allowed to rest 1500 On floor mat. with Nurse and his sister played with them using their toys x 1 hr. 1600 Pt. Seamed with belt in his Swngwr, tube feeding done 1700 Rested after tube feeding 1800 Nebulizer inhalation of $\frac{1}{2}$ vsal Albuterol with manual CPT, tolerated well, gm trach Seamed, then Pt. transferred to his room with all his medical equipments O₂ and pulse oximeter in progress continual 1800 v/s, Lungs CTA all h-sides, Pt. Pt left in care of/Reported off to: PCG Linds in quite distress awake, alert.

Nurse Name: Justina Ekwomadu Nurse Signature: [Signature] (RN) LVN LPN (Circle One)
Pt. PCG/Other Signature: [Signature] Reviewed by:

LETTER OF MEDICAL NECESSITY


Dashon Morris, DOB – 5/2/2015, Medicaid [REDACTED], requires PDN skilled nursing of 168 hours per week, 1:1 ratio due to his medical necessity of a tracheostomy and needing skilled tracheal suctioning. Dashon is requiring tracheal suctioning on an average of 2-7 times per hour, this is required for him to sustain life. This need changes and increases as his secretions increase and become thicker, without his requirement of ongoing and frequent skilled assessment and skilled interventions. Delaying this skilled intervention causes imminent risk to health status due to medical fragility and increases risk of death.

Dashon also has other medical needs of medication administration, gbf administration and interventions to any SE to his changed formula and dosages, skilled assessment of new and changed medications, administration of respiratory treatments and assessment of client response/ tolerance of treatment, IPV administration and response of intervention, as well as his skilled nursing orders in his 485.

Dashon also needs assessment of safety and immediate skilled interventions when he pulls his trach out. Immediate skilled intervention is needed when pt becomes decannulated and is hypoxic and needs immediate ambu bag/CPR interventions to sustain his life.

Dashon's respiratory status is **not** stable due to the frequency of his tracheal suctioning and self decannulation needing immediate intervention.

His medical necessity demands require 1:1 skilled nursing.


ROMAN MD

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Care Pro Pediatrics

2700 W. Pleasant Run Rd, #380. Lancaster, TX 75146.

Phone: 972-230-4747. Fax 972-230-4746 Website: www.careprohomehealth.net

PHYSICIAN'S TELEPHONE/VERBAL ORDER

TO: DR. HEIDI ROMAN
(Name of Physician)

DATE: 07/06/2016

FROM: RACHELLE SEATON, RN

PATIENT: DASHON MORRIS
(Name of patient)

MEDICAID #: [REDACTED]

D.O.B: 05/02/2015

ADMIT/RECBRTIFY PATIENT FOR PRIVATE DUTY SKILLED NURSING SERVICES UP TO 168 HRS/WK FOR
CERTIFICATION PERIOD 7/17/16 TO 10/14/16

[Signature]
PHYSICIAN'S SIGNATURE

7/13/16
DATE

Nursing Addendum to Plan of Care (CCP)—1 of 10

Prior Authorization Request Submitter Certification Statement

I certify and affirm that I am either the Provider, or have been specifically authorized by the Provider (hereinafter "Prior Authorization Request Submitter") to submit this prior authorization request.

The Provider and Prior Authorization Request Submitter certify and affirm under penalty of perjury that they are personally acquainted with the information supplied on the prior authorization form and any attachments or accompanying information and that it constitutes true, correct, complete and accurate information; does not contain any misrepresentations; and does not fail to include any information that might be deemed relevant or pertinent to the decision on which a prior authorization for payment would be made.

The Provider and Prior Authorization Request Submitter certify and affirm under penalty of perjury that the information supplied on the prior authorization form and any attachments or accompanying information was made by a person with knowledge of the act, event, condition, opinion, or diagnosis recorded; is kept in the ordinary course of business of the Provider; is the original or an exact duplicate of the original; and is maintained in the individual patient's medical record in accordance with the *Texas Medicaid Provider Procedures Manual* (TMPPM).

The Provider and Prior Authorization Request Submitter certify and affirm that they understand and agree that prior authorization is a condition of reimbursement and is not a guarantee of payment.

The Provider and Prior Authorization Request Submitter understand that payment of claims related to this prior authorization will be from Federal and State funds, and that any false claims, statements or documents, concealment of a material fact, or omitting relevant or pertinent information may constitute fraud and may be prosecuted under applicable federal and/or State laws. The Provider and Prior Authorization Request Submitter understand and agree that failure to provide true and accurate information, omit information, or provide notice of changes to the information previously provided may result in termination of the provider's Medicaid enrollment and/or personal exclusion from Texas Medicaid.

The Provider and Prior Authorization Request Submitter certify, affirm and agree that by checking "We Agree" that they have read and understand the Prior Authorization Agreement requirements as stated in the relevant Texas Medicaid Provider Procedures Manual and they agree and consent to the Certification above and to the Texas Medicaid & Healthcare Partnership (TMHP) Terms and Conditions.

We Agree

Nursing Addendum to Plan of Care (CCP)—2 of 10

Client name: DASHON MORRIS	Medicaid number: ██████████	Date: 7/6/2016
<p>Documentation Requirements</p> <p>All of the following documents must be complete and received by Texas Medicaid Healthcare Partnership (TMHP) before review or authorization of PDN services can occur:</p> <ol style="list-style-type: none"> 1. All components of the Nursing Addendum to Plan of Care (CCP) completed and submitted with 2. The Home Health Plan of Care (POC) form, and 3. CCP Prior Authorization Request Form (<i>additional information may be attached</i>). 		
<p><input checked="" type="checkbox"/> If the client is under 18 years of age, he/she must reside with an identified responsible adult/parent/guardian who is either trained to provide nursing care, or is capable of initiating an identified contingency plan when the scheduled PDN is unexpectedly unavailable.</p>		
Name: Linda Badawo	Relationship: Guardian	Telephone: ██████████
<p><input checked="" type="checkbox"/> The client has an identified contingency plan.</p>		
<p><input checked="" type="checkbox"/> The client has a primary physician who provides ongoing health care and medical supervision.</p>		
<p><input checked="" type="checkbox"/> The place(s) where PDN services will be delivered supports the health and safety of the client.</p>		
<p><input checked="" type="checkbox"/> If applicable, there are necessary backup utilities, communication, fire, and safety systems available and functional.</p>		
<p>1. Nursing Care Plan Summary</p> <p>PDN services are based on a nursing assessment and nursing care plan established by the nurse provider in collaboration with the physician, client, and family. The nursing care plan provides a systematic way to document care given, client responses to interventions, and progress toward the goals of care.</p>		
<p>Problem list:</p> <ol style="list-style-type: none"> (1) At Risk for sudden acute Respiratory Distress secondary to Respiratory System Disease (2) Growth & developmental alteration r/t environmental deprivation/physical disability (3) Altered Nutrition: Less than body requirements related to difficulty with chewing, swallowing and high metabolic needs (4) At risk for Impaired Skin Integrity related to invasive device 		
<p>Goals of care:</p> <ol style="list-style-type: none"> (1) Patient will be free from Respiratory Distress and/or illness (2) Patient will participate in developmental stimulations program/therapy to increase skills level (3) Pt will receive nutrients needed for normal growth; will show normal growth patterns for height, weight, & physical parameters. (4) Patient will be free from all skin breakdowns. 		
<p>Specific measurable outcomes:</p> <ol style="list-style-type: none"> (1) Pt will not be hospitalized due to respiratory issues during this cert period. (2) Pt will not decline in skill level during this cert period. (3) Pt will continue to maintain and not lose any weight this cert period. (4) Pt will not have any pressure wounds this cert period. 		
<p>Progress toward goals:</p> <p>Pt continues to be high risk for respiratory distress due to decannulating himself frequently. Pt continues to increase his movement with his extremities. Pt has needed some feeding changes due to altered nutrition status. Pt does not have any pressure wounds or skin breakdown at the present time but remains at high risk for impaired skin integrity r/t invasive devices.</p>		
<p>Additional comments:</p> <p>DaShon's immediate household consists of his foster mom/Primary Care Giver, Linda Badawo. DaShon's biological parents are not involved with Dashon. Dashon also has a twin sister that requires 168 hours of skilled nursing for medical necessity. Linda is unable to provide full therapeutic care for DaShon and appreciates the additional assistance Skilled Nursing has provided her.</p>		

Nursing Addendum to Plan of Care (CCP)—3 of 10

Client name: DASHON MORRIS	Medicaid number: [REDACTED]	Date: 7/6/2016
2. Summary of Recent Health History—For initial authorization or 90-day summary for extension of PDN services		
Include recent hospitalizations, emergency room visits, surgery (may submit a discharge summary), illnesses, changes in condition, changes in medication or treatment, parent/guardian update, other pertinent observations.		
<p>DaShon was born prematurely and has a hx of bleeding in his brain as a result. He has tracheostomy, and is trach oxygen-dependent as well as gastrostomy-dependence. DaShon's medical diagnoses include: Respiratory distress syndrome, Tracheostomy status, Gastrostomy status, Gastroesophageal Reflux Disease (GERD), grade 4 intraventricular hemorrhage, chronic lung disease secondary to bronchopulmonary dysplasia, developmental delay, convulsions, s/p pda repair, esophoria, oral phase dysphagia. DaShon is on continuous oxygen therapy @0.25 - 2 LPM via trach. Dashon is gastrostomy-dependent and receives his nutrition and H2O flushes via his G-tube. He has had a change in his formula switching him to Similac Sensitive 20 Kcal @ 33ML/HR for 6 HRS overnight via gb; similac 20 Kcal @125ML/HR via gb 4x daily (total dose: 698ML) as well as esomeprazole 10mg qd via gb, sodium chloride 0.9% 1 vial via trach q 4 hours and PRN, triamcinolone BID, senna 8.6mg 1/2 tab qd prn constipation, and ciprodex 0.3% and dexamethasone 0.1% BID to both ears x 5 days. Water Flush changed to 30 ml after each feed.</p> <p>Pt is learning to become more active and is becoming harmful to himself in the process by pulling on his gb, hme, and pulls his trach out frequently while his sister is requiring nursing care.</p> <p>Dashon had a surgery on 7/5/16 and had bilateral myringotomy tubes placed.</p> <p>Pt also recently underwent an ABR is being referred to another physician to address his trach stoma issues. Mom did not have the Dr's name available and stated that she was told that her that he would probably have to have surgery on his trach stoma.</p> <p>Physician appts: PCP - Dr. Heidi Roman - August 4, 2016; last appt 6/2/2016 August 17, 2014- Dallas ENT and Audiology, Dr. Eric Berg August 26, 2016 - Dr. Huay-Lin and Dr. Ellen Grishman at Children's Dallas Endocrinology June 9, 2016 - Children's Dallas Ophthalmology and Presurgery Assessment Clinic June 21, 2016 - Dr. Gelfand at OCH</p>		
3. Rationale for PDN Hours—To either increase, decrease, or stay the same. Also address plans to decrease PDN hours.		
<p>Requesting 1:1 PDN of 168 hrs/wk with nursing care. Pt has formula and med changes this past cert period, as well as requiring trach suctioning on an average of 2-7 times per hour PRN due to secretions. Pt is learning to move around and becoming more active and this creates harm to himself by pulling his trach out. Pt has had to be ambu bagged on several occasions per mom as a result of him pulling his trach out while the nurse/PCG is providing skilled interventions with his sister. There have been days that pt has pulled his trach out more than once in a 15 minute period and averages at least 3 times during a shift. Pt is placing himself at high risk for infection as a result and at risk for trauma to airway from decannulation and frequent trach replacement. Pt was seen by pulmonary, Dr. Gelfand's, office on 6/26/16 and was documented that Dashon isn't very well from a respiratory standpoint, has issues with hypoxia and remains on resp tx's q 6 hours and receives IPV with every other treatment. Skilled nursing is needed for trach care, trach changes, trach suctioning, aspiration precautions, assess and intervene with respiratory issues and hypoxia, O2 sats are to be monitored 24 hours per day, pt requires respiratory treatments, cpt and ipv treatments, nutritional assessments due to recent nutritional changes and GERD, gb feeding interventions, assessment and interventions related to aspiration with humidified trach mask while pt is sleeping, assess and maintain pt's head being elevated 30 degrees, assess and intervene to maintain O2 sats above 92% and titrate O2 per pt's respiratory need, assess and maintain gb, assess placement and maintain balloon inflation, assess for s/sx of infection, occlusion, or dislodgement, assess skin integrity q 2 hours and provide incontinence care frequently to prevent skin breakdown, reposition pt q 2 hours to prevent pressure ulcers, assess and monitor pain q shift and PRN, assess and instruct pcg on educational issues as they arise, assess and intervene with stock of medications and supplies needed for pt's medical necessity. Dashon requires 1:1 nursing due to his increase in activity and high risk of danger/respiratory harm to himself with his frequent trach decannulation despite efforts tried to keep him from getting ahold of it, hypoxia issues, and recent med and nutritional changes.</p> <p>DaShon requires constant diligent monitoring with immediate interventions to manage his very fragile medical condition and to avoid unnecessary hospitalizations.</p> <p>Discharge to family under physician supervision when goals are met and skilled care no longer needed. Pt. continues to require skilled nursing for his medical necessities for as long as they exist.</p>		



Nursing Addendum to Plan of Care (CCP)—4 of 10

Client name: DASHON MORRIS Medicaid number: [REDACTED] Date: 7/6/2016 Client/parent/guardian initials: [REDACTED]

List other in-home resources:

4. Schedule of Services 24-hour Daily Flow Sheet, 00:00—03:45, Military Time

Must include PDN and family (if family has volunteered) coverage, and coverage from other resources.

Care Giver Codes: N=PDN hours, P=family (if family has volunteered), S=school/daycare, O=other in-home resource(s), specify name above

Military Time	Sunday	Care Giver	Monday	Care Giver	Tuesday	Care Giver	Wednesday	Care Giver	Thursday	Care Giver	Friday	Care Giver	Saturday	Care Giver
00:00	trach, sx, gbf, o2, o2 sats, resp tx	N	trach, sx, gbf, o2, o2 sats, resp tx	N	trach, sx, gbf, o2, o2 sats, resp tx	N	trach, sx, gbf, o2, o2 sats, resp tx	N	trach, sx, gbf, o2, o2 sats, resp tx	N	trach, sx, gbf, o2, o2 sats, resp tx	N	trach, sx, gbf, o2, o2 sats, resp tx	N
00:15	trach, sx, gbf, o2, o2 sats, prec, pm, r	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp a	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp a	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N
00:30	trach, sx, gbf, o2, o2 sats, prec, pm, IC	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, IC	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, IC	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, IC	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, IC	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, IC	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, IC	P,N
00:45	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N
01:00	trach, sx, gbf, o2, o2 sats, vs, resp as/tx	P,N	trach, sx, gbf, o2, o2 sats, vs, resp as/tx	P,N	trach, sx, gbf, o2, o2 sats, vs, resp as/tx	P,N	trach, sx, gbf, o2, o2 sats, vs, resp as/tx	P,N	trach, sx, gbf, o2, o2 sats, vs, resp as/tx	P,N	trach, sx, gbf, o2, o2 sats, vs, resp as/tx	P,N	trach, sx, gbf, o2, o2 sats, vs, resp as/tx	P,N
01:15	trach, sx, gbf, o2, o2 sats, prec, pm, r	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp t	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp t	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N
01:30	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N
01:45	trach, sx, gbf, o2, o2 sats, prec, pm, r	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp t	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp t	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N
02:00	trach, sx, gbf, o2, o2 sats, prec, pm, r	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp t	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp t	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	F,N
02:15	trach, sx, gbf, o2, o2 sats, prec, pm, r	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp a/	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp a	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp	P,N
02:30	trach, sx, gbf, o2, o2 sats, prec, pm, IC, res	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, IC, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, IC, res t	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, IC, res	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, IC, res t	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, IC, res	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, IC, res	P,N
02:45	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N
03:00	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N
03:15	trach, sx, gbf, o2, o2 sats, prec, pm, r	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp a/tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp a/t	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp a/	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp a/	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp a/t	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, resp a	P,N
03:30	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N
03:45	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N	trach, sx, gbf, o2, o2 sats, prec, pm, res tx	P,N

Nursing Addendum to Plan of Care (CCP)—5 of 10

Client name: DASHON MORRIS		Medicaid number: [REDACTED]		Date: 7/6/2016		Client/parent/guardian initials: _____							
List other in-home resources:													
4. Schedule of Services 24-hour Daily Flow Sheet, 04:00—07:45, Military Time													
Must include PDN and family (if family has volunteered) coverage, and coverage from other resources.													
Care Giver Codes: N=PDN hours, P=family (if family has volunteered), S=school/daycare, O=other in-home resource(s), specify name above													
Military Time	Care Giver	Sunday	Monday	Care Giver	Tuesday	Wednesday	Care Giver	Thursday	Care Giver	Friday	Care Giver	Saturday	Care Giver
04:00	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N
04:15	P,N	trach, sx, gbf, o2, o2 sats, prec, prm, r	trach,sx,gbf,o2,o2 sats,prec,prm, res a/t	P,N	trach,sx,gbf,o2,o2 sats,prec,prm, res a/t	trach,sx,gbf,o2,o2 sats,prec,prm, res a/t	P,N	trach,sx,gbf,o2,o2 sats,prec,prm, res a/t	P,N	trach,sx,gbf,o2,o2 sats,prec,prm, res a/t	P,N	trach,sx,gbf,o2,o2 sats,prec,prm, res a/	P,N
04:30	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,IC,res	trach, sx, gbf, o2, o2 sats,prec,prm,IC,res tx	P,N	trach, sx, gbf, o2, o2 sats,prec,prm,IC,res t	trach, sx, gbf, o2, o2 sats,prec,prm,IC,res	P,N	trach, sx, gbf, o2, o2 sats,prec,prm,IC,res t	P,N	trach, sx, gbf, o2, o2 sats,prec,prm,IC,res t	P,N	trach, sx, gbf, o2, o2 sats,prec,prm,IC,res	P,N
04:45	P,N	trach,sx,gbf,o2,o2 sats,prec,prm, res a/	trach,sx,gbf,o2,o2 sats,prec,prm, res a/t	P,N	trach,sx,gbf,o2,o2 sats,prec,prm, res a/t	trach,sx,gbf,o2,o2 sats,prec,prm, res a/t	P,N	trach,sx,gbf,o2,o2 sats,prec,prm, res a/t	P,N	trach,sx,gbf,o2,o2 sats,prec,prm, res a/t	P,N	trach,sx,gbf,o2,o2 sats,prec,prm, res a/	P,N
05:00	P,N	trach, sx, gbf, o2, o2 sats,vs,resp as/t	trach, sx, gbf, o2, o2 sats, vs, resp as/t	P,N	trach, sx, gbf, o2, o2 sats, vs, resp as/t	trach, sx, gbf, o2, o2 sats, vs, resp as/t	P,N	trach, sx, gbf, o2, o2 sats, vs, resp as/t	P,N	trach, sx, gbf, o2, o2 sats, vs, resp as/t	P,N	trach, sx, gbf, o2, o2 sats, vs, resp as/t	P,N
05:15	P,N	trach, sx, gbf, o2, o2 sats, prec, prm, r	trach, sx, gbf, o2, o2 sats,prec,prm, resp a/t	P,N	trach, sx, gbf, o2, o2 sats,prec,prm, resp a/t	trach, sx, gbf, o2, o2 sats,prec,prm, resp a	P,N	trach, sx, gbf, o2, o2 sats,prec,prm, resp a	P,N	trach, sx, gbf, o2, o2 sats,prec,prm, resp a/	P,N	trach, sx, gbf, o2, o2 sats,prec,prm, resp	P,N
05:30	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N
05:45	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N
06:00	P,N	trach, sx, gbf, o2,o2 sats, pmprec resp/x	trach, sx, gbf, o2,o2 sats, pmprec resp/x	P,N	trach, sx, gbf, o2,o2 sats, pmprec resp/x	trach, sx, gbf, o2,o2 sats, pmprec resp/x	P,N	trach, sx, gbf, o2,o2 sats, pmprec resp/x	P,N	trach, sx, gbf, o2,o2 sats, pmprec resp/x	P,N	trach, sx, gbf, o2,o2 sats, pmprec resp/x	P,N
06:15	P,N	trach, sx, gb, o2,o2 sats, prec, prm, resp	trach, sx, gb, o2, o2 sats,prec,prm,resp a/t	P,N	trach, sx, gb, o2, o2 sats,prec,prm,resp a/t	trach, sx, gb, o2, o2 sats,prec,prm,IC, res	P,N	trach, sx, gb, o2, o2 sats,prec,prm,resp a/	P,N	trach, sx, gb, o2, o2 sats,prec,prm,resp a/t	P,N	trach, sx, gb, o2, o2 sats,prec,prm,resp a	P,N
06:30	P,N	trach,sx,gb,o2,o2 sats,prec,prm,IC, re	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N
06:45	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	P,N
07:00	N,P	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	N,P	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	N,P	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	N,P	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	N,P	trach,sx,gbf,o2,o2 sats,prec,prm,res tx	N,P
07:15	N,P	trach, sx, gb, o2,o2 sats, prec, prm, resp	trach, sx, gb, o2, o2 sats, prec, prm, resp a	N,P	trach, sx, gb, o2, o2 sats, prec, prm, resp a	trach, sx, gb, o2, o2 sats, prec, prm, resp	N,P	trach, sx, gb, o2, o2 sats, prec, prm, resp	N,P	trach, sx, gb, o2, o2 sats, prec, prm, resp	N,P	trach, sx, gb, o2, o2 sats, prec, prm, resp	N,P
07:30	N,P	trach, sx, gb, o2,o2 sats, prec, prm	trach, sx, gb, o2,o2 sats, prec, prm	N,P	trach, sx, gb, o2,o2 sats, prec, prm	trach, sx, gb, o2,o2 sats, prec, prm	N,P	trach, sx, gb, o2,o2 sats, prec, prm	N,P	trach, sx, gb, o2,o2 sats, prec, prm	N,P	trach, sx, gb, o2,o2 sats, prec, prm	N,P
07:45	N,P	trach, sx, gb, o2,o2 sats, prec, prm	trach, sx, gb, o2,o2 sats, prec, prm	N,P	trach, sx, gb, o2,o2 sats, prec, prm	trach, sx, gb, o2,o2 sats, prec, prm	N,P	trach, sx, gb, o2,o2 sats, prec, prm	N,P	trach, sx, gb, o2,o2 sats, prec, prm	N,P	trach, sx, gb, o2,o2 sats, prec, prm	N,P



Date: 7/13/16

Client Name: Morris DASHON

Medical Record No. [REDACTED]

Cleaning and Maintenance

Document each task performed with time and initials

	Time	Initials		Time	Initials
Suction Canister Cleaned	0700	JE	Catheter Changed	N/A	—
Suction Catheter Changed	0700	JE	Bath: <input checked="" type="checkbox"/> Bed <input type="checkbox"/> Shower <input type="checkbox"/> Tub	1030	JE
Suction Tubing Changed	7/10/16		Cleaning Solution Changed	—	—
Nebulizer Tubing Changed			Equipment Cleaned	1700	JE
Nebulizer Filter Changed			Linens Changed (per PCG scheduled)	—	—
Oxygen Tubing Changed			Travel Bag Restocked	N/A	—
Ventilator Tubing/Circuit Changed	N/A	—	Supplies Restocked	1700	JE
Feeding Bag/Tubing Changed	0745	JE	Trash Emptied	1850	JE
Ostomy Bag Changed	0945	T	Client Area Cleaned	1950	JE

Nursing Narrative Documentation

All changes in your client's status must be detailed. Be sure to sign out at bottom of your narrative with signature included.

0700 Report received from PCG Linda stated that Pt had a good night. Nurse assumed care of Pt. at this time in his bed awake, alert, O₂ and pulse oximeter in progress continual vls with as recorded, complete assessment done as recorded, Am medications and formula prepared. Pt transferred to the living area in his Swinger, secured with belt with all his medical equipments. 0800 Tube feeding started per order, pm trach suctioned while doing his sisters breathing treatments and stopping Pt from pulling his tubes every second. 0900 Due a tube medication given, tolerated well, Nebulizer inhalation of 1/2 vial pulmicort with manual CPT, tolerated well. 0945 Pt pulled out his trach while changing his sister's Ostomy bag / Baths, stopped, safety maintained to change Pt trach. 1030 Bath, a tube care, oral care, trach care site care after bath. 1100 Pt here worked with Pt. 1200 Pt transferred to his rocking chair, secured with belt, tube feeding, fell asleep, IPV inhalation of 1/2 vial Albuterol, tolerated well, slept x 30 minutes. 1400 Nurse held Pt. played with his sister using their toys. 1500 Oral feeding of 5oz Gerber fruit mixed with whole wheat baby cereal, tolerated well. 1600 Pt transferred to rocking chair, secured with belt, tube feeding started per order. 1700 Pt. asleep in his rocking chair after tube feeding. 1800 Nebulizer inhalation of 1/2 vial Albuterol with manual CPT, tolerated well. 1900 Pt. in acute distress in living area with family. O₂ and pulse oximeter in progress.

Pt left in care of/Reported off to: Arthur LVN

Nurse Name: Justina Edwards Nurse Signature: [Signature] (RN) LVN LPN (Circle One)

Pt. PCG/Other Signature: LINDA BADAUD Reviewed by: _____



Date: 7/11/16

Client Name: Morris DeShon

Medical Record No. [REDACTED]

Cleaning and Maintenance
Document each task performed with time and initials

	Time	Initials		Time	Initials
Suction Canister Cleaned	0700	JE	Catheter Changed	N/A	/
Suction Catheter Changed	0700	JE	Bath: <input checked="" type="checkbox"/> Bed <input type="checkbox"/> Shower <input type="checkbox"/> Tub	0930	JE
Suction Tubing Changed	7/10/11	/	Cleaning Solution Changed	/	/
Nebulizer Tubing Changed	/	/	Equipment Cleaned	1140	JE
Nebulizer Filter Changed	/	/	Linens Changed (per PCG scheduled)	/	/
Oxygen Tubing Changed	/	/	Travel Bag Restocked	0740	JE
Ventilator Tubing/Circuit Changed	N/A	/	Supplies Restocked	1400	JE
Feeding Bag/Tubing Changed	0745	JE	Trash Emptied	1830	JE
Ostomy Bag Changed	N/A	/	Client Area Cleaned	1850	JE

Nursing Narrative Documentation

All changes in your client's status must be detailed. Be sure to sign out at bottom of your narrative with signature included.

0700 Report received from PCG Linda, stated that Pt. had a good night, trach was last changed 7/09/16 pulled it out. Last BM 7/10/16 X2, that Pt. Sister has pulmonary appointment 1045, will leave home 1000. Nurse assumed care of Pt. at this time in his crib, sitting down, awake, alert, pulling his tubes, V/S checked as recorded, complete assessment. Am medications and formula prepared. 0800 Pt. transferred to living area in his Swinger, secured with belt, tube feeding started; prn trach suction while giving his sister breathing treatments and stopping Pt. from pulling trach and tubes. 0800 Due medication given via g-tube, tolerated well, Nebulizer 0830 Pt. pulled out his trach, stopped his sister's pulmicort Neb. treatment, and changed Pt. trach, tube feeding continued, very stressful doing so many things at a time for both Pts. 0900 Due g-tube med given per order, Nebulizer inhalation of 1ml pulmicort & manual CPT, tolerated well. 0930 Bath, g-tube care, oral care, trach site care, dressed ready for sister's appointment. 1000 Pt. secured in car seat with belt on our way to sister's clinic. 1130 On our way going home Pt. sister's clinic is not today but July 18th. 1200 Tube feeding started. 1230 1PV Nebulizer inhalation of 1ml Albuterol, tolerated well. 1430 Held Pt. x 30 minutes played with him using his toys. 1500 Oral feeding of 5oz Gerber fruits, tolerated well. 1700 Napped x 30 minutes. 1800 Nebulizer inhalation of 1ml Albuterol with manual CPT, tolerated well. 1900 Pt. in his crib in acute distress awake.

Pt left in care of/Reported off to: Arthur Linn

Nurse Name: Justina Ekwonmachi Nurse Signature: [Signature] RN LVN LPN (Circle One)

Pt. PCG/Other Signature: [Signature] Reviewed by:

Date: 7/4/16
 Client Name: Morris Decha
 Medical Record No. [REDACTED]

Cleaning and Maintenance
 Document each task performed with time and initials

	Time	Initials		Time	Initials
Suction Canister Cleaned	0700	JE	Catheter Changed	N/A	—
Suction Catheter Changed	0700	JE	Bath: <input checked="" type="checkbox"/> Bed <input type="checkbox"/> Shower <input type="checkbox"/> Tub	1030	JE
Suction Tubing Changed	7/4/16	PCG	Cleaning Solution Changed	—	—
Nebulizer Tubing Changed			Equipment Cleaned	1500	JE
Nebulizer Filter Changed			Linens Changed (per PCG scheduled)	—	—
Oxygen Tubing Changed			Travel Bag Restocked	N/A	N/A
Ventilator Tubing/Circuit Changed	N/A	—	Supplies Restocked	1500	JE
Feeding Bag/Tubing Changed	0745	JE	Trash Emptied	0845	JE
Ostomy Bag Changed	N/A	—	Client Area Cleaned	1345	JE

Nursing Narrative Documentation

All changes in your client's status must be detailed. Be sure to sign out at bottom of your narrative with signature included.

0700 Report received from PCG stated that Pt. has been pulling trach out every day now, last pulled out yesterday 7/3/16, trach was changed; that Pt had Bm last 7/3/16, that Pt had a good night. Nurse assumed care of Pt in his crib awake, alert, O₂ is progress via trach at 0.4Lpm continual, pulse oximeter in progress. VLS checked and recorded, full assessment as recorded. Am medications and formula prepared. 0800 Tube feeding, pretrach suctioned, stopped from pulling trach and tubes. while doing his sisters breathing treatment. 0900 Nebulizer inhalation of iVial pulmicort with manual CPT, tolerated well, Am due tube medications given per order, tolerated well. 1030 Bath, oral care, g-tube care, per care, trach care tie changed to bath. Pt transferred to his walker. 1200 Nebulizer inhalation of iVial Albuterol via IPV machine, tolerated well. 1400 Pt transferred to his rocking chair, secured with belts, fell asleep after few minutes X 2 hrs. 1600 Pt transferred to his swing, secured with belts, tube feeding. 1700 Nurse held Pt beside his sister, played with them using their toys X 1 hr. 1800 Nebulizer inhalation of iVial Albuterol with manual CPT, tolerated well. 1850 Pt transferred to his room, in his crib with all his medical equipment in working condition/audible. 1900 VSS as recorded. Pt awake in acute distress.

Pt left in care of/Reported off to: PCG Linda
 Nurse Name: Justine Ekwonwu Nurse Signature: [Signature] (RN) LVN LPN (Circle One)
 Pt. PCG/Other Signature: LINDA BADALIO Reviewed by:



Date: 7/11/11

Client Name: DASITON MORRIS

Medical Record No. [REDACTED]

Cleaning and Maintenance
Document each task performed with time and initials

	Time	Initials		Time	Initials
Suction Canister Cleaned	1845	TB	Catheter Changed		
Suction Catheter Changed	1845	TB	Bath: [] Bed [] Shower [] Tub	0950	TB
Suction Tubing Changed			Cleaning Solution Changed		
Nebulizer Tubing Changed			Equipment Cleaned	1845	TB
Nebulizer Filter Changed			Linens Changed (per PCG scheduled)		
Oxygen Tubing Changed			Travel Bag Restocked		
Ventilator Tubing/Circuit Changed			Supplies Restocked		
Feeding Bag/Tubing Changed	0700	TB	Trash Emptied	1845	TB
Ostomy Bag Changed			Client Area Cleaned	1845	TB

Nursing Narrative Documentation

All changes in your client's status must be detailed. Be sure to sign out at bottom of your narrative with signature included.

0700 - PT IN CRIB, AWAKE AND SMILING. MONITOR PT AND TRACH. PLACE PT IN ACTIVITY CHAIR WITH TOYS. PULL OFF HME x 2. EACH TIME PUT HME ON AND GIVE TOYS TO DIVERT ATTENTION AWAY FROM TRACH AREA. 0900 - MONITOR PT AND TRACH. PULL OFF O₂ TUBING x 2. GIVE TOYS TO DIVERT ATTENTION. PULL OFF HME x 3. EACH TIME PUT HME AND O₂ TUBING ON. GIVE TOYS TO DIVERT ATTENTION. 1100 - PO FEEDING, TOLERATE WELL. MONITOR PT AND TRACH. PLACE IN WALKER WITH TOYS. ATTEMPT TO PULL TRACH x 3. GIVE TOYS TO DIVERT ATTENTION. PT PULL OUT O₂ TUBING WHICH PULL ON TRACH. TIP OF TRACH REMAINS IN STOMA. PUSH TRACH INSIDE STOMA COMPLETELY. S/S OF RESP. DISTRESS. O₂ SAT @ 100%. PT TOLERATE WELL. O₂ TUBING PUT ON. GIVE TOYS TO DIVERT ATTENTION. 1300 - MONITOR PT AND TRACH. PT ON THE FLOOR PLAYING WITH TOYS. PLACE PT IN WALKER WITH TOYS. ATTEMPT TO PULL TRACH x 5. GIVE TOYS TO DIVERT ATTENTION. 1500 - PT CONTINUES TO PLAY IN WALKER. MONITOR PT AND TRACH. PULL OFF HME x 2. EACH TIME PUT HME ON AND GIVE TOYS TO DIVERT ATTENTION. PLACE PT IN ACTIVITY BOOSTER SEAT WITH TOYS. ATTEMPT TO PULL TRACH x 5. GIVE TOYS TO DIVERT ATTENTION. 1700 - MONITOR PT AND TRACH. ATTEMPT TO PULL TRACH x 2. GIVE TOYS TO DIVERT ATTENTION. PT ASLEEP. PLACE PT IN SWING, BUCKLE IN @ WAIST. PT AWAKE @ 1850. S/S OF DISTRESS OR DISCOMFORT. ————— *T Bell*

Pt left in care of/Reported off to:

Nurse Name: TIERRA BELL

Nurse Signature: *Tierra Bell*

RN LVN LPN (Circle One)

Pt. PCG/Other Signature: LINDA RADANO

Reviewed by:



Cleaning and Maintenance

Document each task performed with time and initials

	Time	Initials		Time	Initials
Suction Canister Cleaned	QSHIFT	AD	Catheter Changed	N/A	AD
Suction Catheter Changed		AD	Bath: [] Bed [] Shower [] Tub	DAILY	AD
Suction Tubing Changed	SUNDAY	AD	Cleaning Solution Changed	N/A	AD
Nebulizer Tubing Changed		AD	Equipment Cleaned	QSHIFT	AD
Nebulizer Filter Changed		AD	Linens Changed (per PCG scheduled)	KREEM	AD
Oxygen Tubing Changed		AD	Travel Bag Restocked	PRN	AD
Ventilator Tubing/Circuit Changed	N/A	AD	Supplies Restocked	DAILY	AD
Feeding Bag/Tubing Changed	DAILY	AD	Trash Emptied	QSHIFT	AD
Ostomy Bag Changed	N/A	AD	Client Area Cleaned		AD

Nursing Narrative Documentation

All changes in your client's status must be detailed. Be sure to sign out at bottom of your narrative with signature included.

1900 - Report received from PCG Patient continually attempting to remove his trach. piece of small BM soft & formed. Ate a jar of baby food by mouth. Patient in his crib awake. Resp even and unlabored, Lung fields clear. No skin issues noted. Patient on cont pulse ox monitoring \bar{c} P-129, SpO_2 - 97% on cont O_2 @ 0.5 LPM. 2000 - HME changed to ear hankie. Patient vented \bar{c} zero residual noted. Measure in fozal @ 125 mmHg. 2100 - Night medication administered. G-B flushed \bar{c} 30 mL H_2O . Neb rx done - CPT performed. patient ~~was~~ suctioned. 2200 - All vital signs WNL. no distress noted. 2400 care handed over to PCG

Pt left in care of/Reported off to: PCG

Nurse Name: ARTHUR DEVEREAUX Nurse Signature: A. Devereaux

RN LVN LPN (Circle One)

Pt PCG/Other Signature: LINA BROWN Reviewed by:

Cleaning and Maintenance
 Document each task performed with time and initials

	Time	Initials		Time	Initials
Suction Canister Cleaned	2400	MA	Catheter Changed	N/A	MA
Suction Catheter Changed	2400	MA	Bath: [] Bed [] Shower [] Tub	N/A	MA
Suction Tubing Changed	N/A		Cleaning Solution Changed	N/A	MA
Nebulizer Tubing Changed			Equipment Cleaned	2300	MA
Nebulizer Filter Changed			Linens Changed (per PCG scheduled)	2030	MA
Oxygen Tubing Changed			Travel Bag Restocked	N/A	MA
Ventilator Tubing/Circuit Changed			Supplies Restocked	2330	MA
Feeding Bag/Tubing Changed			Trash Emptied	2345	MA
Ostomy Bag Changed	N/A		Client Area Cleaned	2400	MA

Nursing Narrative Documentation

All changes in your client's status must be detailed. Be sure to sign out at bottom of your narrative with signature included.

1900: Arrived at pt's home and noted pt in his crib. Resp. even and unlabored no acute distress noted. Received report from out going nurse who states pt had a good day. But that pt keep pulling out his trach. Physical assessment complete c v/s obtained and are WNL. Trach in place patent and HME on trach. GB in place. GB site clean and dry no s/s of infection noted. 20:00: Trach care provided and neb TX given and suctioned as ordered. Pt. tol. Thin white secretions noted. 21:00: Routine ~~meds~~ ^{error} ~~given~~ ^{flushed}. Started GB feeding as ordered. 21:00: GB feeding complete and GB flushed as ordered. Routine meds given and flushed as ordered. Pt. tol. 22:00: Incont. care provided. T/R q 2hrs and prn for comfort. Late Entry: 20:30: pt pulled out his trach and this nurse put it back and secure c ties. Pt. tol. NO s/s of distress noted. 2400: Albuterol given via Neb as ordered. Suctioned trach c thin white secretions noted. Pt. sleeping soundly no SOB noted report ad care given to Mom.

Pt left in care of/Reported off to: Mom Linda

Nurse Name: Martin Ambe

Nurse Signature: M. Ambe

RN (LVN) PN (Circle One)

Pt. PCG/Other Signature: LINDA BADANO

Reviewed by:

Date: 07/20/16

Client Name: DASHON MORRIS

Medical Record No. [REDACTED]

Cleaning and Maintenance

Document each task performed with time and initials

	Time	Initials		Time	Initials
Suction Canister Cleaned	QSHFT	AD	Catheter Changed	N/A	AD
Suction Catheter Changed	11	AD	Bath: [] Bed [] Shower [] Tub	DAILY	AD
Suction Tubing Changed	SUNDAY	AD	Cleaning Solution Changed	N/A	AD
Nebulizer Tubing Changed	11	AD	Equipment Cleaned	QSHFT	AD
Nebulizer Filter Changed	11	AD	Linens Changed (per PCG scheduled)	WEEKLY & PRN	AD
Oxygen Tubing Changed	11	AD	Travel Bag Restocked	PRN	AD
Ventilator Tubing/Circuit Changed	N/A	AD	Supplies Restocked	DAILY	AD
Feeding Bag/Tubing Changed	DAILY	AD	Trash Emptied	QSHFT	AD
Ostomy Bag Changed	N/A	AD	Client Area Cleaned	11	AD

Nursing Narrative Documentation

All changes in your client's status must be detailed. Be sure to sign out at bottom of your narrative with signature included.

1900 - Report received from PCG. Patient ate 1 jar of baby food by mouth. BM x 1, Brown soft & formed. Took all medications. Patient on the floor most in the living area crawling actively. Resp effort normal. Lung fields clear. ABD soft and non distended. SKIN warm to touch. NO SKIN issue noted on assessment. This nurse was transferring patient's sister to her crib and noted patient struggle to breathe. Noted patient pull out his trach. Immediately this nurse cut off the trach tie patient had on and inserted another trach. Ambu bag connected and resp stabilized. All vital signs WNL. Patient transferred to his crib. HME changed to air humidifier set @ 30%. 2000 - Patient vented - gero residual noted. Neosure infused @ 125 ml/hr. GIB cleaned. mectrey button restated. 2100 Night medication administered. GIB flushed - 30 ml of H₂O. Mcb IX administered. CPT performed. patient suctioned. 2400 Patient sleeping at this time. All safety precautions in place. Care handed over to PCG. A. D. Lunn

Pt left in care of/Reported off to:

PCG

Nurse Name: ARTHUR DEVEREAUX Nurse Signature: A. D.

RN LPN (Circle One)

Pt. PCG/Other Signature: LINDA BADAHO Reviewed by:



Date: 7/23/16

Client Name: EASTON MORRIS

Medical Record No. [REDACTED]

Cleaning and Maintenance
Document each task performed with time and initials

	Time	Initials		Time	Initials
Suction Canister Cleaned	1840	TB	Catheter Changed		
Suction Catheter Changed	1840	TB	Bath: [] Bed [] Shower [] Tub	0935	TB
Suction Tubing Changed			Cleaning Solution Changed		
Nebulizer Tubing Changed			Equipment Cleaned	1840	TB
Nebulizer Filter Changed			Linens Changed (per PCG scheduled)		
Oxygen Tubing Changed			Travel Bag Restocked		
Ventilator Tubing/Circuit Changed			Supplies Restocked		
Feeding Bag/Tubing Changed	0725	TB	Trash Emptied	1840	TB
Ostomy Bag Changed			Client Area Cleaned	1840	TB

Nursing Narrative Documentation

All changes in your client's status must be detailed. Be sure to sign out at bottom of your narrative with signature included.

0700 - PT AWAKE AND ALERT. MONITOR PT AND TRACH. PULL OFF HME x 3. EACH TIME PUT HME BACK ON AND GIVE TOYS TO DIVERT ATTENTION AWAY FROM TRACH AREA. PLACE PT IN ACTIVITY BOOSTER SEAT WITH TOYS. ATTEMPT TO PULL TRACH x 4. EACH TIME REMOVE HAND FROM TRACH AND GIVE TOYS TO DIVERT ATTENTION. 0900 - MONITOR PT AND TRACH. PLACE PT IN WALKER WITH TOYS. ATTEMPT TO PULL TRACH x 5. EACH TIME REMOVE HAND FROM TRACH AND GIVE TOYS TO DIVERT ATTENTION. 1100 - CONTINUE TO MONITOR PT AND TRACH. PO FEEDING, TOLERATE WELL. PULL OFF HME x 3. EACH TIME PUT HME ON AND GIVE TOYS TO DIVERT ATTENTION. PLACE PT IN ACTIVITY BOOSTER SEAT WITH TOYS. PLACE PT IN ACTIVITY BOOSTER SEAT WITH TOYS. ATTEMPT TO PULL TRACH x 3. REMOVE HAND EACH TIME FROM TRACH AND GIVE TOYS TO DIVERT ATTENTION. 1300 - PLACE PT ON FLOOR WITH TOYS. MONITOR PT SAFETY AS HE CRAWLS AROUND ON THE FLOOR. CONTINUE TO MONITOR PT AND TRACH. PULL OFF HME x 3. EACH TIME PUT HME ON AND GIVE TOYS TO DIVERT ATTENTION. PLACE PT IN WALKER WITH TOYS. ATTEMPT TO PULL TRACH x 5. EACH TIME REMOVE HAND FROM TRACH AND GIVE TOYS TO DIVERT ATTENTION. PT ASLEEP. PLACE IN SWING, BUCKLE IN @ WAIST. 1500 - PT CONTINUES TO SLEEP. MONITOR PT AND TRACH. PT AWAKE @ 1655. 1700 - MONITOR PT AND TRACH. PLACE PT IN WALKER WITH TOYS. PULL OFF HME x 5. EACH TIME PUT HME ON AND GIVE TOYS TO DIVERT ATTENTION. PT PULL OFF HME AND O2. PUT HME AND O2 ON. GIVE PT TOYS TO DIVERT ATTENTION. PT CONTINUES TO PLAY IN WALKER WITH TOYS w/ SIS OF DISTRESS OR DISCOMFORT.

J. Bell

Pt left in care of/Reported off to:

Nurse Name: TIERRA BELL

Nurse Signature: *Tierra Bell*

(RN) LVN LPN (Circle One)

Pt. PCG/Other Signature: *A. D.*

Reviewed by:

Morris, DaShon Darnell

MRN: 3799410
Description: 13 month old male

Office Visit 6/21/2016
Our Children's House
Physician Clinic

Provider: Andrew S. Gelfand, MD (Pulmonology)
Primary diagnosis: Gastrostomy tube dependent
Reason for visit: Trach Vent Dependent; Referred by Heidi Roman, MD

Progress Notes

Colleen E Parks, RDN/LD (Registered Dietitian)

Problem: Inadequate Oral Intake (NI-2.1)

Etiology: decreased ability to consume sufficient energy; history of mechanical ventilator dependent

Signs/Symptoms: g-tube dependent

Goal: Patient will receive adequate and appropriate food/nutrients

Outcome: Progressing as Expected

Intervention: Recommended Nutrition Interventions

Nutrition Recommendations

Meals/Snacks/PO Feedings

- continue to offer stage 1 foods by mouth, as tolerated

Enteral Nutrition

- continue Similac Sensitive 22 kcal/oz (mixing 17 oz water + 10 scoops of Similac Sensitive powder)

- continue day feeds: 125 ml x 4 feeds; night feeds: 35 ml/hour x 6 hours

- continue current water flushes - 20-30 ml water flush after feeds, 30 ml water flush before and after night feeds, 10-20 ml water flush with medications, 2 times/day

- continue to monitor weight trend and intake; if he continues to gain weight well and oral intake persists, then consider decreasing tube feeds

Comments:

NUTRITION RE-ASSESSMENT, MONITORING, AND EVALUATION

CLIENT HISTORY

13 m.o. male seen during admission/visit dated 6/21/16 (Unit/Clinic:OUR CHILDREN'S HOUSE PHYSICIAN CLINIC).

Problem List:

Patient Active Problem List

Diagnosis:

- Prematurity, 750-999 grams, 25-26 completed weeks
- Chronic lung disease
- Gastroesophageal reflux disease without esophagitis
- Feeding by G-tube
- Abnormal findings on newborn screening
- Perinatal IVH (intraventricular hemorrhage), grade IV
- Developmental delay
- Tracheostomy status
- Retinopathy of prematurity
- Convulsions
- Health care maintenance
- S/P PDA repair
- Esophoria

- Oral phase dysphagia
- Failed newborn hearing screen
- Hearing loss
- Hypoglycemia, unspecified

Informant: Caregiver (comments) (foster mom)

ANTHROPOMETRIC MEASUREMENTS

Anthropometric Evaluation

Is Growth Appropriate?	Yes
Areas of Concern/Summary:	weight gain is appropriate since last visit; noted it is on the upper end of previous weight gain goal range; however, will wait to adjust TF as oral intake has just recently increased; if intake, weight gain, and growth continue, then will decrease TF at next visit

Weight: 9.12 kg (20 lb 1.7 oz) (06/21/16 0946) Weight for Age Percentile: 19.81

Weight History: recent weight: 8.62 kg (5/10/16)

Change: 12 gm/day weight gain x 42 days

Weight Goal: weight gain, 6-10 gm/day until 11 months CGA

Height: 66.4 cm (26.14") (06/21/16 0946) Height for Age Percentile: 0

Weight for Length Percentile (<2 years): 98.44

Head Circumference: 44 cm (17.32") (06/21/16 0946) Head Circumference for Age Percentile (<3 years): 2.74

NUTRITION-FOCUSED PHYSICAL FINDINGS (IF APPLICABLE)

Overall Appearance: Well-nourished

GI Output: 1-2 BM/day; consistency varies based on food intake

Urine Volume: good UOP reported

FOOD/NUTRITION-RELATED HISTORY

Diet Experience (if applicable)

-Home Diet/Breastmilk/Formula: recently started taking more by mouth - now up to 2 times/day, stage 1 baby food + rice cereal

-Home Enteral Formula: Similac Sensitive 22 kcal/oz (mom mixing 17 oz water + 10 scoops Similac Sensitive powder) - 125 ml, 4 feeds/day, night feeds: 35 ml/hour x 6 hours; receives 20-30 ml flush after day feeds; receives 30 ml water before and after night feeds; 10-20 ml water flush with medications, 2 times/day

-Home Enteral Access: G-tube

FOOD AND NUTRIENT INTAKE

Intake Appropriateness

Is Intake Appropriate?	Yes
Areas of Concern/Summary:	Similac Sensitive 22 kcal/oz is age appropriate; rice cereal and stage 1 baby foods are also age appropriate

Meal/Snack/PO Feeding Intake: stage 1 baby food mixed with rice cereal

Enteral Intake: Similac Sensitive 22 kcal/oz

Intake Adequacy

Is Intake Adequate?	Yes
Areas of Concern/Summary:	current regimen appears adequate based on weight gain and growth

-Energy

Oral Energy Intake: unable to calculate based on report
 Enteral Energy Intake: 57 kcal/kg = 521 kcal/day
 Energy Needs: minimum 57 kcal/kg = 521 kcal/day
 Method of Estimating Energy Needs: Based on home feeds / weight trend

-Fluid

Enteral Fluid Intake: 95-102 ml fluid/kg = 870- 930 ml fluid/day = 710 ml formula/day + 10-20 ml flush with medications BID + 20-30 ml water flush after day feeds + 30 ml water flush before and after night feeds
 Fluid Needs: 85-100 ml fluid/kg = 775-912 ml fluid/day
 Method of Estimating Fluid Needs: Holliday - Segar Formula

-Protein

Oral Protein Intake: unable to calculate based on report
 Enteral Protein Intake: 1.2 gm pro/kg = 10.9 gm pro/day
 Protein Needs: 1.2 gm pro/kg = 10.9 gm/day
 Method for Estimating Protein Needs: DRI / A.S.P.E.N.

Progress Notes

Abby Byrum Anderson, RN,PNP (Nurse Practitioner) • Nurse Practitioner

Cosigned by: Andrew S. Gelfand, MD at 6/26/2016 9:48 PM

Attestation signed by Andrew S. Gelfand, MD at 6/26/2016 9:48 PM (Updated)

DaShon Darnell Morris was seen and examined with Abby Byrum Anderson, RN, PNP. I agree with the attached ventilator clinic note. During the visit, DaShon underwent an extensive evaluation by multiple services. My assessment and recommendations reflect the impressions that were gathered and presented by the consulted services. More specifically, nutrition was consulted on this patient. Their recommendations have been implemented in the plan of care and discussed with the caretaker and/or parent. I consulted with respiratory therapy and reviewed ventilator settings and tracheotomy status. The case manager was present. I reviewed the home care needs and status for this patient. Radiological evaluation was done and the results reviewed. Nursing obtained the requested laboratory tests. Results were reviewed. I reviewed the above information with the caretaker and/or parent as well as the healthcare team at this visit. Time spent on direct patient care and medical management is greater than 70 minutes.

DaShon Darnell Morris is a 13 m.o. male with history of chronic lung disease secondary to bronchopulmonary dysplasia. He has a trach but does not require chronic ventilation. He also has issues with hypoxia and typically is on half a liter of oxygen. Since his last visit, he isn't very well from a respiratory standpoint. He has not had problems with coughing or wheezing. He has had good activity tolerance. He is gaining weight nicely with his present feeding regimen. He remains on treatments every 6 hours. He receives IPV with every other treatment. He is active making reasonable developmental progress despite his grade 4 intraventricular hemorrhage. However, he does have some delays. That had any further episodes of seizure. Overall, [redacted] with how well he is doing. At this time, will not make any changes to his care. [redacted] were increased at his last visit. We will recommend seeing him in our private office. [redacted] discharged on ventilator clinic at this time. We'll see him back in approximately 2-3 [redacted] time. He is followed by gastroenterology at children's Medical Center and they care for his nutrition.

Andrew Gelfand, M.D.

Pulmonary Visit Note

History of Present Illness:

DaShon is a 13 m.o. male with a history of ex-25-26 weeker with complex past medical history including CLD with trach dependence, PDA s/p repair, ROP, hearing loss, intrauterine drug exposure, dysphagia with g-tube dependence, GERD s/p Nissen, grade 4 IVH, developmental delay, hydrocephalus s/p VPS. He presents to OCH today for his routine vent clinic visit.

1. Gastrostomy tube dependent
2. Chronic lung disease
3. S/P PDA repair
4. Prematurity, 750-999 grams, 25-26 completed weeks

DaShon presents today for routine vent clinic at Our Children's House on 6/21/2016. He has had no hospitalizations. . He has had no ER visits. . DaShon has had no recent illness(es).

Trach is changed every week; with no difficulty. . Type: Pediatric, Bivona, FlexTend. . Trach Size: 3.5. Additional Information: (HTC at night). CPT is administered every 6 hours via IPV.

DaShon is on the vent 0 hours per day; this is tolerated well (wear humidified trach collar at night). DaShon is off the vent (completely off vent since October of 2015) with HME, trach collar; this is tolerated well. Baseline O2 requirements are 0.5 lpm of oxygen via trach. Currently requiring 0.5 lpm of oxygen via trach. There is a moderate amount of thin and clear tracheal secretions. Tracheal mucus plugs are not present. Wheezing is not present. Increased coughing is not present.

Trach Site: clean, dry, intact

G-Button Site: dry, clean, intact, open to air

Past Medical History

Diagnosis	Date
• 25-26 completed weeks of gestation	09/01/2015
• Acidosis	05/02/2015
• Acute respiratory failure	07/06/2015
• Bilateral inguinal hernia without obstruction or gangrene	09/10/2015
• Bronchopulmonary dysplasia originating in the perinatal period	10/05/2015
• Cardiomegaly	05/11/2015
• Congenital anemia	05/02/2015
• Congenital anomaly of heart	05/21/2015
• Congestive heart failure	05/21/2015
• Developmental delay	
• Dysphagia	09/01/2015
• Emphysema, unspecified	05/11/2015
• Esophageal reflux	08/24/2015
• Feeding difficulties and mismanagement	08/24/2015
• Fitting and adjustment of vascular catheter	05/03/2015
• Gastro-esophageal reflux disease with esophagitis	10/04/2015
• HX OTHER MEDICAL	
• Hypoxemia	09/21/2015
• Intraventricular hemorrhage of newborn, grade IV	05/03/2015
• Jaundice	07/06/2015

- Obstructive hydrocephalus 05/16/2015
- Ostium secundum type atrial septal defect 05/06/2015
- Other chronic respiratory diseases originating in the perinatal period 07/23/2015
- Other forms of dyspnea 05/03/2015
- Other intra-abdominal and pelvic swelling, mass and lump 07/21/2015
- Patent ductus arteriosus 05/03/2015
- Periventricular leukomalacia 05/23/2015
- Personal history of surgery to heart and great vessels, presenting hazards to health 08/05/2015
- Pneumonia, organism unspecified 05/27/2015
- Pneumothorax, unspecified 05/11/2015
- Primary apnea of newborn 05/15/2015
- Primary atelectasis of newborn 05/15/2015
- Pulmonary collapse 05/04/2015
- Pulmonary congestion and hypostasis 05/02/2015
- Radiologic findings of lung field, abnormal 05/23/2015
- Redundant prepuce and phimosis 09/10/2015
- Reflux esophagitis 09/21/2015
- Seizure disorder
 has VP shunt for hydrocephalus
- Stridor 07/26/2015
- Tracheostomy status 09/15/2015
- Transient neonatal thrombocytopenia 05/05/2015
- Twin, mate liveborn, born in hospital, delivered by cesarean delivery 05/02/2015
- Unspecified atelectasis of newborn 05/16/2015
- Viral pleurisy 05/06/2015

Past Surgical History

Procedure	Laterality	Date
• Gastrostomy (or) <i>Medical City Dallas</i>		08/24/2015
• Tracheostomy (or) <i>Medical City Dallas</i>		08/15/2015
• Hx other surgical history		
• Hx gastric fundoplication <i>Medical City Dallas</i>		8/15/2015

No family history on file.

Social History

Social History Narrative

Currently in foster care. Lives in foster home with foster mom, twin sister and 2 other foster children.

Immunizations: Up to date.

Flu: Completed this season.

Synagis: Completed Series.

Review of Systems:

Review of systems revealed the following in addition to those discussed in the HPI:

Constitutional: negative

Eyes: negative

ENT: trach dependent
CV: negative
Respiratory: see HPI
GI: gtube dependent
GU: negative
Musculoskeletal: negative
Skin: negative
Neuro: developmental delay, crawling
Psych: negative
Endocrine: negative
Heme/Onc: negative
Food Allergy: negative
Seasonal Allergy: negative

Ventilator Settings:

Vent Settings	5/10/2016	6/21/2016
Resp O2	-	-
O2 Sat	-	99
Trach Type	Pediatric;Bivona	Pediatric;Bivona;FlexTend
Trach Size	3.5	3.5
Vent Comments	Trach dependent only.	(No Data)

Physical Exam:**Vitals:**

06/21/16 0946
BP: 94/63
BP Sitting
Patient
Position:
Pulse: 121
Resp: (!) 36
Temp: 36.8 °C
Weight: 9.12 kg (20 lb 1.7 oz)
Height: 66.4 cm (26.14")
HC: 44 cm (17.32")

SDS:

Height %: <0.01 %ile (Z= -4.56) based on WHO (Boys, 0-2 years) length-for-age data using vitals from 6/21/2016.
 Weight %: 19.81 %ile (Z= -0.85) based on WHO (Boys, 0-2 years) weight-for-age data using vitals from 6/21/2016.
 Body mass index is 20.69 kg/(m²). Normalized BMI data available only for age 2 to 20 years.

General: awake and alert, well developed, well nourished, no acute distress, happy and playful
HEENT: PERRL, sclerae clear, no rhinorrhea and oral mucosa moist
NECK: supple, without lymphadenopathy and tracheostomy is dry, clean and intact; Vent Type: Pediatric, Bivona, FlexTend.
 Trach Size: 3.5.

Lungs:

CV: normal chest configuration, clear to auscultation, symmetrical
 ABD: aeration, no retractions or nasal flaring and no stridor
 regular rate & rhythm, normal S1, normal S2 and no murmur
 Skin: soft, non-tender, normal bowel sounds, without
 organomegaly, gastrostomy: dry, clean and intact and no
 masses detected
 EXT: no rashes, warm, well perfused
 Neuro: no clubbing and no cyanosis or edema
 appropriate for age

Pulmonary Outpatient Visit Data:

Imaging: CXR stable with good lung volumes, chronic lung changes with prominent pulmonary vasculature.

Medications:

Current Outpatient Prescriptions

Medication	Sig	Dispense	Refill
• acetaminophen (TYLENOL) 80 mg/0.8 mL susp drops	Take 10 mg/kg by mouth every 4 hours as needed		
• chlorothiazide (DIURIL) 50 mg/mL suspension	2.2 mL (110 mg) by PER G TUBE route 2 times daily	240 mL	2
• nystatin (MYCOSTATIN) powder	Apply 1 application topically daily		
• sodium chloride 0.9 % nebu	INHALE 1 VIAL VIA NEBULIZER EVERY 4 HOURS AND USE AS NEEDED FOR SUCTION AND TRACH CARE (Patient taking differently: INHALE 1 VIAL VIA NEBULIZER THREE TIMES DAILY)	600 mL	10
• ESOmeprazole 10 mg grps	1 Packet (10 mg) by PER G TUBE route daily	30 Packet	6
• senna (SENOKOT) 8.6 mg tablet	4.3 mg by PER G TUBE route daily as needed for Constipation		
• pediatric multivit-iron (POLY-VI-SOL WITH IRON) 1,500 unit-400 unit-10 mg/mL solution	1 mL by PER G TUBE route daily	50 mL	6
• triamcinolone acetoneide (KENALOG) 0.1 % crea cream	Apply 1 application topically 2 times daily		
• simethicone (MYLICON) 40 mg/0.6 mL drops	20 mg by PER G TUBE route 4 times daily as needed for Flatulence		
• budesonide (PULMICORT) 0.5 mg/2 mL nebulizer suspension	Inhale 0.5 mg by nebulizer 2 times daily		
• CALCIUM CITRATE (CALCITRATE PO)	0.2 mg daily Daily via G-tube		
• albuterol (PROVENTIL, VENTOLIN) 2.5 mg /3 mL (0.083 %) neb solution	Inhale 2.5 mg by nebulizer every 6 hours		

No current facility-administered medications for this visit.

Allergies:

Review of patient's allergies indicates no known allergies.

Impression:

DaShon is a 13 m.o. male with a history of ex-25-26 weeker with complex past medical history including CLD with trach dependence, PDA s/p repair, ROP, hearing loss, intrauterine drug exposure, dysphagia with g-tube dependence, GERD s/p Nissen, grade 4 IVH, developmental delay, hydrocephalus s/p VPS. He presents to OCH today for his routine vent clinic visit.

Plan:

1. Dispense baby wipes, quantity sufficient for 1 month.
2. Discharge to office. Please call 972-566-6996 to make appointment for follow up.

Follow Up:

DaShon Darnell Morris will Return in about 3 months (around 9/20/2016)..

The above history, exam, impression and plan were formulated with Andrew S. Gelfand, MD, who was present during the clinic visit.

Abby B. Anderson, RN, PNP

Progress Notes

Phyllis Henderson, RRT (Respiratory Therapist)

Respiratory Visit Note

Do they have an ambu bag? yes


Do they have a mask present? yes

Is it age appropriate? yes

Does the ambu bag have a trach attachment? yes

Do you have a key for the trach? no

Other Notes

 Physician Orders from IMAGED, DOC

Instructions

 Return in about 3 months (around 9/20/2016).

1. Dispense baby wipes, quantity sufficient for 1 month.
2. Discharge to office. Please call 972-566-6996 to make appointment.

After Visit Summary (Printed 6/21/2016)

Additional Documentation

Vitals: BP 94/63 (BP Patient Position: Sitting) Pulse 121 Temp 36.8 °C (98.2 °F)
Resp 36 (Abnormal) Ht 66.4 cm (26.14") Wt 9.12 kg (20 lb 1.7 oz) HC 44 cm (17.32")
BMI 20.69 kg/m²

Flowsheets: Vitals, Fall Risk Assessment, Ambulatory Screening, Vent Clinic History, Health History, Discharge Information, Ventilator Settings, Assessment Type, Client History,

Anthropometrics, Diet History, Intake & Standards 1, Intake & Standards,
Physical Findings, Nutrition Charge Information

Encounter Info: Billing Info, History, Allergies, Detailed Report

Media

Scan on 6/23/2016 8:52 AM by Latasha L Thomas, MA : DME/Home Care Order

Encounter Information

Encounter Information

Orders Placed

CAPILLARY BLOOD GAS-POC (Resulted 6/21/2016, Abnormal)
HOME CARE MEDICAL EQUIPMENT - OTHER
HOME CARE MISCELLANEOUS ORDER(S) - EXTERNAL HOME CARE CY

Other Orders Performed

CONSULT TO OCH CLINICAL NUTRITION

Medication Changes

As of 6/21/2016 10:01 AM

None

Visit Diagnoses

Primary: Gastrostomy tube dependent Z93.1
Chronic lung disease J98.4
S/P PDA repair Z98.89, Z87.74
Prematurity, 750-999 grams, 25-26 completed weeks P07.03
Ventilator dependence Z99.11

6/1/16

Superior Healthplan

Attn: Appeals Coordinator

RE: DASHON MORRIS

MEDICAID # [REDACTED]

DOB- 05/02/2015

During recent hospitalization on 5/1/16-5/3/16. DaShon was taken to hospital when found to be having a seizure as diagnosed by the hospital. Pt was also found to be hypoglycemic and has had changes to his feedings in hopes that pt. will not experience anymore hypoglycemic episodes. Pt was also taken off of his Glycopyrrolate medication which puts him at risk for increased tracheal suctioning needs. He was also added the medication of sodium chloride 0.9% to inhale 1 vial via nebulizer every 4 hours and use as needed for suction and trach care. Pt is also on O2 continuously for his respiratory complications. As DaShon continues to age, so will his activity. He moves all 4 extremities and does not know what harm he can cause to himself due to his disability and medical equipment needs.

Pt frequently pulls his trach out and requires immediate skilled nursing intervention to prevent further developmental harm from lack of oxygenation, if not death.

Nursing note from 5/14/16, 1900 -0700 shift, reports that DaShon was suctioned via trach 44 times during this shift and pulled his trach out during this shift requiring immediate skilled nursing intervention.

Nursing note from 5/14/16, 0700-1900 shift, reports that DaShon was suctioned via trach 25 times during this shift, repeatedly pulled his HME off his trach, and pulled his trach out 3 times within a 2 hour period.

Nursing note from 5/13/16, 1900 – 0700 shift, reports that DaShon was suctioned via trach 33 times during this shift, and pulled his trach out 2 times requiring immediate skilled nursing intervention.

Nursing note from 5/13/16, 0700 – 1900 shift, reports that DaShon was suctioned via trach 19 times during this shift, reports that DaShon's PCG reported that pt had pulled his trach out just before this shift nurse walked in, DaShon pulled his trach out 2 times during this shift requiring immediate skilled nursing intervention.

Nursing note from 5/12/16, 1900-0700 shift, reports that DaShon was suctioned via trach 30 times during this shift and pulled out his trach requiring immediate skilled nursing intervention.

Nursing note from 5/12/16, 0700-1900 shift, reports that DaShon was suctioned via trach 18 times during this shift and pulled out his trach 3 times during this shift. Reports that pt. grabs objects with his hands and tries to put objects in his mouth and repeatedly reaches from HME and trach pulling on them.

Nursing note from 5/11/16, 0700 – 1900 shift, reports that DaShon was suctioned via trach 64 times during this shift and pulled his trach out 2 times within a 15 minute period.

6/1/16

On 5/4/16, Superior healthplan, faxed an authorization to Care Pro Home Health with the authorized period of 4/26/16 to 7/24/16 for 6120 Units; 119 hours/week U2 Modifier Ratio 2:1.

During the above reported 7 shifts, Dashon required tracheal suctioning 233 times.

DaShon also pulled his trach out 15 times during the above noted 7 shifts. These events happened at different times throughout the 24 hour period. DaShon's twin sister also requires private duty skilled nursing of 168 hours/week.

Due to the 2:1 ratio decided by Superior Healthplan, both DaShon and his sister have both been placed at risk due to not receiving the skilled 1:1 attention that they need. The medical consentor has not been able to work due to insurance denying the authorization that would allow the attention and skilled nursing care that the patients medical conditions require.

The clinical documentation and treatment sheets for the above cited notes have been included.



Rachelle Seaton, RN

cc: Medical Consenter, Linda Badawo
Dr. Heidi Roman
Dr. Andrew Gelfand



Date: 5/14/16

Client Name: DASHON MORRIS

Medical Record No. [REDACTED]

Cleaning and Maintenance
Document each task performed with time and initials

	Time	Initials		Time	Initials
Suction Canister Cleaned	QSHIFT	AD	Catheter Changed	N/A	AD
Suction Catheter Changed		AD	Bath: [] Bed [] Shower [] Tub	DAILY	AD
Suction Tubing Changed	SUNDAY	AD	Cleaning Solution Changed	N/A	AD
Nebulizer Tubing Changed		AD	Equipment Cleaned	QSHIFT	AD
Nebulizer Filter Changed		AD	Linens Changed (per PCG scheduled)	WEEKLY PRN	AD
Oxygen Tubing Changed		AD	Travel Bag Restocked	PRN	AD
Ventilator Tubing/Circuit Changed	N/A	AD	Supplies Restocked	DAILY	AD
Feeding Bag/Tubing Changed	DAILY	AD	Trash Emptied	QSHIFT	AD
Ostomy Bag Changed	N/A	AD	Client Area Cleaned		AD

Nursing Narrative Documentation

All changes in your client's status must be detailed. Be sure to sign out at bottom of your narrative with signature included.

1900 - Patient care report received from Early Shift nurse. patient been active whole day. Slept for only 30 mins. No BM during ATR. A Jar of stage 2 banana flavor. patient in his crib sleeping. Resp effort normal. on cont O₂ @ 0.5 LPM via trach. No skin issues noted. Trach and GIB site dry and intact. Patient suctioned X 5. Cont pulse ox monitoring in place. P-15 SpO₂ - 100%. 2000 - Patient vented c & residual noted. Neosure infused @ 125 ml/hr and well tolerated. ABD soft and non distended. 2100 - Neb ix administered. Manual CRT done patient suctioned. GIB care done. Patient flushed c 30 ml H₂O. Micturition bladder rotated. 2400 - Patient awake playing in his crib. Neb ix administered. CRT performed - patient suctioned. patient vented c zero residual noted. Neosure infused @ 35 ml/hr. ~~Rate~~ Noted patient having difficulty breathing and pulse ox monitoring keeping. Patient pulled his trach out. Trach immediately replaced c spare 35 banana. O₂ administered via ambu bag. O₂ back up to 99%. 0300 - patient sleeping Q4 hrs vital signs rechecked and WNL. patient suctioned and repositioned. 0600 - Cont feeding stopped. GIB flushed c 30 ml H₂O. Albutera administered via trach. CRT done patient suctioned c moderate amount of thin secretions noted. 0700 - Patient care handed over to day shift nurse

Pt left in care of/Reported off to: Early Shift Nurse A.D. L...

Nurse Name: ARTHUR DEBNEAU Nurse Signature: A.D.

PCG/Other Signature: LINDA BADANO Reviewed by: RN (LVN) LPN (Circle One)



Appeal From

I want to file an appeal

Mail or fax this completed form to:

Superior HealthPlan
Attn: Appeals Coordinator
2100 S. IH-35, Suite 200
Austin, TX 78704
Fax: 1-866-918-2266

Member name Dashon Morris Medicaid ID number [REDACTED]

Name of person submitting the appeal Bachelle Seaton

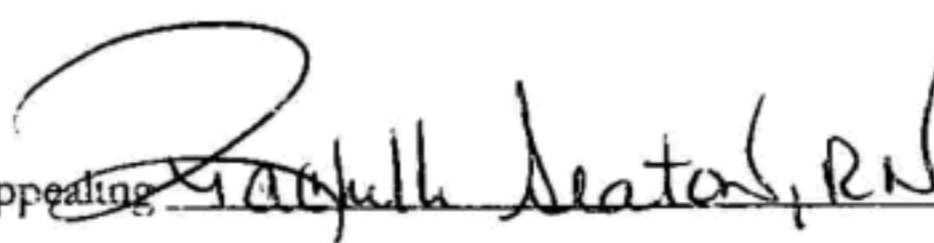
Relationship to Member: Parent Legal guardian/Foster Parent Family member Friend
 Lawyer Spouse Other, Private Duty Nursing Agency

Contact phone number [REDACTED]

What Service Was Denied 168 HRS/WK, 1:1 Ratio

You can send us more information on your case. Use the space below if you want to send us more information. You can add more sheets if you need to. Please Include a copy of the denial letter.

Attached

Signature of person appealing  Date 8-15-11

8/19/16

Dashon Morris

DOB: 5/2/2015

Medicaid # [REDACTED]

Appeal Regarding Authorization # OP0566150775

As stated in the nursing addendum, dated 7/6/2106, Pt has had some issues related to his trach stoma that will require surgery, had had medication changes, and formula changes, and requires tracheal suctioning on an average of 2-7 times per hour. On phone call with the Foster mom on August 4, 2016, it was reported that pt now has even more required trach suctioning of 12-15 times per hour.

The reduction in hours and 2:1 ratio with U2 Modifier violates the Alberto N., 42 C.F.R. 440.80, 42 U.S.C. 1396d(r)(5), and Texas Healthy Steps ("EPSDT")

The requested services are nursing services as defined by the Texas Nursing Practice Act and its implementing regulations; the requested services correct or ameliorate the Beneficiary's disability or physical or mental illness or condition; and there is no third party resource, as described in the Texas Medicaid Provider Procedures Manual, financially responsible for the requested services.

The nursing services are to correct or ameliorate the Beneficiary's disability or physical or mental illness or condition when the services improve, maintain, or slow the deterioration of the Beneficiary's health status.

The Beneficiary's medical needs have not decreased, as documented by the prior authorization request, therefore, the Agency should not have denied or reduced the amount of nursing services on the basis that the Beneficiary's condition or health status is "Stable" or has not changed.

Superior failed to follow the Alberto N. processes of Section 4, as well as failed the process of pairing on the 2:1 decision for the Beneficiary.

On a phone call from August 5, 2016, Superior staff concurred that the Beneficiary needed more hours and they did not realize the extent of the Beneficiary's condition as they referred to the prior authorization request/appeal filed on 5/11/2016. Sr. Medical Director, Dr. Brendle Glomb, also stated that he had not even seen any paperwork for the other Beneficiary that they had planned on pairing the 2:1 ratio with.

It was also stated on phone call from August 4, 2016, that the patient's diagnosis did not warrant the amount of nursing hours and Dr. Glomb thought that home health would suffice instead of private duty. Alberto N. Section 2.10 states that the Agency (Superior) will not arbitrarily deny authorization of nursing services or reduce the number of requested hours of services based solely upon the diagnosis, type of illness, or condition of the Beneficiary. 42 U.S.C. 1396a(a)17, 1396d(r)(5); 42 C.F.R. 440.230(c).

Alberto N. -Requests for medically necessary Home Health Skilled Nursing services, Private Duty Nursing services, or Personal Care Services will be prior authorized with reasonable promptness to ensure timely access to these Medicaid benefits. For the purposes of this Agreement, prior authorization

determinations for Home Health Skilled Nursing services. Private Duty Nursing services or Personal Care Services will be completed by the Agency or its Contractor within three (3) business days of receipt of a complete request. 42 U.S.C. 1396a(a)(8); 42 C.F.R. 435.930, 441.56(e).

Beneficiary was not even given his due process during the last authorization/certification period of 4/18/16- 7/24/16, as there was a very long delay in obtaining authorization even though the required authorization forms were in the care of Superior. This delay in authorization denied the Beneficiary his right to a fair hearing due to the authorization being issued 17 days after the authorization/certification period, then the appeal and waiting for that decision before a fair hearing could be scheduled.

We are now back with the same process in the fact that the correct authorization with the requested authorization dates were not sent by superior until 8/15/16 when the current authorization/certification period began on 7/17/16.

Dashon requires tracheal suctioning as needed every hour to ameliorate his condition as afforded to him within the Texas Healthy Steps ("EPSDT") which would require a skilled nurse to be available 168 hours per week; 1:1 ratio as requested. These hours also include the issue of the Beneficiary decannulating himself and requiring immediate skilled intervention to maintain his airway and provide immediate healthcare CPR as needed, as well as the other skilled needs that are in his current POC/485 and described in the Nursing Addendum dated 7/6/16.

4

TIME : 08-30-2016 17:31
FAX NO. 1 :
NAME :

FILE NO. : 335
DATE : 08.30 16:10
TO : 18669182266
DOCUMENT PAGES : 130
START TIME : 08.30 16:35
END TIME : 08.30 17:31
PAGES SENT : 130
STATUS : OK

SUCCESSFUL TX NOTICE



2700 W. Pleasant Run Rd, #380. Lancaster, TX 75146.
Phone: 972-230-4747 Fax 972-230-4746
Website: careprohomehealth.net

FAX COVER SHEET

Date: 8-30-16
Fax No: 816-918-2216
Attention: Letty Freeman
Company: Appeals Dept.
No. of Pages (includes cover): 133
Sent by: Rachelle Seaton, RN DON

Comments:
 Urgent Reply ASAP Please sign and fax back
 Evaluate and send POC other:

RE: Dashon Morris DOB-5/2/15 Medicaid
File No - OPOS66150775

*****Confidentiality Notice*****
The document accompanying this fax transmission contains confidential and legally privileged information belonging to the sender. This information is intended only for the use of the individual or the entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after its stated need has been fulfilled unless otherwise required by State Law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in relation to the contents of this document is strictly prohibited. If you have received this fax in error, please notify the sender immediately to arrange for return of these document.



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2100 South IH 35
Suite 200
Austin, TX 78704

Request for Clinical for Appeal

Date: August 23, 2016

To: Rachelle Seaton, RN with Care Pro Home Health Inc

Fax #: 972-230-4746

Member name: DASHON MORRIS

Authorization #: OP0587443216

Member ID#: [REDACTED]

Date of Birth: 05/02/2015

Service Requested: Private Duty Nursing (PDN) 168 hours per week at 1:1 ratio

Requested information: We received the clinical information submitted with the appeal. If you have any other information you would like to have considered, please submit it.

ADDITIONAL INFORMATION MUST BE RECEIVED BY 08/30/16

Send Response to:

**Letty Freeman
Appeals Department
Fax # 866-918-2266**

RECEIVED
8/23/16

Superior Healthplan

Attn: Appeals Coordinator

RE: DASHON MORRIS

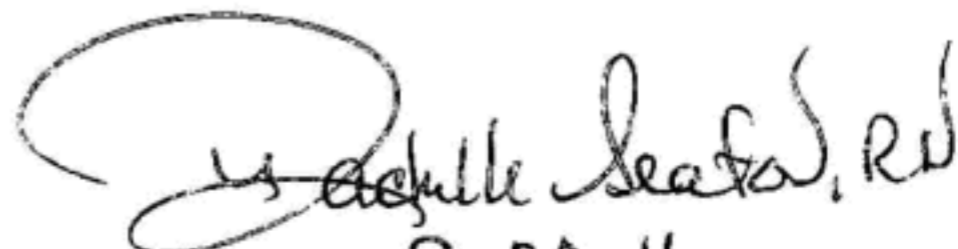
MEDICAID # [REDACTED]

DOB- 05/02/2015

Dashon is a currently a 15 month old male who has a tracheostomy as his primary means of ventilation. His activity is progressing as he ages and moves all 4 extremities and has a habit of pulling on his trach and it's accessories. He frequently decannulates himself and requires immediate skilled nursing intervention to get his trach re-cannulated and CPR to get him back to his baseline. This is not an occasional activity, this is primarily daily and more than one time a day. Dashon's tracheostomy is within itself, an imminent risk to his health status due to his medical fragility and risk of death, if skilled intervention is not available quick enough to oxygenate him, yet he is dependent on the tracheostomy for his ventilation to be able to breath. Dashon's need for tracheostomy suctioning is ongoing, around-the-clock at intervals in which frequency varies, but Dashon has been requiring tracheal suctioning at least hourly. Dashon also requires Oxygen to assist with his tracheostomy dependence for adequate ventilation. Dashon is also currently having issues with his stoma site that is going to require surgery. This very well could be a result of trauma from frequent decannulation. Foster mom has not provided any of those documents related to the stoma issue. Pt was scheduled for stoma surgery on August 24, 2016, and it is being rescheduled due to the fact that while pt was in the care of the hospital for pre-op that he fell out of the hospital bed. Pt requires continuous monitoring for his safety.

Dashon was in the hospital in May for seizures and hypoglycemia. Since then and currently, he has had changes in his feedings and is also GB dependent for his primary source of nutrition. He has had changes in medications for his GERD as well. Dashon has NOT been medically stable for a period of months now, yet Superior continues to decrease his nursing hours and care by placing him on a 2:1 ratio. The 2:1 ratio is clearly contraindicated as it has contributed to unnecessary risks to patients health by frequent CPR due to his decannulation, and is not in alignment with Texas Medicaid Providers Procedure Manual: Vol 2, Section 2.11.2. The clients' needs and POC overlap with the other members needs and POC. The other member that they are proposing the 2:1 with has also been approved for an authorization of 168 hours, 1:1 Ratio due to her fragile medical needs. Dashon also falls under the Texas Healthy Steps ("EPSDT"), that his private duty nursing falls under 42 C.F.R 440.80, Private Duty Nursing is being requested for 168 hours 1:1 Ratio to ameliorate Dashon's disability and/or conditions as provided under 42 U.S.C. 1396d(r)(5) and with regards to 42 U.S.C. 1396a(a)(10)(B), 1396a(a)17, 1396d(r)(5), 42 C.F.R. 440.230(c).

During a phone conference with Dr. Brendle Glomb on August 4th and 5th, 2016, he stated that he had not even reviewed the other member's information that they are wanting to include with the 2:1 Ratio.


Michelle Seaford, RN
8-30-16



Care Pro

HOME HEALTH, INC.

2700 W. Pleasant Run Rd, #380. Lancaster, TX 75146.
Phone: 972-230-4747 Fax 972-230-4746
Website: careprohomehealth.net

FAX COVER SHEET

Date: 8-19-16
Fax No: 1-811-918-2211
Attention: Appeals Coordinator
Company: Superior Healthplan
No. of Pages (includes cover): 8
Sent by: Rachelle Seaton, RN

Comments:
 Urgent Reply ASAP Please sign and fax back
 Evaluate and send POC other:

RE: Dashon Morris Medicaid # [REDACTED]

*******Confidentiality Notice*******
The document accompanying this fax transmission contains confidential and legally privileged information belonging to the sender. This information is intended only for the use of the individual or the entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after its stated need has been fulfilled unless otherwise required by State Law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in relation to the contents of this document is strictly prohibited. If you have received this fax in error, please notify the sender immediately to arrange for return of these document.

SUCCESSFUL TX NOTICE

FILE NO. : 259
DATE : 08.19.15:45
TO : 18669182266
DOCUMENT PAGES : 8
START TIME : 08.19.15:46
END TIME : 08.19.15:48
PAGES SENT : 8
STATUS : OK

TIME : 08-19-2016 15:48
FAX NO. :
NAME :



LINDA BADAWO
3340 SILVER CREEK DR
MESQUITE, TX 75181

1 June 2016

Re: Request received on: 05/25/2016
File No.: OP0650955567
Member/Patient name: DASHON MORRIS
Member/Patient ID No.: [REDACTED]
Member/Patient DOB: 05/02/2015
Requester: Cook Childrens Home Health
Requested Start Date: 05/24/2016
Service Requested: Intrapulmonary Percussive Ventilation (E1399)

Para pedir que se le envíe esta carta en Español, por favor llame el: STAR 1-800-783-5386, STAR MRSA 1-877-644-4494, STAR+PLUS 1-866-516-4501, STAR Health 1-866-912-6283.

Dear DASHON MORRIS:

A special license for Utilization Review Agents (URA) is issued through the Texas Department of Insurance and necessary to perform medical reviews. **Centene Company of Texas, LP** is a licensed URA, and has completed the review on this request.

We received your request for the above services.

Response to Request: Denied Intrapulmonary Percussive Ventilation (E1399)

Effective Date of Denial: 05/24/2016 to 10/27/2016

The requested service is not medically necessary because lack of medical necessity. Intrapulmonary percussive ventilators (pneumatic positive pressure device used to move mucus) are considered experimental (trial) and investigational (study) for all indications (explanations) because there is insufficient (not enough) evidence supporting their effectiveness to be equivalent (equal) to or superior (supreme) to existing and available mucus (a slippery secretion produced by, and covering, mucous membranes) clearing devices. We used Superior HealthPlan Policy CP.MP.36 Experimental Policy to help us make this decision.

You may want to talk about this decision with your doctor. Make sure that all of the information needed was given to Superior. Your doctor can discuss this decision with our Medical Director by calling Superior at 1-877-398-9461. This decision was made by Superior HealthPlan Medical Director Charles DuBose MD. He is board Certified in Pediatrics.



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You have the right to:

- File an appeal.
- File a fair hearing.
- File a complaint.
- Get a free copy of the criteria used to make the decision.
- Ask for a free copy of your case file. Your file might include medical records and any other information.
- Send written comments or information that is important to your case.
- Get someone to act in your place. That person could be a member of your family, a friend, a lawyer or a doctor.
 - You must authorize this person to act in your place.
- Get legal services. You may qualify for free or low cost legal services available in your area. A list of legal aid providers that may be able to help you is included with this letter. Look at the page with the title, "Free Legal Services."

Continuing Services:

To continue services the Appeal must involve the termination, suspension, or reduction of a previously authorized course of treatment and have been ordered by an authorized provider.

- You must submit a request for an appeal on or before the later of 10 days from the date of the original denial letter, OR the day your service will be reduced or end.
- The time period covered by the original authorization must not have ended.

If the above are met the services will continue until any of the following happen:

- You cancel the appeal.
- Your appeal is denied.
- The time period covered by the original authorization has ended.

How to file an appeal:

Contact Superior within 30 days, or based on your provider's contract, from the date of the original denial letter. You can call us to file your appeal but we must also receive your appeal request in writing. Call us at 1-877-398-9461 to file an appeal. You can fax or mail your request to us. Use the address and fax number at the bottom of this letter. A Member Advocate can help you. Call 1-800-783-5386 and ask for the Member Advocate.

Appeal timeframe:

Superior will mail you a letter 5 days after we get your appeal request so that you will know we got it. We will look into your appeal and send you an answer in writing. The appeal decision will be made by a doctor who has not reviewed the case before and who is not supervised by a doctor who reviewed the case before. Your appeal will be completed within 30 days after we receive your appeal request. The 30 days can be increased by 14 more days. You or someone acting for you can ask for this extension. We can also ask for an extension. A letter would be sent to you if we need an extension. In order for us to extend the time frame you have to tell us you agree. The letter will tell you why we need more time to make a decision.

Fast appeals:

You have the right to request a fast appeal. You can request a fast appeal if you or your Provider thinks that waiting for a standard appeal could put your life or health in danger. Call us at 1-877-398-9461 to request a fast appeal. Superior may or may not agree with your request for a fast appeal.

If we agree, a fast appeal about an ongoing emergency or continued hospital stay will be finished no later than 1 business day after Superior receives the request. All fast appeals will be finished no later than 3 days from the date you asked for the appeal.



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If we do not agree with your request for a fast appeal, we will let you know. Your request would then go through the regular appeal process and you would get an answer in 30 days.

How to file a fair hearing:

If you disagree with our decision, you can request a fair hearing. You may name someone to represent you. A doctor or other medical Provider may be your representative. You can request this by calling us or writing a letter to us with the name of the person you want to represent you. If you want to ask for a fair hearing, you can contact us by calling the Appeals Coordinator at 1-877-398-9461. You can fax or mail your request to us. Use the address and fax number at the bottom of this letter.

A hearing officer will listen to the appeal and see that you are treated fairly. You may be at the fair hearing or you may ask someone to represent you at the hearing with the information you have provided. If you ask for a fair hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most fair hearings are held by telephone. At that time, you or your representative can tell why you need the service the health plan denied.

You have 90 days to request a fair hearing from the date of the original denial letter or you may lose the right to a fair hearing. The Texas Health and Human Services Commission will make a final decision within 90 days from the date the fair hearing is asked for.

How to file a complaint:

You can call Superior toll-free at 1-800-783-5386 to tell us about your problem. You can also file a complaint through our website. Go to www.SuperiorHealthPlan.com. Click on "Contact Us" in the top right corner of the page. You can also use Superior's complaint form. A copy of the complaint form can be printed from Superior's website. You can mail the form to:

Centene Company of Texas
ATTN: Complaints
2100 South IH-35, Suite 200
Austin, TX 78704

You can also fax your form to 1-866-683-5369.

Complaint time frame:

We will send you a letter 5 days after we get your complaint to let you know we got it. Superior will have an answer to your complaint within 30 days of the date you submit your complaint.

Other Options:

You may not agree with our answer. You can ask us to change it. That is called a complaint appeal. You have 90 days from the date on our answer letter to ask for a complaint appeal.

If you ask for a complaint appeal, we will hold a meeting at a time and place that is good for you. We will discuss your complaint appeal.

You can come to the meeting. You could write a letter instead. We will go over your letter at the meeting and then send you an answer. We will mail it within 60 days of getting your complaint appeal.

If you are not satisfied with Superior's answer to your complaint, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free to 1-866-566-8989. If you would like to make your request in



writing, send it to:

Texas Health and Human Services Commission
Health Plan Operations – H320
ATTN: Resolution Services
P.O. Box 85200
Austin, TX 78708-5200

Also, you can send your complaint in an email to HPM_Complaints@hhsc.state.tx.us.

Additional help:

Superior can help you with case management. Case management can help you get the services you need and even tell you about other help available to you. You can call Superior at 1-800-783-5386 and ask for information about programs that can help you.

If you need help understanding this letter or if you want to learn more, you or your representative can call or write Superior HealthPlan at:

Centene Company of Texas
Attn: Appeal Coordinator
2100 S. IH-35, Suite 200
Austin, TX 78704
1-877-398-9461
Fax: 1-866-918-2266
TTY: 1-800-735-2989

We will not be unfair to you if you file an appeal, fair hearing or complaint.

Sincerely,

Medical Director
Centene Company of Texas

cc: Cook Childrens Home Health
Dr. Pravin Sah

Legal Services for Low-income Texans

Texas Rio Grande Legal Aid

1-888-988-9996

www.trla.org

Texas Rio Grande Legal Aid serves the following counties/ Texas Rio Grande Legal Aid presta servicios en los siguientes condados: Aransas, Atascosa, Bandera, Bastrop, Bee, Bexar, Blanco, Brewster, Brooks, Burnet, Caldwell, Calhoun, Cameron, Comal, Crockett, Culberson, DeWitt, Dimmit, Duval, Edwards, El Paso, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Hays, Hidalgo, Hudspeth, Jackson, Jeff Davis, Jim Hogg, Jim Wells, Karnes, Kendall, Kennedy, Kerr, Kimble, Kinney, Kleberg, La Salle, Lavaca, Live Oak, Llano, Mason, Maverick, McMullen, Medina, Nueces, Pecos, Presidio, Real, Reeves, Refugio, San Patricio, Starr, Sutton, Terrell, Travis, Uvalde, Val Verde, Victoria, Webb, Willacy, Williamson, Wilson, Zapata and Zavala.

Lone Star Legal Aid

1-800-733-8394

www.lonestarlegal.org

Lone Star Legal Aid serves the following counties/ Lone Star Legal Aid presta servicios en los siguientes condados: Anderson, Angelina, Austin, Bell, Bosque, Bowie, Brazoria, Brazos, Burleson, Camp, Cass, Chambers, Cherokee, Colorado, Coryell, Delta, Falls, Fayette, Fort Bend, Franklin, Freestone, Galveston, Gregg, Grimes, Hamilton, Hardin, Harris, Harrison, Henderson, Hill, Hopkins, Houston, Jasper, Jefferson, Lamar, Lampasas, Lee, Leon, Liberty, Limestone, Madison, Marion, Matagorda, McLennan, Milam, Montgomery, Morris, Nacogdoches, Navarro, Newton, Orange, Panola, Polk, Rains, Red River, Robertson, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Titus, Trinity, Tyler, Upshur, Van Zandt, Walker, Waller, Washington, Wharton and Wood.

Legal Aid of North West Texas

www.lanwt.org

Legal Aid of North West Texas serves the following areas/ Legal Aid of North West Texas presta servicios en los siguientes condados:

Abilene	800-933-8591	Midland	800-926-5630
Amarillo	800-955-6808	Odessa	800-955-1207
Brownwood	325-646-8659	Plainview	800-955-8491
Dallas	214-748-1234	San Angelo	800-284-5180
Denton	800-955-1407	Waxahachie	866-614-3344
Fort Worth	800-394-9734	Weatherford	800-967-6708
Lubbock	800-933-4557	Wichita Falls	800-926-5542
McKinney	800-906-3045	Midland	800-926-5630



**superior
healthplan.**

2100 South IH-35
Suite 200
Austin, TX 78704

28 October 2016

LINDA BADAWO
3340 SILVER CREEK DR
MESQUITE, TX 75181

Re/Asunto: Private Duty Nursing (PDN) 168 hours a week (1 to 1 ratio)
Request received on/ Solicitud recibida el: 10/25/2016
File No./ Expediente N°: OP0566150775
Member/Patient name/Nombre de afiliado/paciente: DASHON MORRIS
Member/Patient DOB/Fecha de nacimiento: 05/02/2015
Member/Patient ID no./N° de identificación del Miembro: [REDACTED]
Requester/Solicitante: Care Pro Home Health Inc
Requested Start Date/Fecha de inicio solicitada: 10/25/2016

Dear LINDA BADAWO:

We received your request for the above services.

Response to Request: Denied Private Duty Nursing (PDN) 168 hours a week (1 to 1 ratio) beginning 12/07/2016 to 01/22/2017

Approved: Private Duty Nursing (PDN) 168 hours a week (1 to 1 ratio) from 10/25/2016 to 12/06/2016

Effective Date of Denial: 10/25/2016 to 01/22/2017

The requested service is not medically necessary because Dashon has g-tube (gastric [feeding] tube) feedings 4 times a day over 1 hour, continuous g-tube feedings for 6 hours and intermittent tracheostomy suctioning, which meets for 119 hours of private duty nursing (PDN) services, however the additional PDN services are given for this authorization secondary to his change in status (cardiac arrest with anoxic [without oxygen] brain injury) for assessment and education of caretaker. At the end of this authorization period, medical necessity for continued PDN services based upon criteria and member to nurse ratio will be reviewed for continuation. PDN services of 168 hours is approved, as requested at 1:1 (member to nurse ratio) for 6 weeks as medically necessary. We used Texas Medicaid Provider Procedures Manual: Vol 2, Home Health Nursing and Private Duty Nursing Services Handbook, Section 4 Private Duty Nursing Services- CCP and Member to Nurse Ratio Determination Process FC.UM.17.20 to help us make this decision.

The medical information received may support authorization of home health skilled nursing services. Home health skilled nursing services are nursing services provided on a per-visit basis. Home health skilled nursing services may be provided to meet acute care needs, or on an ongoing basis to meet chronic needs. For more information and to find out how to obtain home health skilled nursing services, you should contact Superior HealthPlan Member Services at 1-866-912-6283 or your Provider.

You may want to talk about this decision with your doctor. Make sure that all of the information needed to support the request was given to Superior. Your doctor can discuss this decision with our Medical Director by calling 1-877-398-9461. This decision was made by Superior HealthPlan's Medical Director, Charles DuBose MD. He is board certified in Pediatrics.

28 October 2016

Estimado/a DASHON MORRIS,

Hemos recibido su solicitud para los servicios antes mencionados.

Respuesta a la solicitud: Denegado Servicios de enfermería privados 168 horas (1 a 1 proporción)

Aprobado: Servicios de enfermería privados 168 horas (1 a 1 proporción) desde 10/25/2016 a 12/06/2016

Fecha efectiva de la denegación: 01/25/2016 to 01/22/2017

El servicio solicitado no es médicamente necesario porque la información recibida solo admite una aprobación parcial del servicio solicitado Hemos utilizado pólizas, guías, criterios y/o la valoración y experiencia de nuestro médico para ayudarnos a tomar esta decisión.

La información médica recibida puede apoyar la autorización de servicios médicos de enfermería especializada prestados en el hogar. Los servicios médicos de enfermería especializada prestados en el hogar son servicios de enfermería prestados en base a visitas. Los servicios médicos de enfermería especializada prestados en el hogar pueden satisfacer necesidades de atención médica agudas, o prestarse de manera continua para atender afecciones crónicas. Para obtener más información y averiguar cómo obtener servicios médicos de enfermería especializada prestados en el hogar, debe comunicarse con Servicios para Afiliados de Superior HealthPlan llamando al 1-866-912-6283 o con su proveedor médico.

Quizás le interese hablar sobre esta decisión con su médico. Asegúrese de que toda la información necesaria haya sido entregada a Superior. Su médico puede discutir esta decisión con nuestro Director Médico llamando a Superior al 1-877-398-9461. Esta decisión fue tomada por el Director Médico de Superior HealthPlan, quien está acreditado por el consejo médico.

You have the right to:

- File an appeal.
- File a fair hearing.
- File a complaint.
- Get a free copy of the criteria used to make the decision.
- Ask for a free copy of your case file. Your file might include medical records and any other information.
- Send written comments or information that is important to your case.
- Get someone to act in your place. That person could be a member of your family, a friend, a lawyer or a doctor. You must authorize this person to act in your place.
- Get legal services. You may qualify for free or low cost legal services available in your area. A list of legal aid providers that may be able to help you is included with this letter. Look at the page with the title, "Free Legal Services".

Continuing Services:

To continue services:

- You must request an appeal or a fair hearing within 10 days from the date of the original denial letter, or the day your service will be reduced or end.
- You must say in your request that you want to continue services.
- The denied services must have been previously authorized.
- The time period covered by the original authorization must not have ended.

If the above are met the services will continue until any of the following happen:

- You cancel the appeal or fair hearing.
- Your appeal or fair hearing is denied.
- The time period covered by the original authorization has ended.

How to file an appeal:

Contact Superior within 30 days from the date of the original denial letter. You can call us to file your appeal but we must also receive your appeal request in writing. Call us at 1-877-398-9461 to file an appeal. You can fax or mail your request to us. Use the address and fax number at the bottom of this letter. A Member Advocate can help you. Call 1-800-783-5386 and ask for the Member Advocate.

Appeal timeframe:

Superior will mail you a letter 5 days after we get your appeal request so that you will know we got it. We will look into your appeal and send you an answer in writing. The appeal decision will be made by a doctor who has not reviewed the case before and who is not supervised by a doctor who reviewed the case before. Your appeal will be completed within 30 days after we receive your appeal request. The 30 days can be increased by 14 more days. You or someone acting for you can ask for this extension. We can also ask for an extension. A letter would be sent to you if we need an extension. In order for us to extend the time frame you have to tell us you agree. The letter will tell you why we need more time to make a decision.

Fast appeals:

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If we agree, a fast appeal about an ongoing emergency or continued hospital stay will be finished no later than 1 business day after Superior receives the request. All fast appeals will be finished no later than 3 days from the date you asked for the appeal. If we do not agree with your request for a fast appeal, we will let you know. Your request would then go through the regular appeal process and you would get an answer in 30 days.

Usted tiene el derecho a:

- Presentar una apelación.
- Solicitar una audiencia imparcial.
- Presentar una queja.
- Obtener una copia gratuita de los criterios que fueron utilizados para tomar la decisión.
- Solicitar una copia gratuita de su expediente. Su expediente puede incluir registros médicos y otro tipo de información.
- Enviar comentarios o información por escrito que sean importante para su caso.
- Coordinar para que alguien le represente. Esa persona podría ser un miembro de su familia, un amigo, un abogado o un médico. Debe autorizar a esta persona a actuar en su lugar.
- Obtener servicios legales. Puede calificar para obtener servicios legales gratuitos o de bajo costos disponibles en su área. Con esta carta se incluye una lista de proveedores de asistencia legal que podrían ayudarlo. Consulte la página con el título "Servicios legales gratuitos".

Continuación de servicios:

Para lograr la continuidad de los servicios:

- Debe solicitar una apelación o una audiencia imparcial dentro de los 10 días de la fecha de la carta original de denegación, o el día en que sus servicios serán reducidos o terminados.
- Debe indicar en su solicitud que desea continuar los servicios.
- Los servicios denegados deben haber sido autorizados previamente.
- No debe haber finalizado el período de tiempo cubierto por la autorización original.

Si se cumplen los requisitos anteriores, los servicios continuarán hasta que ocurra cualquiera de las siguientes situaciones:

- Usted cancela la apelación o la audiencia imparcial.
- Su apelación o audiencia imparcial es denegada.
- Finaliza el período de tiempo cubierto por la autorización original.

Cómo presentar una apelación:

Comuníquese con Superior dentro de los 30 días de la fecha de la carta de denegación original. Puede llamarnos para presentar su apelación, pero también deberá enviarnos su solicitud de apelación por escrito. Para presentar una apelación llámenos al 1-877-398-9461. Puede remitirnos su solicitud por fax o por correo. Utilice la dirección y el número de fax que figuran en la parte inferior de esta carta. Un defensor de afiliados puede ayudarlo. Llame al 1-800-783-5386 y pregunte por el defensor de afiliados.

Plazo para la revisión de la apelación:

Superior le enviará una carta por correo 5 días después de recibir su solicitud de apelación para informarle que la recibimos. Analizaremos su apelación y le enviaremos una respuesta por escrito. La decisión respecto a la apelación será tomada por un médico que no haya revisado el caso antes y que no sea supervisado por un médico que sí revisó el caso antes. Su apelación se completará en un plazo 30 días después de que recibamos su solicitud de apelación. Los 30 días puede incrementarse en 14 días más. Usted o alguien actuando en su nombre puede pedir esta extensión. Nosotros también podemos pedir una extensión. Se le enviaría una carta en caso de necesitar una extensión. Para que podamos extender el plazo de tiempo, usted nos debe indicar que está de acuerdo. La carta le indicará por qué necesitamos más tiempo para tomar una decisión.

Apelaciones rápidas:

Tiene el derecho a solicitar una apelación rápida. Puede solicitar una apelación rápida si usted o su proveedor consideran que esperar el plazo de una apelación estándar podría poner su vida o su salud en peligro. Llámenos al 1-877-398-9461 para solicitar una apelación rápida. Superior podría o no estar de acuerdo con su solicitud para una apelación rápida.

En el caso de estar de acuerdo, una apelación rápida respecto a una emergencia en curso o una internación continuada se completará en no más de 1 día hábil después de que Superior reciba la solicitud. Todas las apelaciones rápidas se completarán en no más de 3 días a partir de la fecha en que se solicite la apelación. Si no estamos de acuerdo con su solicitud para una apelación rápida, le informaremos al respecto. En tal caso, su petición se tramitará mediante el proceso de apelación estándar y recibirá una respuesta en 30 días.

How to file a fair hearing:

If you disagree with our decision, you can request a fair hearing. You may name someone to represent you. A doctor or other medical Provider may be your representative. You can request this by calling us or writing a letter to us with the name of the person you want to represent you. If you want to ask for a fair hearing, you can contact us by calling the Appeals Coordinator at 1-877-398-9461. You can fax or mail your request to us. Use the address and fax number at the bottom of this letter.

A hearing officer will listen to the appeal and see that you are treated fairly. You may be at the fair hearing or you may ask someone to represent you at the hearing with the information you have provided. If you ask for a fair hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most fair hearings are held by telephone. At that time, you or your representative can tell why you need the service the health plan denied.

You have 90 days to request a fair hearing from the date of the original denial letter or you may lose the right to a fair hearing. The Texas Health and Human Services Commission will make a final decision within 90 days from the date the fair hearing is asked for.

How to file a complaint:

You can call Superior toll-free at 1-800-783-5386 to tell us about your problem. You can also file a complaint through our website. Go to www.SuperiorHealthPlan.com. Click on "Contact Us" in the top right corner of the page. You can also use Superior's complaint form. A copy of the complaint form can be printed from Superior's website. You can mail the form to: Centene Company of Texas, ATTN: Complaints, 2100 South IH-35, Suite 200 Austin, TX 78704. You can also fax your form to 1-866-683-5369.

Complaint time frame:

We will send you a letter 5 days after we get your complaint to let you know we got it. Superior will have an answer to your complaint within 30 days of the date you submit your complaint.

Other Options:

You may not agree with our answer. You can ask us to change it. That is called a complaint appeal. You have 90 days from the date on our answer letter to ask for a complaint appeal. If you ask for a complaint appeal, we will hold a meeting at a time and place that is good for you. We will discuss your complaint appeal.

You can come to the meeting. You could write a letter instead. We will go over your letter at the meeting and then send you an answer. We will mail it within 60 days of getting your complaint appeal.

If you are not satisfied with Superior's answer to your complaint, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free to 1-866-566-8989. If you would like to make your request in writing, send it to: Texas Health and Human Services Commission, Health Plan Operations – H320, ATTN: Resolution Services, P.O. Box 85200, Austin, TX 78708-5200. Also, you can send your complaint in an email to HPM_Complaints@hhsc.state.tx.us.

Cómo solicitar una audiencia imparcial:

Si no está de acuerdo con nuestra decisión, puede solicitar una audiencia imparcial. Puede nombrar a alguien para que lo represente. Su representante puede ser un médico u otro proveedor médico. Para solicitar lo anterior llámenos o envíenos una carta con el nombre de la persona que desea que lo represente. Si desea solicitar una audiencia imparcial, puede contactarnos llamando al Coordinador de Apelaciones al 1-877-398-9461. Puede remitirnos su solicitud por fax o por correo. Utilice la dirección y el número de fax que figuran en la parte inferior de esta carta.

Un funcionario de audiencias escuchará la apelación y garantizará que reciba un trato justo. Usted puede presenciar la audiencia imparcial o puede pedirle a alguien que lo represente en la audiencia con la información que haya proporcionado. Si solicita una audiencia imparcial, recibirá un paquete de información que le indicará la fecha, la hora y el lugar de la audiencia. La mayoría de las audiencias imparciales se llevan a cabo por teléfono. Durante la audiencia, usted o su representante podrán explicar por qué necesita el servicio que el plan de salud rechazó.

Tiene 90 días para solicitar una audiencia imparcial a partir de la fecha de la carta original de denegación; luego de dicho plazo puede perder el derecho a una audiencia imparcial. La Comisión de Servicios Humanos y de la Salud de Texas tomará una decisión final dentro de los 90 días de la fecha en que se solicite la audiencia imparcial.

Cómo presentar una queja:

Puede llamar a Superior sin costo al 1-800-783-5386 para hacernos saber acerca de su problema. También puede presentar una queja a través de nuestro sitio web. Visite www.SuperiorHealthPlan.com. Haga clic en "Contáctenos" en la esquina superior derecha de la página. También puede usar el formulario de quejas de Superior. Puede imprimir una copia del formulario de quejas disponible en el sitio web de Superior. Puede enviar el formulario por correo a: Centene Company of Texas, ATTN: Complaints/Quejas, 2100 South IH-35, Suite 200 Austin, TX 78704. También puede enviar el formulario por fax al 1-866-683-5369.

Plazos para la revisión de la queja:

Le enviaremos una carta 5 días después de haber recibido su queja para hacerle saber que la recibimos. Superior responderá su queja dentro de los 30 días siguientes a la fecha en que presentó su queja.

Otras opciones:

Usted podría no estar de acuerdo con nuestra respuesta. Puede solicitarnos que la modifiquemos. Eso se denomina apelación de queja. Tiene 90 días desde la fecha de nuestra carta de respuesta para solicitar una apelación de queja. Si solicita una apelación de queja, llevaremos a cabo una reunión en el día, horario y lugar que le sean convenientes. Debatiremos sobre su apelación de queja.

Usted puede venir a la reunión. O, en lugar de ello puede enviarnos una carta. Analizaremos su carta en la reunión y luego le enviaremos una respuesta. Se la enviaremos por correo dentro de los 60 días de recibir su apelación de queja.

Si no está satisfecho con la respuesta de Superior a su queja, puede presentar una queja a la Comisión de Servicios Humanos y de la Salud de Texas (HHSC) llamando a la línea gratuita 1-866-566-8989. Si desea presentar su solicitud por escrito, envíela a: La Comisión de Servicios Humanos y de la Salud de Texas, Health Plan Operations – H320, ATTN: Resolution Services, P.O. Box 85200, Austin, TX 78708-5200. También puede enviar su queja por correo electrónico a HPM_Complaints@hhsc.state.tx.us.

Additional help:

Superior can help you with case management. Case management can help you get the services you need and even tell you about other help available to you. You can call Superior at 1-800-783-5386 and ask for information about programs that can help you.

If you need help understanding this letter or if you want to learn more, you or your representative can call or write Superior HealthPlan at: Centene Company of Texas, Attn: Appeal Coordinator, 2100 S. IH-35, Suite 200, Austin, TX 78704. 1-877-398-9461, Fax: 1-866-918-2266, TTY: 1-800-735-2989. We will not be unfair to you if you file an appeal, fair hearing or complaint.

Sincerely,

Superior HealthPlan Medical Management

cc: Care Pro Home Health Inc
Dr. Heidi Kloster Roman

Ayuda adicional:

Superior puede ayudarlo con la administración de casos. La administración de casos puede ayudarlo a recibir los servicios que necesita e incluso informarle sobre otro tipo de ayuda disponible. Puede llamar a Superior al 1-800-783-5386 y solicitar información sobre los programas que pueden ayudarlo.

Si necesita ayuda para entender esta carta o si quiere saber más al respecto, usted o su representante pueden llamar o escribir a Superior HealthPlan a: Centene Company of Texas, A/A: Appeal Coordinator, 2100 S. IH-35, Suite 200, Austin, TX 78704. 1-877-398-9461, Fax: 1-866-918-2266, TTY: 1-800-735-2989. No lo trataremos injustamente por haber solicitado una apelación, una audiencia imparcial o presentar una queja.

Atentamente,
Superior HealthPlan Medical Management



**superior
healthplan..**

2100 South IH-35
Suite 200
Austin, TX 78704

22 July 2016

DASHON MORRIS
3340 SILVER CREEK DR
MESQUITE, TX 75181

Re/Asunto: Private Duty Nursing (PDN) 168 hours per week
Request received on/ Solicitud recibida el: 07/15/2016
File No./ Expediente N°: OP0566150775
Member/Patient name/Nombre de afiliado/paciente: DASHON MORRIS
Member/Patient DOB/Fecha de nacimiento: 05/02/2015
Member/Patient ID no./N° de identificación del Miembro: [REDACTED]
Requester/Solicitante: Care Pro Home Health Inc
Requested Start Date/Fecha de inicio solicitada: 07/17/2016

Dear DASHON MORRIS:

We received your request for the above services.

Response to Request: Denied Private Duty Nursing (PDN) 168 hours per week at 1:1 ratio

Approved Private Duty Nursing (PDN) 112 hours per week at 2:1 ratio from 07/25/2016 to 10/14/2016

Effective Date of Denial: 07/25/2016 to 10/14/2016

The requested service is not medically necessary because Private Duty Nursing (PDN) hours of 112 is medically necessary with 2 to 1 paring. Any additional Private Duty Nursing hours is not medically necessary. Dashon is on continuous (constant) supplemental (additional) oxygen without titration (allow you to determine the precise endpoint of a reaction) per home nursing notes. He receives G-tube (a surgical procedure for inserting a tube through the abdomen wall and into the stomach) feeds four times per day over one hour and continuous feeds for six hours during the night. He requires tracheal suctioning (removes thick mucus and secretions from the trachea and lower airway that you are not able to clear by coughing) of secretions. However, tracheal suctioning of 7-9 times per hour is inappropriate (not correct) as this will cause trauma and damage to the trachea (the windpipe). He does not require ventilatory (mechanical breathing) support. Administration (giving) of oral (mouth) or g-tube medications, monitoring the pulse oximetry (measuring the concentration of oxygen in the blood), monitoring for seizures (changes in the brain's electrical activity), inhaler (hand-held portable devices that deliver medication to your lungs) or nebulizer treatments (breathing treatments), oral or superficial (superficial suctioning) suctioning and age appropriate hygiene do not met criteria for Private Duty Nursing as they are not continuous skilled nursing needs. There is no indication (explanation) that he needs to be changed from 1:2 ratio from the documentation (information) submitted as monitoring of behavior including removing/pulling out trach in not a continuous skilled nursing need. It does not meet criteria for Private Duty Nursing services. We used May 2016 Texas Medicaid Provider Procedures Manual: Vol. 2; Children's Services Handbook; Section 2.13 and PDN Review and Member to Nurse Ratio Determination Process FC.UM.17.20 to help us make this decision.

The medical information received may support authorization of home health skilled nursing services. Home health skilled nursing services are nursing services provided on a per-visit basis. Home health skilled nursing services may be provided to meet acute care needs, or on an ongoing basis to meet chronic needs. For more information and to find out how to obtain home health skilled nursing services, you should contact Superior HealthPlan Member Services at 1-866-912-6283 or your Provider.

You may want to talk about this decision with your doctor. Make sure that all of the information needed to support the request was given to Superior. Your doctor can discuss this decision with our Medical Director by calling 1-877-398-9461. This decision was made by Superior HealthPlan's Medical Director, Charles DuBose MD. He is board certified in Pediatrics.

22 July 2016

Estimado/a DASHON MORRIS,

Hemos recibido su solicitud para los servicios antes mencionados.

Respuesta a la solicitud: Denegado Servicios de enfermería privados 168 horas por semana

Aprobado Servicios de enfermería privados 112 horas por semana

Fecha efectiva de la denegación: 07/25/2016 a 10/14/2016

El servicio solicitado no es médicamente necesario porque la información recibida no cumplió con los criterios requeridos. Hemos utilizado pólizas, guías, criterios y/o la valoración y experiencia de nuestro médico para ayudarnos a tomar esta decisión.

La información médica recibida puede apoyar la autorización de servicios médicos de enfermería especializada prestados en el hogar. Los servicios médicos de enfermería especializada prestados en el hogar son servicios de enfermería prestados en base a visitas. Los servicios médicos de enfermería especializada prestados en el hogar pueden satisfacer necesidades de atención médica agudas, o prestarse de manera continua para atender afecciones crónicas. Para obtener más información y averiguar cómo obtener servicios médicos de enfermería especializada prestados en el hogar, debe comunicarse con Servicios para Afiliados de Superior HealthPlan llamando al 1-866-912-6283 o con su proveedor médico.

Quizás le interese hablar sobre esta decisión con su médico. Asegúrese de que toda la información necesaria haya sido entregada a Superior. Su médico puede discutir esta decisión con nuestro Director Médico llamando a Superior al 1-877-398-9461. Esta decisión fue tomada por el Director Médico de Superior HealthPlan, quien está acreditado por el consejo médico.

You have the right to:

- File an appeal.
- File a fair hearing.
- File a complaint.
- Get a free copy of the criteria used to make the decision.
- Ask for a free copy of your case file. Your file might include medical records and any other information.
- Send written comments or information that is important to your case.
- Get someone to act in your place. That person could be a member of your family, a friend, a lawyer or a doctor. You must authorize this person to act in your place.
- Get legal services. You may qualify for free or low cost legal services available in your area. A list of legal aid providers that may be able to help you is included with this letter. Look at the page with the title, "Free Legal Services".

Continuing Services:

To continue services:

- You must request an appeal or a fair hearing within 10 days from the date of the original denial letter, or the day your service will be reduced or end.
- You must say in your request that you want to continue services.
- The denied services must have been previously authorized.
- The time period covered by the original authorization must not have ended.

If the above are met the services will continue until any of the following happen:

- You cancel the appeal or fair hearing.
- Your appeal or fair hearing is denied.
- The time period covered by the original authorization has ended.

How to file an appeal:

Contact Superior within 30 days from the date of the original denial letter. You can call us to file your appeal but we must also receive your appeal request in writing. Call us at 1-877-398-9461 to file an appeal. You can fax or mail your request to us. Use the address and fax number at the bottom of this letter. A Member Advocate can help you. Call 1-800-783-5386 and ask for the Member Advocate.

Appeal timeframe:

Superior will mail you a letter 5 days after we get your appeal request so that you will know we got it. We will look into your appeal and send you an answer in writing. The appeal decision will be made by a doctor who has not reviewed the case before and who is not supervised by a doctor who reviewed the case before. Your appeal will be completed within 30 days after we receive your appeal request. The 30 days can be increased by 14 more days. You or someone acting for you can ask for this extension. We can also ask for an extension. A letter would be sent to you if we need an extension. In order for us to extend the time frame you have to tell us you agree. The letter will tell you why we need more time to make a decision.

Fast appeals:

You have the right to request a fast appeal. You can request a fast appeal if you or your Provider thinks that waiting for a standard appeal could put your life or health in danger. Call us at 1-877-398-9461 to request a fast appeal. Superior may or may not agree with your request for a fast appeal.

If we agree, a fast appeal about an ongoing emergency or continued hospital stay will be finished no later than 1 business day after Superior receives the request. All fast appeals will be finished no later than 3 days from the date you asked for the appeal. If we do not agree with your request for a fast appeal, we will let you know. Your request would then go through the regular appeal process and you would get an answer in 30 days.

Usted tiene el derecho a:

- Presentar una apelación.
- Solicitar una audiencia imparcial.
- Presentar una queja.
- Obtener una copia gratuita de los criterios que fueron utilizados para tomar la decisión.
- Solicitar una copia gratuita de su expediente. Su expediente puede incluir registros médicos y otro tipo de información.
- Enviar comentarios o información por escrito que sean importante para su caso.
- Coordinar para que alguien le represente. Esa persona podría ser un miembro de su familia, un amigo, un abogado o un médico. Debe autorizar a esta persona a actuar en su lugar.
- Obtener servicios legales. Puede calificar para obtener servicios legales gratuitos o de bajo costos disponibles en su área. Con esta carta se incluye una lista de proveedores de asistencia legal que podrían ayudarlo. Consulte la página con el título "Servicios legales gratuitos".

Continuación de servicios:

Para lograr la continuidad de los servicios:

- Debe solicitar una apelación o una audiencia imparcial dentro de los 10 días de la fecha de la carta original de denegación, o el día en que sus servicios serán reducidos o terminados.
- Debe indicar en su solicitud que desea continuar los servicios.
- Los servicios denegados deben haber sido autorizados previamente.
- No debe haber finalizado el período de tiempo cubierto por la autorización original.

Si se cumplen los requisitos anteriores, los servicios continuarán hasta que ocurra cualquiera de las siguientes situaciones:

- Usted cancela la apelación o la audiencia imparcial.
- Su apelación o audiencia imparcial es denegada.
- Finaliza el período de tiempo cubierto por la autorización original.

Cómo presentar una apelación:

Comuníquese con Superior dentro de los 30 días de la fecha de la carta de denegación original. Puede llamarnos para presentar su apelación, pero también deberá enviarnos su solicitud de apelación por escrito. Para presentar una apelación llámenos al 1-877-398-9461. Puede remitirnos su solicitud por fax o por correo. Utilice la dirección y el número de fax que figuran en la parte inferior de esta carta. Un defensor de afiliados puede ayudarlo. Llame al 1-800-783-5386 y pregunte por el defensor de afiliados.

Plazo para la revisión de la apelación:

Superior le enviará una carta por correo 5 días después de recibir su solicitud de apelación para informarle que la recibimos. Analizaremos su apelación y le enviaremos una respuesta por escrito. La decisión respecto a la apelación será tomada por un médico que no haya revisado el caso antes y que no sea supervisado por un médico que sí revisó el caso antes. Su apelación se completará en un plazo 30 días después de que recibamos su solicitud de apelación. Los 30 días puede incrementarse en 14 días más. Usted o alguien actuando en su nombre puede pedir esta extensión. Nosotros también podemos pedir una extensión. Se le enviaría una carta en caso de necesitar una extensión. Para que podamos extender el plazo de tiempo, usted nos debe indicar que está de acuerdo. La carta le indicará por qué necesitamos más tiempo para tomar una decisión.

Apelaciones rápidas:

Tiene el derecho a solicitar una apelación rápida. Puede solicitar una apelación rápida si usted o su proveedor consideran que esperar el plazo de una apelación estándar podría poner su vida o su salud en peligro. Llámenos al 1-877-398-9461 para solicitar una apelación rápida. Superior podría o no estar de acuerdo con su solicitud para una apelación rápida.

En el caso de estar de acuerdo, una apelación rápida respecto a una emergencia en curso o una internación continuada se completará en no más de 1 día hábil después de que Superior reciba la solicitud. Todas las apelaciones rápidas se completarán en no más de 3 días a partir de la fecha en que se solicite la apelación. Si no estamos de acuerdo con su solicitud para una apelación rápida, le informaremos al respecto. En tal caso, su petición se tramitará mediante el proceso de apelación estándar y recibirá una respuesta en 30 días.

How to file a fair hearing:

If you disagree with our decision, you can request a fair hearing. You may name someone to represent you. A doctor or other medical Provider may be your representative. You can request this by calling us or writing a letter to us with the name of the person you want to represent you. If you want to ask for a fair hearing, you can contact us by calling the Appeals Coordinator at 1-877-398-9461. You can fax or mail your request to us. Use the address and fax number at the bottom of this letter.

A hearing officer will listen to the appeal and see that you are treated fairly. You may be at the fair hearing or you may ask someone to represent you at the hearing with the information you have provided. If you ask for a fair hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most fair hearings are held by telephone. At that time, you or your representative can tell why you need the service the health plan denied.

You have 90 days to request a fair hearing from the date of the original denial letter or you may lose the right to a fair hearing. The Texas Health and Human Services Commission will make a final decision within 90 days from the date the fair hearing is asked for.

How to file a complaint:

You can call Superior toll-free at 1-800-783-5386 to tell us about your problem. You can also file a complaint through our website. Go to www.SuperiorHealthPlan.com. Click on "Contact Us" in the top right corner of the page. You can also use Superior's complaint form. A copy of the complaint form can be printed from Superior's website. You can mail the form to: Centene Company of Texas, ATTN: Complaints, 2100 South IH-35, Suite 200 Austin, TX 78704. You can also fax your form to 1-866-683-5369.

Complaint time frame:

We will send you a letter 5 days after we get your complaint to let you know we got it. Superior will have an answer to your complaint within 30 days of the date you submit your complaint.

Other Options:

You may not agree with our answer. You can ask us to change it. That is called a complaint appeal. You have 90 days from the date on our answer letter to ask for a complaint appeal. If you ask for a complaint appeal, we will hold a meeting at a time and place that is good for you. We will discuss your complaint appeal.

You can come to the meeting. You could write a letter instead. We will go over your letter at the meeting and then send you an answer. We will mail it within 60 days of getting your complaint appeal.

If you are not satisfied with Superior's answer to your complaint, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free to 1-866-566-8989. If you would like to make your request in writing, send it to: Texas Health and Human Services Commission, Health Plan Operations – H320, ATTN: Resolution Services, P.O. Box 85200, Austin, TX 78708-5200. Also, you can send your complaint in an email to HPM_Complaints@hhsc.state.tx.us.

Cómo solicitar una audiencia imparcial:

Si no está de acuerdo con nuestra decisión, puede solicitar una audiencia imparcial. Puede nombrar a alguien para que lo represente. Su representante puede ser un médico u otro proveedor médico. Para solicitar lo anterior llámenos o envíenos una carta con el nombre de la persona que desea que lo represente. Si desea solicitar una audiencia imparcial, puede contactarnos llamando al Coordinador de Apelaciones al 1-877-398-9461. Puede remitirnos su solicitud por fax o por correo. Utilice la dirección y el número de fax que figuran en la parte inferior de esta carta.

Un funcionario de audiencias escuchará la apelación y garantizará que reciba un trato justo. Usted puede presenciar la audiencia imparcial o puede pedirle a alguien que lo represente en la audiencia con la información que haya proporcionado. Si solicita una audiencia imparcial, recibirá un paquete de información que le indicará la fecha, la hora y el lugar de la audiencia. La mayoría de las audiencias imparciales se llevan a cabo por teléfono. Durante la audiencia, usted o su representante podrán explicar por qué necesita el servicio que el plan de salud rechazó.

Tiene 90 días para solicitar una audiencia imparcial a partir de la fecha de la carta original de denegación; luego de dicho plazo puede perder el derecho a una audiencia imparcial. La Comisión de Servicios Humanos y de la Salud de Texas tomará una decisión final dentro de los 90 días de la fecha en que se solicite la audiencia imparcial.

Cómo presentar una queja:

Puede llamar a Superior sin costo al 1-800-783-5386 para hacernos saber acerca de su problema. También puede presentar una queja a través de nuestro sitio web. Visite www.SuperiorHealthPlan.com. Haga clic en "Contáctenos" en la esquina superior derecha de la página. También puede usar el formulario de quejas de Superior. Puede imprimir una copia del formulario de quejas disponible en el sitio web de Superior. Puede enviar el formulario por correo a: Centene Company of Texas, ATTN: Complaints/Quejas, 2100 South IH-35, Suite 200 Austin, TX 78704. También puede enviar el formulario por fax al 1-866-683-5369.

Plazos para la revisión de la queja:

Le enviaremos una carta 5 días después de haber recibido su queja para hacerle saber que la recibimos. Superior responderá su queja dentro de los 30 días siguientes a la fecha en que presentó su queja.

Otras opciones:

Usted podría no estar de acuerdo con nuestra respuesta. Puede solicitarnos que la modifiquemos. Eso se denomina apelación de queja. Tiene 90 días desde la fecha de nuestra carta de respuesta para solicitar una apelación de queja. Si solicita una apelación de queja, llevaremos a cabo una reunión en el día, horario y lugar que le sean convenientes. Debatiremos sobre su apelación de queja.

Usted puede venir a la reunión. O, en lugar de ello puede enviarnos una carta. Analizaremos su carta en la reunión y luego le enviaremos una respuesta. Se la enviaremos por correo dentro de los 60 días de recibir su apelación de queja.

Si no está satisfecho con la respuesta de Superior a su queja, puede presentar una queja a la Comisión de Servicios Humanos y de la Salud de Texas (HHSC) llamando a la línea gratuita 1-866-566-8989. Si desea presentar su solicitud por escrito, envíela a: La Comisión de Servicios Humanos y de la Salud de Texas, Health Plan Operations – H320, ATTN: Resolution Services, P.O. Box 85200, Austin, TX 78708-5200. También puede enviar su queja por correo electrónico a HPM_Complaints@hhsc.state.tx.us.

Additional help:

Superior can help you with case management. Case management can help you get the services you need and even tell you about other help available to you. You can call Superior at 1-800-783-5386 and ask for information about programs that can help you.

If you need help understanding this letter or if you want to learn more, you or your representative can call or write Superior HealthPlan at: Centene Company of Texas, Attn: Appeal Coordinator, 2100 S. IH-35, Suite 200, Austin, TX 78704. 1-877-398-9461, Fax: 1-866-918-2266, TTY: 1-800-735-2989. We will not be unfair to you if you file an appeal, fair hearing or complaint.

Sincerely,

Superior HealthPlan Medical Management

cc: Care Pro Home Health Inc
Dr. Heidi Kloster Roman

Ayuda adicional:

Superior puede ayudarlo con la administración de casos. La administración de casos puede ayudarlo a recibir los servicios que necesita e incluso informarle sobre otro tipo de ayuda disponible. Puede llamar a Superior al 1-800-783-5386 y solicitar información sobre los programas que pueden ayudarlo.

Si necesita ayuda para entender esta carta o si quiere saber más al respecto, usted o su representante pueden llamar o escribir a Superior HealthPlan a: Centene Company of Texas, A/A: Appeal Coordinator, 2100 S. IH-35, Suite 200, Austin, TX 78704. 1-877-398-9461, Fax: 1-866-918-2266, TTY: 1-800-735-2989. No lo trataremos injustamente por haber solicitado una apelación, una audiencia imparcial o presentar una queja.

Atentamente,
Superior HealthPlan Medical Management

Legal Services for Low-income Texans / Servicios Legales Gratuitos Texas Rio Grande Legal Aid
Texas Rio Grande Legal Aid

1-888-988-9996

www.trla.org

Texas Rio Grande Legal Aid serves the following counties/Texas Rio Grande Legal Aid presta servicios en los siguientes condados: Aransas, Atascosa, Bandera, Bastrop, Bee, Bexar, Blanco, Brewster, Brooks, Burnet, Caldwell, Calhoun, Cameron, Comal, Crockett, Culberson, DeWitt, Dimmit, Duval, Edwards, El Paso, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Hays, Hidalgo, Hudspeth, Jackson, Jeff Davis, Jim Hogg, Jim Wells, Karnes, Kendall, Kennedy, Kerr, Kimble, Kinney, Kleberg, La Salle, Lavaca, Live Oak, Llano, Mason, Maverick, McMullen, Medina, Nueces, Pecos, Presidio, Real, Reeves, Refugio, San Patricio, Starr, Sutton, Terrell, Travis, Uvalde, Val Verde, Victoria, Webb, Willacy, Williamson, Wilson, Zapata and Zavala.

Lone Star Legal Aid

1-800-733-8394

www.lonestarlegal.org

Lone Star Legal Aid serves the following counties/Lone Star Legal Aid presta servicios en los siguientes condados: Anderson, Angelina, Austin, Bell, Bosque, Bowie, Brazoria, Brazos, Burleson, Camp, Cass, Chambers, Cherokee, Colorado, Coryell, Delta, Falls, Fayette, Fort Bend, Franklin, Freestone, Galveston, Gregg, Grimes, Hamilton, Hardin, Harris, Harrison, Henderson, Hill, Hopkins, Houston, Jasper, Jefferson, Lamar, Lampasas, Lee, Leon, Liberty, Limestone, Madison, Marion, Matagorda, McLennan, Milam, Montgomery, Morris, Nacogdoches, Navarro, Newton, Orange, Panola, Polk, Rains, Red River, Robertson, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Titus, Trinity, Tyler, Upshur, Van Zandt, Walker, Waller, Washington, Wharton and Wood.

Legal Aid of North West Texas

www.lanwt.org

Legal Aid of North West Texas serves the following areas/Legal Aid of North West Texas presta servicios en los siguientes condados:

Abilene	1-800-933-8591	Midland	1-800-926-5630
Amarillo	1-800-955-6808	Odessa	1-800-955-1207
Brownwood	1-325-646-8659	Plainview	1-800-955-8491
Dallas	1-214-748-1234	San Angelo	1-800-284-5180
Denton	1-800-955-1407	Waxahachie	1-866-614-3344
Fort Worth	1-800-394-9734	Weatherford	1-800-967-6708
Lubbock	1-800-933-4557	Wichita Falls	1-800-926-5542
McKinney	1-800-906-3045	Midland	1-800-926-5630



**superior
healthplan**

2100 South IH-35
Suite 200
Austin, TX 78704

August 23, 2016

DASHON MORRIS
3340 SILVER CREEK DR
MESQUITE, TX 75181

Re/Asunto: Private Duty Nursing (PDN) 168 hours per week / Servicios de enfermería privados
Request received on/ Solicitud recibida el: 7/17/2016
File No./ Expediente N°: OP0566150775
Member/Patient name/Nombre de afiliado/paciente: DASHON MORRIS
Member/Patient DOB/Fecha de nacimiento: 05/02/2015
Member/Patient ID no./N° de identificación del Miembro: [REDACTED]
Requester/Solicitante: Care Pro Home Health Inc
Requested Start Date/Fecha de inicio solicitada: 07/17/2016

Dear DASHON MORRIS:

We got your appeal on 8/19/2016. From what you said, we believe this is your appeal: **You requested a fast appeal for** We received the clinical information submitted with the appeal. If you have any other information you would like to have considered, please submit it.. **However, this appeal does not meet the criteria for fast appeal. It will be processed as a standard 30 day appeal.**

We will look into your appeal and send you an answer in writing. We will mail it within 30 days. The appeal decision will be made by a doctor who has not reviewed the case before and who is not supervised by a doctor who reviewed the case before.

Appeal timeframe:

Your appeal will be completed within 30 days after we receive your appeal request. The 30 days can be increased by 14 more days. You or someone acting for you can ask for this extension. We can also ask for an extension. A letter would be sent to you if we need an extension. The letter will tell you why we need more time to make a decision. In order for us to extend the time frame you have to tell us you agree.

You have the right to:

- File a fair hearing.
- File a complaint.
- Get a free copy of the criteria used to make the decision.
- Ask for a free copy of your case file. Your file might include medical records and any other information.
- Send written comments or information that is important to your case.
- Get someone to act in your place. That person could be a Member of your family, a friend, a lawyer or a doctor. You must authorize this person to act in your place.
- Get legal services. You may qualify for free or low cost legal services available in your area. A list of legal aid Providers that may be able to help you is included with this letter. Look at the page with the title, "Legal Services for Low-income Texans".

August 23, 2016



Estimado/a DASHON MORRIS:

Recibimos su apelación para el servicio solicitado. Por lo que nos indicó, creemos que ésta es su apelación: Usted solicitó una apelación rápida para el servicio denegado. Sin embargo, esta apelación no cumple los criterios para una apelación rápida. Será procesada como una apelación estándar de 30 días.

Analizaremos su apelación y le enviaremos una respuesta por escrito. Lo enviaremos dentro de 30 días. La decisión respecto a la apelación será tomada por un médico que no ha revisado el caso antes y quién no es supervisado por un médico que revisó el caso antes.

Plazo para la revisión de la apelación:

Su apelación se completará en un plazo 30 días después de que recibamos su solicitud de apelación. Los 30 días puede incrementarse en 14 días más. Usted o alguien actuando en su nombre puede pedir esta extensión. Nosotros también podemos pedir una extensión. Se le enviaría una carta si necesitamos una extensión. La carta le indicará por qué necesitamos más tiempo para tomar una decisión. Para que podamos extender el plazo de tiempo, usted nos debe indicar que está de acuerdo.

Usted tiene el derecho a:

- Solicitar una audiencia imparcial:
- Presentar una queja.
- Obtener una copia gratuita de los criterios que fueron utilizados para tomar la decisión.
- Solicitar una copia gratuita de su expediente. Su expediente puede incluir registros médicos y cualquier otro tipo de información.
- Enviar comentarios o información por escrito que sean importantes para su caso.
- Coordinar para que alguien le represente. Esa persona podría ser un miembro de su familia, un amigo, un abogado o un médico. Debe autorizar a esta persona para actuar en representación suya.
- Obtener servicios legales. Usted puede calificar para servicios legales gratuitos o de bajo costo disponibles en su área. Se incluye con esta carta una lista de proveedores de asistencia legal que podrían ayudarle. Consulte la página con el título "Servicios legales para texanos de bajos ingresos".

How to file a Fair Hearing:

If you disagree with Superior's decision, you have the right to ask for a Medicaid Fair Hearing from the Health and Human Services Commission (HHSC). You may represent yourself at the Fair Hearing, or name someone else to be your representative. This could be a doctor, relative, friend, lawyer or any other person. You may name someone to represent you by calling us or writing a letter to us with the name of the person you want to represent you. If you want to ask for a Fair Hearing, you can contact us by calling the Appeals Coordinator at 1-877-398-9461. You can fax or mail your request to us. Use the address for the Appeals Coordinator at the bottom of the next paragraph.

If you want to challenge a decision made by us, you or your representative must ask for the Medicaid Fair Hearing by 10/20/2016. If you do not ask for the Fair Hearing by this date, you may lose your right to a Fair Hearing. To ask for a Fair Hearing, you or your representative should write or call us Superior HealthPlan at: Centene Company of Texas, Attn: Appeal Coordinator, 2100 S. IH-35, Suite 200, Austin, TX 78704. 1-877-398-9461, Fax: 1-866-918-2266, TTY: 1-800-735-2989.

If you believe that waiting for a Fair Hearing will seriously jeopardize your life or health, or your ability to attain, maintain or regain maximum function, you or your representative may ask for an expedited Fair Hearing by writing or calling us. To qualify for an expedited Fair Hearing through HHSC, you must first complete Superior's internal appeals process.

If you ask for a Fair Hearing by 8/1/2016, you may be able to keep getting any service or benefit that is being terminated, suspended, or reduced by Superior, at least until the final hearing decision is made. If you do not request a Fair Hearing by this date, the service or benefit will be terminated, suspended, or reduced. If you lose your Fair Hearing appeal, we may be able to recover the costs of providing the service or benefit to you while the appeal was pending.

If you ask for a Fair Hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most hearings are held by telephone. You can also contact the HHSC hearings officer if you would like the hearing to be held in-person. During the hearing, you or your representative can tell why you need the service or why you disagree with our action.

You have the right to examine, at a reasonable time before the date of the Fair Hearing, the contents of your case file and any documents to be used by us at the hearing. Before the hearing, we will send you all of the documents to be used at the hearing. HHSC will give you a final decision within 90 days from the date you asked for the hearing.

Continuing Services:

To continue services:

- You must request an appeal or a fair hearing by the later of 10 days from the date of the original denial letter, or the day that the letter says your services will be reduced or will end.
- You must say in your request that you want to continue services.
- The denied services must have been previously authorized.
- The time period covered by the original authorization must not have ended.

If the above are met the services will continue until any of the following happen:

- You cancel the fair hearing.
- Your fair hearing is denied.
- The time period covered by the original authorization has ended.

Cómo solicitar una audiencia imparcial:

Si no está de acuerdo con la decisión de Superior, usted tiene el derecho de pedir una audiencia imparcial de Medicaid a la Comisión de Salud y Servicios Humanos (Health and Human Services Commission, HHSC). En la audiencia imparcial, usted se puede representar a sí mismo o nombrar a otra persona para que sea su representante. Esta podría ser un médico, pariente, amigo, abogado o cualquier otra persona. También puede nombrar a alguien que le represente llamándonos o escribiéndonos una carta con el nombre de la persona que desea que le represente. Si desea solicitar una audiencia imparcial, puede contactarnos de forma gratuita llamando al Coordinador de Apelaciones al 1-877-398-9461. Puede remitirnos su solicitud por fax o por correo. Use la dirección del Coordinador de Apelaciones en la parte inferior del párrafo siguiente.

Si desea impugnar una decisión hecha por nosotros, usted o su representante deberá solicitar la audiencia imparcial de Medicaid **antes de 90 días de la fecha indicada en la carta de denegación**. Si no pide la audiencia imparcial antes de esta fecha, usted puede perder su derecho a una audiencia imparcial. Para pedir una audiencia imparcial, usted o su representante debe escribirnos o llamarnos a Superior HealthPlan: Centene Company of Texas, Attn: Appeal Coordinator, 2100 S. IH-35, Suite 200, Austin, TX 78704. 1-877-398-9461, Fax: 1-866-918-2266, TTY: 1-800-735-2989.

Si piensa que el esperar por una audiencia imparcial pondrá seriamente en peligro su vida o salud o su capacidad para alcanzar, mantener o recuperar sus funciones máximas, usted o su representante puede solicitar una audiencia imparcial acelerada escribiéndonos o llamándonos. Para calificar para una audiencia imparcial acelerada a través de HHSC, primero debe completar el proceso de apelación interno de Superior.

Si usted solicita una audiencia imparcial antes del **décimo día de la fecha indicada en la carta de denegación o la fecha de vigencia de la denegación**, usted podrá seguir recibiendo cualquier servicio o beneficio que se esté finalizando, suspendiendo o reduciendo por parte de Superior, al menos hasta que se tome la resolución de la audiencia final. Si usted no solicita una audiencia imparcial antes de esta fecha, el servicio o beneficio será terminado, suspendido o reducido. Si pierde su apelación de audiencia imparcial, podremos recuperar los costos de prestación del servicio o beneficio mientras la apelación esté pendiente.

Si usted pide una audiencia imparcial, usted recibirá un paquete de información que le indicará la fecha, hora y lugar de la audiencia. La mayoría de las audiencias se llevan a cabo por teléfono. También puede contactar al funcionario de audiencias de HHSC si desea que la audiencia sea en persona. Durante la audiencia, usted o su representante puede indicar por qué necesita el servicio o por qué no está de acuerdo con nuestra medida.

Usted tiene el derecho de examinar, en un plazo razonable antes de la fecha de la audiencia imparcial, el contenido del archivo de su caso y los documentos que serán utilizados por nosotros en la audiencia. Antes de la audiencia, le enviaremos todos los documentos que serán utilizados en la audiencia. La HHSC le dará una decisión final dentro del lapso de 90 días a partir de la fecha en que pidió la audiencia.

Servicios continuados:

Para lograr la continuidad de los servicios:

- Usted debe solicitar una apelación o una audiencia imparcial antes de la fecha más tardía entre 10 días a partir de la fecha de la carta original de negación o el día en que la carta indique que sus servicios serán reducidos o terminados.
- Debe indicar en su solicitud que usted desea continuar los servicios.
- Los servicios denegados deben haber sido autorizados previamente.
- No debe haber finalizado el período de tiempo cubierto por la autorización original.

Si se cumplen los requisitos anteriores, los servicios continuarán hasta que ocurra cualquiera de las siguientes situaciones:

- Usted cancela la apelación o la audiencia imparcial.
- Su apelación o audiencia imparcial es denegada.
- Finaliza el período de tiempo cubierto por la autorización original.

How to file a complaint:

You can call Superior toll-free at 1-800-783-5386 to tell us about your problem. You can also file a complaint through our website. Go to www.SuperiorHealthPlan.com. Click on "Contact Us" in the top right corner of the page. You can also use Superior's complaint form. A copy of the complaint form can be printed from Superior's website. You can mail the form to: Centene Company of Texas, ATTN: Complaints, 2100 South IH-35, Suite 200 Austin, TX 78704. You can also fax your form to 1-866-683-5369.

Complaint time frame:

We will send you a letter 5 days after we get your complaint to let you know we got it. Superior will have an answer to your complaint within 30 days of the date you submit your complaint.

Other Options:

You may not agree with our answer to your appeal. If you are not satisfied, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free to 1-866-566-8989. If you would like to make your request in writing, send it to: Texas Health and Human Services Commission, Health Plan Operations – H320, ATTN: Resolution Services, P.O. Box 85200, Austin, TX 78708-5200. Also, you can send your complaint in an email to HPM_Complaints@hhsc.state.tx.us.

If you need help understanding this letter or if you want to learn more, you or your representative can call or write Superior HealthPlan at: Centene Company of Texas, Attn: Appeal Coordinator, 2100 S. IH-35, Suite 200, Austin, TX 78704. 1-877-398-9461, Fax: 1-866-918-2266, TTY: 1-800-735-2989. We will not be unfair to you if you file an appeal, fair hearing or complaint.

Sincerely,

Superior HealthPlan Medical Management

cc: Care Pro Home Health Inc
Dr. Heidi Kloster Roman

Cómo presentar una queja:

Puede llamar a Superior sin costo al 1-800-783-5386 para hacernos saber acerca de su problema. También puede presentar una queja a través de nuestro sitio web. Visite www.SuperiorHealthPlan.com. Haga clic en "Contáctenos" en la esquina superior derecha de la página. También puede usar el formulario de quejas de Superior. Puede imprimir una copia del formulario de quejas disponible en el sitio web de Superior. Puede enviar el formulario por correo a: Centene Company of Texas, ATTN: Complaints/Quejas, 2100 South IH-35, Suite 200 Austin, TX 78704. También puede enviar el formulario por fax al 1-866-683-5369.

Plazos para la revisión de la queja:

Le enviaremos una carta 5 días después de haber recibido su queja para hacerle saber que nos ha llegado. Superior responderá su queja dentro de los 30 días siguientes a la fecha que usted presentó su queja.

Otras opciones:

Usted podría no estar de acuerdo con nuestra respuesta. Si no está satisfecho con la respuesta de Superior a su queja, puede presentar una queja a la Comisión de Servicios Humanos y de la Salud de Texas (HHSC) llamando a la línea gratuita 1-866-566-8989. Si desea presentar su solicitud por escrito, envíela a: La Comisión de Servicios Humanos y de la Salud de Texas, Health Plan Operations – H320, ATTN: Resolution Services, P.O. Box 85200, Austin, TX 78708-5200. También puede enviar su queja por correo electrónico a HPM_Complaints@hhsc.state.tx.us.

Si necesita ayuda para entender esta carta o si quiere saber más al respecto, usted o su representante pueden llamar o escribir a Superior HealthPlan a: Centene Company of Texas, A/A: Appeal Coordinator, 2100 S. IH-35, Suite 200, Austin, TX 78704. 1-877-398-9461, Fax: 1-866-918-2266, TTY: 1-800-735-2989. No lo trataremos injustamente por haber solicitado una apelación, una audiencia imparcial o presentar una queja.

Atentamente,

Superior HealthPlan Medical Management

Member ID: [REDACTED]

Age: 1

BHP: Centene > HealthPlan > Texas > Foster Care > Dallas

Appellant Contact Info - Address: [REDACTED]

Appellant Contact Info - Phone: [REDACTED]

Appellant Contact Info - Fax: n/a

Provider Contact Info - Name: n/a

Provider Contact Info - Address: n/a

Provider Contact Info - Phone: n/a

Provider Contact Info - Fax: n/a

Substance Of Appeal: Denial of Private Duty Nursing (PDN)

Continuation Of Services: No - Not Requested

Denial Notification: letter sent 5/05/2016
Internal appeal upheld 5/31/2016

Resources Provided: Fax number to send in signed request

Follow Up Required: task created for appeal queue

Additional Info: coverage verified in Amysis

Note: [REDACTED] FH request for Private Duty Nursing (PDN) 168 hours per week , approved 119 hours per week called in by foster mother Linda Badawo [REDACTED]. As per Linda she basically wants the ratio explained to her she cannot understand how only 1 nurse for 2 people is possible. She seemed to get upset because i could not answer her questions. I had to explain to her that we did not have any clinical capability nor did we create the authorizations. I let her know that i could set up the hearing but it would be based off the hours not just the ratio. She voiced understanding when i let her know that a medical director would be on the call. I explained the FH process to member: 1. Done over the phone. 2. Scheduled by the state 3. Packet not sent until it is scheduled. 4. FHO has 90 days to make final decision. 5. Right to a representative. 6. I requested the request in writing and that they were welcome to add any pertinent details. 7. verified the address and phone number. 8. I gave the fax number for the appeals dept to send written request

Wed, June 15, 2016 at 12:31 PM by Martinez, Lucy

Note Type: Fair Hearing

Note Category: Admin Note

Encounter Date: 06/15/2016

Encounter Date: 06/15/2016

Encounter Type: Hearing Summary

Tiers ID: 1750703

Note: [REDACTED]

Name: MORRIS, DASHON

DOB: 05/02/2015

Gender: Male

Member ID: [REDACTED]

Age: 1

BHP: Centene > HealthPlan > Texas > Foster Care > Dallas

Fri, June 17, 2016 at 09:20 AM

by Davis, Antonio

Note Type: Generic Appeal Note V2

Note Category: Admin Note

Encounter Date: 06/17/2016

Appeal Type: Level 1

Note: OP0566150775-received call from provider Meredith Martin regarding the status of an appeal for private duty nursing. Informed Meredith the appeal was denied on 05-31-16. Also informed Meredith the mom initiated a FH on 06-10-16. No further action needed.

name of caller: Meredith Martin
call-back number: 214-517-5137
member id: [REDACTED]

Tue, June 21, 2016 at 02:19 PM

by Martinez, Lucy

Note Type: Fair Hearing

Note Category: Admin Note

Encounter Date: 06/21/2016

Encounter Date: 06/21/2016

Encounter Type: Fair Hearing Notice

Tiers ID: 1750703

Note: OP0566150775 Hearing Appointment Notification/Updated Alert - Appeal ID - [REDACTED]
AppealDate - 08/02/2016 09:00:00 AM, AppealUID - ideleon, CASE_NUM = [REDACTED]
[REDACTED]ppellantName - Dashon,Morris- FHSettings -Conference Call| ApptType -Initial|.

Thu, June 23, 2016 at 10:19 AM

by Guzman, Evelyn

Note Type: Generic Appeal Note V2

Note Category: Admin Note

Encounter Date: 06/23/2016

Appeal Type:

Note: OP0642034105 - Clinicals received via fax on 06/23/16 for FH. I will attach documents and task FH coordinator.

Viewed Yes
Job ID 4651
Receive Date/Time 06/22/16 05:05 PM
Completion Date/Ti... 06/22/16 05:05 PM
File Name CLYFCFAX03P_1606222206349684.TIF
Sender ID (TSI) 9726135102
Caller ID 9726135102
Pages 3
Status ok
Status Code 0000
Status Text All pages in the fax were successfully received.
Connect Time 57

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Protocol for Authorizing Private Duty Nursing
PAGE: 2 of 5	REPLACES DOCUMENT:
APPROVED DATE: 07/12	RETIRED:
EFFECTIVE DATE: 07/12	REVIEWED DATE: 07/13; 10/13; 06/14; 02/15; 06/15
PRODUCTS: STAR, STAR+PLUS, CHIP, CHIP RSA, MRSA	REFERENCE NUMBER: TX.UM.10.20

- treatment that complies with the Texas Health Steps periodicity schedule, or is within 3 months of the PDN extension SOC date, whichever is more frequent (for extensions of PDN services).
- Requires care beyond the level of services provided under a Home Health Skilled Nurse Care.

Note: Members under 17 years of age must reside with a responsible adult who is either trained to provide nursing care or is capable of initiating an identified contingency plan when the scheduled private duty nurse is unexpectedly unavailable.

MEDICAL NECESSITY CRITERIA:

Initial Authorizations

Private Duty Nursing is considered medically necessary when the member meets all the following criteria:

- Meets all of the general criteria; and
- Placement of the nurse in the home is done to meet the medically necessary skilled needs of the member only and not for the convenience of the family or caregiver.

And at least **one** of the following:

- Dependent on technology to sustain life; or
- Requires ongoing and frequent skilled interventions to maintain or improve health status; or
- Delaying skilled intervention directly impacts the health status of the client, due to the risk of sudden decompensation in the absence of direct ongoing nursing care (not observation).

Continued Authorizations

Ongoing Private Duty Nursing care is considered medically necessary if all of the initial authorization and general criteria are met.

PDN cannot be considered for the primary purpose of providing respite care, childcare, or ADLs for the client, housekeeping services, or comprehensive case management beyond the service coordination required by the Texas Nursing Practice Act.

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Protocol for Authorizing Private Duty Nursing
PAGE: 1 of 5	REPLACES DOCUMENT:
APPROVED DATE: 07/12	RETIRED:
EFFECTIVE DATE: 07/12	REVIEWED DATE: 07/13; 10/13; 06/14; 02/15; 06/15
PRODUCTS: STAR, STAR+PLUS, CHIP, CHIP RSA, MRSA	REFERENCE NUMBER: TX.UM.10.20

SCOPE:

Centene Company of Texas, LP URA (CCTX) Medical Management department

PURPOSE:

To provide guidelines in processing pre-authorization requests for Private Duty Nursing (PDN) services.

POLICY:

PDN should prevent prolonged and frequent hospitalizations or institutionalization and provide cost effective and quality care in the most appropriate, least restrictive environment. PDN provides direct nursing care and caregiver training and education. The training and education is intended to optimize client health status and outcomes, and to promote family-centered, community-based care as a component of an array of service options.

The Pre-Certification Nurse (PCN) and/or Medical Director will consider requests for PDN based on member's extent of skilled needs, the complexity of the service, and the caregivers' and/or medical consenter's abilities. It is hoped that nursing care may be reduced over time if the member's medical condition improves or the nursing needs decrease. Prior to initiation of home services, the ordering physician should convey to the member or family what the expectations are regarding the weaning of nursing hours and the eventual termination of these services.

GENERAL CRITERIA:

To be eligible for PDN services, a member must meet all the following criteria:

- Under 21 years of age
- Meets medical necessity criteria for PDN
- Have a primary physician who
 - Provides a prescription for PDN that is less than 90 days old, indicating the number of hours per day or week and the duration of the request.
 - Establishes a Plan of Care (POC)
 - Provides documentation to support the medical necessity of PDN services.
 - Provides continuing medical care and supervision of the client, including, but not limited to:
 - examination or treatment within 30 days (initial requests for PDN services), or

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Protocol for Authorizing Private Duty Nursing
PAGE: 3 of 5	REPLACES DOCUMENT:
APPROVED DATE: 07/12	RETIRED:
EFFECTIVE DATE: 07/12	REVIEWED DATE: 07/13; 10/13; 06/14; 02/15; 06/15
PRODUCTS: STAR, STAR+PLUS, CHIP, CHIP RSA, MRSA	REFERENCE NUMBER: TX.UM.10.20

*****Note: Clients whose only SN need is the provision of education for self-administration of prescribed subcutaneous (SQ), intramuscular (IM), or intravenous (IV) injections will not qualify for PDN services. Nursing hours for the sole purpose of providing education to the client and caregiver may be considered through intermittent home health SN visits.***

Amount and Duration of PDN

Prior authorizations for more than 16 hours per day are not issued to a single, independently-enrolled nurse. Requests for prior authorizations of PDN must always be commensurate with the client's medical needs. Requests for changes in services must reflect changes in the client's condition that affect the amount and duration of PDN. The length of the prior authorization is determined on an individual basis and is based on the goals and timelines identified by the physician, provider, and the member or a responsible adult – but may not exceed 90 calendar days.

TRANSITION TIME (10 Day Notification Rule--TAC RULE §357.11)

1. To allow the Medical Consenters time to make arrangements to transition from denied or reduced PDN hours, the previously authorized PDN hours will remain in place for a period of 12 calendar days from the date when the denial letter is sent out. This relaying of information to the Medical Consenter must be documented, along with the effective date.
2. The authorization request will be set up under 2 line items in TruCare.
3. The first line item will have a date span of 12 calendar days from the date when the denial letter is sent out with the previously authorized PDN hours.
4. The second line item will start on day 13 up to 90 calendar days with the new reduced PDN hours.

Important Notes:

- **PDN authorization will only be approved for a maximum of 90 calendar days at a time.**
- **PDN is a benefit for members under 21 years of age.**
- **STAR Health PDN requests will be processed by the designated CM/SM following FC.UM.17.20, which also pertains to the determination of the appropriate home nursing ratios when multiple FC members reside in the same house.**

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Protocol for Authorizing Private Duty Nursing
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EFFECTIVE DATE: 07/12	REVIEWED DATE: 07/13; 10/13; 06/14; 02/15; 06/15
PRODUCTS: STAR, STAR+PLUS, CHIP, CHIP RSA, MRSA	REFERENCE NUMBER: TX.UM.10.20

PCN may refer member to waiver programs or adjunct services (i.e. Medically Dependent Children Program (MDCP), Home and Community-based Services (HCS), Personal Care Services (PCS) to meet member's non-skilled care needs and help maximize member's outcomes. Member or Medical Consenter is responsible for calling in the referral; CM/ SM may assist in the process or provide pertinent information regarding waiver programs or adjunct services/available resources.

REFERENCES:
HHSC Uniformed Managed Care Manual chapter 3.22 version
2015 Texas Medicaid Provider Procedures Manual: Vol. 2 Children's Handbook
10 Day Notification Rule--TAC RULE §357.11
Bailey KL. Establishing private duty in a Medicare world. Caring. 1998; 17(9):24-25, 27, 29-31.
Lulavage A. RN-LPN teams: Toward unit nursing case management. Nurs Manage. 1991; 22(3):58-61.
Creighton H. Private duty nursing: Part I - Reimbursement issues. Nurs Manage. 1988; 19(6):22, 26.
TX.UM.05 Timeliness of UM Decisions and Notifications
TX.UM.10.35 Physician's Peer to Peer Policy
FC.UM.17.20 PDN Review and Member to Nurse Ratio Determination
TX.UM.26 Electronic and Verbal Signature Policy

DEFINITIONS:
Skilled Nursing - means assessments, judgments, interventions, and evaluations of interventions requiring the education, training, and experience of a licensed nurse.

POLICY AND PROCEDURE

DEPARTMENT: Medical Management	DOCUMENT NAME: Protocol for Authorizing Private Duty Nursing
PAGE: 5 of 5	REPLACES DOCUMENT:
APPROVED DATE: 07/12	RETIRED:
EFFECTIVE DATE: 07/12	REVIEWED DATE: 07/13; 10/13; 06/14; 02/15; 06/15
PRODUCTS: STAR, STAR+PLUS, CHIP, CHIP RSA, MRSA	REFERENCE NUMBER: TX.UM.10.20

REVISIONS:	DATE
Updated "Product Type" by adding MRSA and deleting Chip Perinate, Health Texas, Medicare Advantage and SSI. Added general criteria requirements. Deleted and updated specific criteria regarding hour limitations. Updated PA work process. Updated References. Updated signatories.	7/13
Update authorization work process and reference.	10/13
Deleted "requires continuous, skillful observations, judgments, and interventions to correct or ameliorate the member's health status" under initial authorization criteria. Added the verbal order work process under authorization process. Corrected some grammatical errors. Updated references, definitions and signatories.	06/14
Removed work process and imbedded in attachment section. Added policy to reference list.	02/15
Added PDN information under Policy section. Edits and additions made to Medical Necessity Criteria. Days associated with TAC reference, specified as calendar days. Removed work process attachment and placed in separate document. Updated Definition and Reference list.	06/15

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to a physical signature.

Director of Utilization Management: _____ Date: _____

Senior Medical Director: _____ Date: _____

Vice President of Medical Management: _____ Date: _____

Chief Medical Officer: _____ Date: _____

2.13 Private Duty Nursing (PDN)(CCP)

2.13.1 Enrollment

Home health agencies may enroll to provide PDN under CCP. RNs and licensed vocational nurses (LVNs) may enroll independently to provide PDN under CCP.

Home health agencies must do all of the following:

- Comply with provider participation requirements for home health agencies that participate in Texas Medicaid
- Comply with mandatory reporting of suspected abuse and neglect of children or adults
- Maintain written policies and procedures for obtaining consent for medical treatment for clients in the absence of the parent or guardian
- Comply with all requirements in this manual

Independently-enrolled RNs and LVNs must be enrolled as providers in CCP and comply with all of the following:

- The terms of the Texas Medicaid Provider Agreement
- All state and federal regulations and rules relating to Texas Medicaid
- The requirements of this manual, all handbooks, standards, and guidelines published by HHSC

Independently enrolled RNs and LVNs must also:

- Provide at least 30 days' written notice to clients of their intent voluntarily to terminate services except in situations of potential threat to the nurse's personal safety.
- Comply with mandatory reporting of suspected abuse and neglect of children.
- Maintain written policies and procedures for obtaining consent for medical treatment for clients in the absence of the parent or guardian.

Independently enrolled RNs must:

- Hold a current license from the Texas Board of Nursing (BON) or another compact state to practice as an RN.
- Agree to provide services in compliance with all applicable federal, state, and local laws and regulations, including the Texas Nursing Practice Act.
- Comply with accepted professional standards and principles of nursing practice.

Independently enrolled LVNs must:

- Hold a current license from the Texas BON to practice as an LVN.
- Agree to provide services in compliance with all applicable federal, state, and local laws and regulations, including the Texas Nursing Practice Act.
- Comply with accepted standards and principles of vocational nursing practice.
- Be supervised by an RN once per month. The supervision must occur when the LVN is present and be documented in the client's medical record.

Refer to: Subsection 2.1.2, "Enrollment" in this handbook for more information about CCP enrollment procedures.

2.13.2 Services, Benefits, and Limitations

Medicaid clients who are birth through 20 years of age are entitled to all medically necessary PDN services and home health SN services.

PDN is nursing services, as described by the Texas Nursing Practice Act and its implementing regulations, for clients who meet medical necessity criteria listed below and who require individualized, continuous, skilled care beyond the level of SN visits provided under Texas Medicaid (Title XIX) Home Health Services SN.

Nursing services are medically necessary under the following conditions:

- The requested services are nursing services as defined by the Texas Nursing Practice Act and its implementing regulations.
- The requested services correct or ameliorate the client's disability, physical or mental illness, or condition. Nursing services correct or ameliorate the client's disability, physical or mental illness, or condition when the services improve, maintain, or slow the deterioration of the client's health status.
- There is no third party resource (TPR) financially responsible for the services.

Medically necessary nursing services may be either PDN services or home health SN services, depending on whether the client's nursing needs can be met on a per-visit basis.

When documentation does not support medical necessity for PDN services, services may be available on an intermittent or part-time basis through home health SN.

Intermittent visits may be delivered in interval visits of up to 2.5 hours per visit and must not exceed a combined total of three visits per day. A part-time basis is an SN visit that is provided for less than eight hours per day for any number of days per week. Part-time visits may be continuous up to 7.5 hours per day and must not exceed a combined total of three 2.5 hour visits. SN visits may be provided on consecutive days.

PDN must be ordered or prescribed by a physician and provided by an RN, LVN, or a licensed practical nurse (LPN).

Professional nursing provided by an RN, as defined in the Texas Nursing Practice Act, means the performance of an act that requires substantial specialized judgment and skill, the proper performance of which is based on knowledge and application of the principles of biological, physical, and social science, as acquired by a completed course in an approved school of professional nursing. The term *does not* include acts of medical diagnosis or the prescription of therapeutic or corrective measures. Professional nursing involves:

- The observation, assessment, intervention, evaluation, rehabilitation, care and counsel, or health teachings of a person who is ill, injured, infirm, or experiencing a change in normal health processes.
- The maintenance of health or prevention of illness.
- The administration of a medication or treatment as ordered by a physician, podiatrist, or dentist.
- The supervision of delegated nursing tasks or teaching of nursing.
- The administration, supervision, and evaluation of nursing practices, policies, and procedures.
- The performance of an act delegated by a physician.
- Development of the nursing care plan.

Vocational nursing, as defined in the Texas Nursing Practice Act, means a directed scope of nursing practice, including the performance of an act that requires specialized judgment and skill, the proper performance of which is based on knowledge and application of the principles of biological, physical, and social science as acquired by a completed course in an approved school of vocational nursing. The term *does not* include acts of medical diagnosis or the prescription of therapeutic or corrective measures. Vocational nursing involves:

- Collecting data and performing focused nursing assessments of the health status of an individual.
- Participating in the planning of the nursing care needs of an individual.

- Participating in the development and modification of the nursing care plan.
- Participating in health teaching and counseling to promote, attain, and maintain the optimum health level of an individual.
- Assisting in the evaluation of an individual's response to a nursing intervention and the identification of an individual's needs.
- Engaging in other acts that require education and training, as prescribed by board rules and policies, commensurate with the nurse's experience, continuing education, and demonstrated competency.

Professional and vocational nursing care consists of those services that must, under state law, be performed by an RN or LVN as defined by the Texas Nursing Practice Act §301.002. These services include observation, assessment, intervention, evaluation, rehabilitation, care and counseling, and health teaching, and which are further defined as nursing services in 42 CFR §§409.32, 409.33, and 409.44.

- In determining whether a service requires the skill of a licensed nurse, consideration must be given to the inherent complexity of the service, the condition of the client, and the accepted standards of medical and nursing practice.
- The fact that the nursing care can be, or is, taught to the client or to the client's family or friends does not negate the skilled aspect of the service when the service is performed by a nurse.
- If the service could be performed by the average nonmedical person, the absence of a competent person to perform it does not cause it to be a nursing service.
- If the nature of a service is such that it can safely and effectively be performed by the average nonmedical person without direct supervision of a licensed nurse, the services cannot be regarded as nursing care.
- Some services are classified as nursing care on the basis of complexity alone (e.g., intravenous and intramuscular injections or insertion of catheters), and if reasonable and necessary to the treatment of the client's illness or injury, would be covered on that basis. In some cases, however, the client's condition may cause a service that would ordinarily be considered unskilled to be considered nursing care. This would occur when the client's condition is such that the service can be safely and effectively provided only by a nurse.
- A service that, by its nature, requires the skills of a nurse in order for it to be provided safely and effectively, continues to be a skilled service even if it is taught to the client, the client's family, or other caregivers.

PDN should prevent prolonged and frequent hospitalizations or institutionalization and provide cost-effective and quality care in the most appropriate, least restrictive environment. PDN provides direct nursing care and caregiver training and education. The training and education is intended to optimize client health status and outcomes, and to promote family-centered, community-based care as a component of an array of service options.

A request must include documentation from the provider to support the medical necessity of the service, equipment, or supply. CCP is obligated to authorize all medically necessary PDN to promote independence and support the client living at home.

PDN cannot be considered for the primary purpose of providing respite care, childcare, or ADLs for the client, housekeeping services, or comprehensive case management beyond the service coordination required by the Texas Nursing Practice Act.

Claims for PDN services must be submitted to TMHP as follows:

Procedure Code	Maximum Fee
Independently Enrolled RNs/LVNs	
T1000 with modifier TD or TE	15 minutes
Home Health Agencies	
T1000 with modifier TD or TE	15 minutes
T1002	15 minutes
T1003	15 minutes

Note: *Independently-enrolled LVNs must use the TE modifier, and independently-enrolled RNs must use the TD modifier.*

Home health agencies that provide PDN services for clients with a tracheostomy or clients who are ventilator-dependent receive additional reimbursement. Providers must bill using procedure codes T1000, T1002, or T1003 with the UA modifier and one of the following diagnosis codes:

Diagnosis Codes							
J9500	J9501	J9502	J9503	J9504	J9509	Z930	Z990
Z9911	Z9912	J95850	Z9989	Z430			

Because of the nature of the service being provided, some billing situations are unique to PDN. These billing requirements are as follows:

- All hours worked on one day must be billed together, on one detail, even if they involve two shifts. For example, if Nurse A works 7 a.m. to 11 a.m. and then returns and works 7 p.m. to 11 p.m., services must be billed for 8 hours (32 15-minute units) on one detail for that date of service.
- An individually-enrolled nurse will not be reimbursed for more than 16 hours of PDN services in one day.

PDN may be delivered in a provider to client ratio other than one-on-one. An RN or LVN may provide PDN services to more than one client over the span of the day as long as each client's care is based on an individualized POC, and each client's needs and POC do not overlap with another client's needs and POC. Only the time spent on direct PDN for each client is reimbursed. Total PDN billed for all clients cannot exceed an individual provider's total number of hours at the POS.

A single nurse may be reimbursed for services to more than one client in a single setting when the following conditions are met:

- The hours for PDN for each client have been authorized through CCP.
- Only the actual "hands-on" time spent with each client is billed for that client.
- The hours billed for each client do not exceed the total hours approved for that client and do not exceed the actual number of hours for which services were provided.

Example: *If the prior authorized PDN hours for Client A is four hours, Client B is six hours, and the actual time spent with both clients is eight hours, the provider must bill for the actual one-on-one time spent with each client, not to exceed the client's prior authorized hours or total hours worked. It would be acceptable to bill four hours for Client A and four hours for Client B, or three hours for Client A and five hours for Client B. It would not be acceptable to bill five hours for Client A and three hours for Client B. It would be acceptable to bill ten hours if the nurse actually spent ten hours onsite providing prior authorized PDN services split as four hours for Client A and six hours for Client B. A total of ten hours cannot be billed if the nurse worked only eight hours.*

For reimbursement purposes, PDN must always be submitted with POS 2 (home) regardless of the setting in which services are actually provided. PDN may be provided in any of the following settings:

- Client's home
- Client's school
- Client's daycare facility

PDN that duplicates services that are the legal responsibility of the school districts are not reimbursed. The school district, through the SHARS program, is required to meet the client's SN needs while the client is at school; however, if those needs cannot be met by SHARS or the school district, documentation supporting medical necessity may be submitted to the CCP with documentation that nursing services are not provided in the school.

"Responsible adult" means an individual who is an adult, as defined by the Texas Family Code, and who has agreed to accept the responsibility for providing food, shelter, clothing, education, nurturing, and supervision for the client. Responsible adults include, but are not limited to: biological parents, adoptive parents, foster parents, guardians, court-appointed managing conservators, and other family members by birth or marriage.

A responsible adult of a minor client or a client's spouse may not be reimbursed for PDN even if the responsible adult is an enrolled provider or employed by an enrolled provider.

PDN is subject to retrospective review and possible recoupment when the medical record does not document that the provision of PDN is medically necessary based on the client's situation and needs. The PDN provider's record must explain all discrepancies between the service hours approved and the service hours provided. For example, the parents released the provider from all responsibility for the service hours or the agency was not able to staff the service hours. The release of provider responsibility does not indicate the client does not have a medical need for the services during those time periods.

2.13.2.1 PDN Provided During a Skill Nursing Visit for TPN Administration Education

For clients who receive PDN services and who also require TPN administration education, the intermittent SN visits may be reimbursed separately when the SN services are for client and caregiver training in TPN administration and the PDN provider is not an RN appropriately trained in the administration of TPN, and the PDN provider is not able to perform the function.

PDN and SN must not be routinely performed on the same date during the same time period.

PDN and SN will not be considered for reimbursement when the services are performed on the same date during the same time period without prior authorization approval.

If the SN visit for TPN education occurs during a time period when the PDN provider is caring for the client, both the PDN provider and the nurse educator must document in the client's medical record the skilled services individually provided including, but not limited to:

- The start and stop time of each nursing providers specialized task(s)
- The client condition that requires the performance of skilled PDN tasks during the SN visit for TPN education
- The skilled services that each provided during that time period

Both the intermittent skilled nurse visit and the PDN services provided during the same time period may be recouped if the documentation does not support the medical necessity of each service provided.

2.13.2.2 Criteria

2.13.2.2.1 Client Eligibility Criteria

To be eligible for PDN services, a client must meet all the following criteria:

- Be birth through 20 years of age and eligible for Medicaid and THSteps
- Meet medical necessity criteria for PDN
- Have a primary physician who must:
 - Provide a prescription for PDN.
 - Establish a POC.
 - Provide documentation to support the medical necessity of PDN services.
 - Provide continuing medical care and supervision of the client, including, but not limited to, examination or treatment within 30 calendar days prior to the start of PDN services, or examination or treatment that complies with the THSteps periodicity schedule, or is within six months of the PDN extension SOC date, whichever is more frequent (for extensions of PDN services). This requirement may be waived based on review of the client's specific circumstances.

Note: The physician visit may be waived when a diagnosis has already been established by the physician, and the client is under the continuing care and medical supervision of the physician. A waiver is valid for no more than 365 days, and the client must be seen by his/her physician at least once every 365 days. The waiver must be based on the physician's written statement that an additional evaluation visit is not medically necessary. This documentation must be maintained by the physician and the provider in the client's medical record.

- Provide specific written, dated orders for the client who is receiving continuing or ongoing PDN services.
- Require care beyond the level of services provided under Texas Medicaid (Title XIX) Home Health Services

Clients who are birth through 17 years of age must reside with a responsible adult who is either trained to provide nursing care or is capable of initiating an identified contingency plan when the scheduled private duty nurse is unexpectedly unavailable.

2.13.2.2.2 Medical Necessity

PDN is considered medically necessary when a client has a disability, physical, or mental illness, or chronic condition and requires continuous, skillful observations, judgments, and interventions to correct or ameliorate his or her health status.

Documentation submitted for a request for PDN must address the following questions:

- Is the client dependent on technology to sustain life?
- Does the client require ongoing and frequent skilled interventions to maintain or improve health status?
- Will delaying skilled intervention impact the health status of the client? If so, how will the health status be affected?
 - Deterioration of a chronic condition
 - Risk of death
 - Loss of function
 - Imminent risk to health status due to medical fragility

2.13.2.2.3 Place of Service (POS)

PDN is based on the need for skilled care in the client's home; however, these services may follow the client and may be provided in accordance with 42 CFR §440.80.

The POS must be able to support the client's health and safety needs. It must be adequate to accommodate the use, maintenance, and cleaning of all medical devices, equipment, and supplies required by the client. Necessary primary and backup utilities, communication, fire, and safety systems must be available at all times.

2.13.2.2.4 Amount and Duration of PDN

The amount and duration of PDN must always be commensurate with the client's medical needs. Requests for services must reflect changes in the client's condition that affect the amount and duration of PDN.

2.13.3 Prior Authorization and Documentation Requirements

A request for prior authorization must include documentation from the provider to support the medical necessity of the service, equipment, or supply.

A CNM, CNS, NP, or PA may sign all documentation related to the provision of private duty nursing services on behalf of the client's physician when the physician delegates this authority.

All signatures must be current, unaltered, original, and handwritten; computerized or stamped signatures will not be accepted. All documentation must be maintained by the requesting PDN provider. The PDN provider may be asked to submit additional documentation to support medical necessity.

Requests for nursing services must be submitted on the required Medicaid authorization forms and include supporting documentation. The supporting documentation must:

- Clearly and consistently describe the client's current diagnosis, functional status, and condition.
- Consistently describe the treatment throughout the documentation.
- Provide a sufficient explanation as to how the requested nursing services correct or ameliorate the client's disability, physical or mental illness, or condition.

When a provider receives a referral for PDN, the provider must have an RN perform a nursing assessment of the client within the client's home environment. This assessment must be performed before seeking prior authorization for PDN, with any request for PDN recertification, or any request to modify PDN hours.

The assessment must demonstrate the following:

- Medical necessity for PDN.
- Safety of providing care in the proposed setting.
- If birth through 17 years of age, the client resides with a responsible adult who is either trained to provide nursing care or is capable of initiating an identified contingency plan when the scheduled private duty nurse is unexpectedly unavailable.
 - "Responsible adult" means an individual who is an adult, as defined by the Texas Family Code, and who has agreed to accept the responsibility for providing food, shelter, clothing, education, nurturing, and supervision for the client. Responsible adults include, but are not limited to: biological parents, adoptive parents, foster parents, guardians, court-appointed managing conservators, and other family members by birth or marriage.
 - An identified contingency plan is a structured process designed by the responsible adult and the PDN provider, by which a client will receive care when a scheduled private duty nurse is unexpectedly unavailable, and the responsible adult is unavailable, or is not trained to provide the nursing care. The identified responsible adult must be able to initiate the contingency plan.

- The existing level of care and any additional health-care services including the following: SHARS, MDCP, OT, PT, ST, primary home care (PHC), and case management services.

Note: *Services provided under these programs do not prevent a client from obtaining all medically necessary services. Certain school services are provided to meet education needs, not medical needs. Records related to a client's Individuals with Disabilities Education Act (IDEA) services are confidential records that clients do not have to release or provide access to.*

When an RN completes a client assessment and identifies a medical necessity for ADLs or health-related functions to be provided by a nurse, the scope of PDN services may include these ADLs or health-related functions.

Note: *CCP does not review or authorize PDN based on partial or incomplete documentation.*

PDN must be prior authorized, and requests for PDN must be based on the current medical needs of the client.

The following criteria are considered for PDN prior authorization:

- The documentation submitted with the request is complete.
- The requested services are nursing services as defined by the Texas Nursing Practice Act and its implementing regulations.
- The explanation of the client's medical needs is sufficient to support a determination that the requested services correct or ameliorate the client's disability, physical or mental illness, or chronic condition.
- The client's nursing needs cannot be met on an intermittent or part-time basis through Texas Medicaid (Title XIX) Home Health Services skilled nursing services.
- There is no TPR financially responsible for the services.

Only those services that CCP determines to meet the medical necessity criteria for PDN are reimbursed. Before CCP determines the requested nursing services do not meet the criteria, the TMHP Medical Director contacts the treating physician to determine whether additional information or clarification can be provided that would allow for the prior authorization of the requested PDN. If the TMHP Medical Director is not successful in contacting the treating physician or cannot obtain additional information or clarification, the TMHP Medical Director makes a decision based on the available information.

Providers must obtain prior authorization within three calendar days of the SOC for services that have not been prior authorized. During the prior authorization process, providers are required to deliver the requested services from the SOC date. The SOC date is the date agreed to by the physician, the PDN provider, and the client or responsible adult and is indicated on the submitted POC as the SOC date.

Note: *CCP does not prior authorize an SOC date earlier than seven calendar days before contact with TMHP.*

Prior authorizations for more than 16 hours per day are not issued to a single, independently-enrolled nurse. Requests for prior authorizations of PDN must always be commensurate with the client's medical needs. Requests for services must reflect changes in the client's condition that affect the amount and duration of PDN.

The length of the prior authorization is determined on an individual basis and is based on the goals and timelines identified by the physician, provider, and client or responsible adult. PDN is not prior authorized for more than six months at a time.

PDN is not prior authorized under any of the following conditions:

- The client does not meet medical necessity criteria.
- The client does not have a primary physician.

- The client is 21 years of age or older.
- The client's needs are within the scope of services available through Texas Medicaid (Title XIX) Home Health Services SN or home health agency services because the needs can be met on a part-time or intermittent basis.

Intermittent SN visits for clients who receive PDN and who require TPN administration education may be considered for separate prior authorization if:

- The PDN provider is not an RN who has been appropriately trained in the administration of TPN, and the PDN provider is not able to perform the function.
- There is documentation that supports the medical need for an additional skilled nurse to perform TPN.

The SN services may be prior authorized only for the client and caregiver who will be trained in TPN administration.

Clients whose only SN need is the provision of education for self-administration of prescribed subcutaneous (SQ), intramuscular (IM), or intravenous (IV) injections will not qualify for PDN services. Nursing hours for the sole purpose of providing education to the client and caregiver may be considered through intermittent home health SN visits.

2.13.3.1 Retroactive Client Eligibility

Retroactive eligibility occurs when the effective date of a client's Medicaid coverage is before the date that the client's Medicaid eligibility is added to TMHP's eligibility file, which is called the "add date."

For clients with retroactive eligibility, prior authorization requests must be submitted after the client's add date and before a claim is submitted to TMHP.

For services provided to Medicaid clients during the client's retroactive eligibility period (i.e., the period from the effective date to the add date, prior authorization must be obtained within 95 days from the client's add date and before a claim for those services is submitted to TMHP). For services provided on or after the client's add date, the provider must obtain prior authorization within three business days of the date of service.

The provider is responsible for verifying eligibility. The provider is strongly encouraged to access the Automated Inquiry System (AIS) or TexMedConnect to verify eligibility frequently while providing services to the client. If services are discontinued before the client's add date, the provider must still obtain prior authorization within 95 days of the add date to be able to submit claims.

2.13.3.2 Start of Care (SOC)

The SOC is the date that care is to begin, as agreed on by the family, the client's physician, and the provider, and as listed on the POC and the CCP Prior Authorization Request Form. Providers are responsible for determining whether they can accept the client for services.

Once the provider accepts a client for service and accepts responsibility for providing PDN, the provider is required to deliver those services beginning with the SOC date. Providers are responsible for a safe transition of services when the authorization decision is a denial or a reduction of services. Providers are required to notify the physician and the client's family on receipt of an authorization, a denial, or a change in PDN.

Providers must submit complete documentation no later than three business days from an SOC date to obtain initial coverage for the SOC date.

Note: Texas Medicaid (Title XIX) Home Health Services does not authorize an SOC date earlier than three business days before contact with TMHP.

For PDN recertification, CCP must receive complete documentation no later than three business days before the SOC date. It is recommended that recertification requests be submitted up to 30 days before the current authorization ends.

During the prior authorization process for initial and recertification requests, providers are required to deliver the requested services from the SOC date.

2.13.3.3 Prior Authorization of Initial Requests

Completed initial requests must be received and dated by CCP within three business days of the SOC. The request must be received by CCP no later than 5 p.m., Central Time, on the third day to be considered received within three business days. If a request is received more than three business days after the SOC, or after 5 p.m., Central Time, on the third day, authorization is given for dates of service beginning three business days before receipt of the completed request.

An initial PDN prior authorization request requires all of the following:

- CCP Prior Authorization Request form
- Home Health Plan of Care (POC) form
- CCP Nursing Addendum to Plan of Care form

All forms must be completed, signed, and dated by the primary physician within 30 calendar days prior to the SOC. The RN who completes the assessment and the client, or responsible adult, must also sign the CCP Nursing Addendum to Plan of Care form.

The CCP Nursing Addendum to Plan of Care form must include all of the following:

- Updated problem list
- Updated rationale/summary page
- Contingency plan
- 24-hour daily care flowsheet
- Signed acknowledgement

Initial requests for PDN may be prior authorized for up to 90 days.

Refer to: [Nursing Addendum to Plan of Care \(CCP\)](#) on the TMHP website at www.tmhp.com.
[CRCP Prior Authorization Request Form](#) on the TMHP website at www.tmhp.com.
[Home Health Plan of Care \(POC\)](#) on the TMHP website at www.tmhp.com.

2.13.3.4 Authorization for Revision of Current Services

The provider may request a revision at any time during the authorization period if medically necessary. The provider must notify TMHP at any time during an authorization period if the client's condition changes and the authorized services are not commensurate with the client's medical needs.

Completed requests for revision of PDN hours during the current authorization period must be received by CCP within three business days of the revised SOC. The request must be received by CCP no later than 5 p.m., Central Time, on the seventh day to be considered received within three business days. If a request is received more than three business days after the revised SOC or after 5 p.m., Central Time, on the third day, authorization is given for dates of service beginning three business days before receipt of the completed request.

The revised PDN prior authorization request must include all of the following:

- CCP Prior Authorization Request form
- Home Health Plan of Care (POC) form

- CCP Nursing Addendum to Plan of Care form

The provider is responsible for ensuring that the physician reviews and signs the POC within 30 calendar days of the start date of the revised authorization period or more often if required by the client's condition or agency licensure. The provider must maintain the physician-signed POC in the client's medical record. PDN providers should not submit a revised POC unless they are requesting a revision.

Revision requests for PDN may be prior authorized up to six months.

If all necessary documentation is not submitted for a six-month authorization, an authorization for a period up to three months may be approved.

Revisions to a current certification must fall within the certification period. If the revision extends beyond the current certification period, new authorization documentation must be submitted to CCP.

Refer to: Nursing Addendum to Plan of Care (CCP) on the TMHP website at www.tmhp.com.

CRCP Prior Authorization Request Form on the TMHP website at www.tmhp.com.

Home Health Plan of Care (POC) on the TMHP website at www.tmhp.com.

2.13.3.5 Recertifications of Authorizations

Completed extension requests must be received and dated by CCP at least seven calendar days before, but no more than 30 days before, the current authorization expiration date. The request must be received by CCP no later than 5 p.m., Central Time, on the seventh day, to be considered received within seven calendar days. If a request is received less than seven calendar days before the current authorization expiration date, or after 5 p.m., Central Time, on the seventh day, authorization is given for dates of service beginning no sooner than seven calendar days after the receipt of the completed request by CCP.

Recertifications may be prior authorized for up to six months. The following criteria are required for recertification authorization:

- The client has received PDN services for at least three months.
- No significant changes in the client's condition have occurred for at least three months.
- No significant changes in the client's condition are anticipated.
- The client's responsible adult, physician, and provider agree that a recertification authorization is appropriate.

The recertification process includes the following:

- All required documentation for PDN services (including the Physician POC, the Nursing Addendum to POC, and the CCP Prior Authorization Request Form)
- CCP Private Duty Nursing six-Month Authorization form, which must be signed and dated by the primary physician, nurse provider, and client, or responsible adult

The nursing care provider is responsible for ensuring that a new Physician POC is obtained within 30 calendar days of the authorization period ending and maintained in the client's record. Providers should not submit interim POCs to CCP unless requesting a revision.

The nursing care provider must notify CCP at any time during the authorization period if the client's condition and need for SN care significantly changes.

The nursing care provider may request a revision from TMHP at any time during the authorization period if the client's condition requires it.

All authorization timelines apply to recertifications also.

Refer to: Nursing Addendum to Plan of Care (CCP) on the TMHP website at www.tmhp.com.
CRCP Prior Authorization Request Form on the TMHP website at www.tmhp.com.
Home Health Plan of Care (POC) on the TMHP website at www.tmhp.com.

2.13.3.6 Termination of Authorization

An authorization may be terminated when the:

- Client is no longer eligible for CCP or Medicaid.
- Client no longer meets the medical necessity criteria for PDN.
- POS can no longer accommodate the client's health and safety.
- Client or responsible adult refuses to comply with the service plan and compliance is necessary to ensure the client's health and safety.

2.13.3.7 Client and Provider Notification

When PDN is approved as requested, the provider receives written notification. The provider is responsible for notifying the client/family and the physician of the authorized services.

CCP notifies the client and provider in writing when the following instances occur:

- PDN is denied.
- PDN hours authorized are less than the hours requested on the POC.
- PDN hours are modified (e.g., hours are requested by the week but are authorized by the day).
- CCP receives incomplete information from the provider.
- Dates of service authorized are different from those requested.
- The provider is responsible for notification and coordination with the physician and family.

2.13.3.8 Authorization Appeals

Providers may appeal denials or modifications of requested PDN with documentation to support the medical necessity of the requested PDN. A request for prior authorization must include documentation from the provider to support the medical necessity of the service, equipment, or supply. Appeals must be submitted to CCP with complete documentation and any additional information within two weeks of the date on the decision letter. If changes are made to the authorization based on this documentation, CCP goes back no more than three business days for initial or revision requests and no more than seven calendar days for recertification requests when additional documentation is submitted.

The client or responsible adult is notified of any denial or modification of requested services and is given information about how to appeal CCP's decision.

Documentation forms have been designed to improve communication between providers and CCP. The forms are available in English and Spanish.

All documentation must be submitted together, and requests are not reviewed until all documentation is received. If complete documentation is received at CCP by 3 p.m., Central Time, a response is returned to the provider within one business day. Complete documentation for initial, revision, recertification, and extension requests for PDN authorizations include all of the following:

- CCP Prior Authorization Request Form on the TMHP website at www.tmhp.com.
- Home Health Plan of Care (POC) on the TMHP website at www.tmhp.com.
- Nursing Addendum to Plan of Care (CCP) on the TMHP website at www.tmhp.com.

2.13.3.9 CCP Prior Authorization Request Form

The CCP Prior Authorization Request Form must be completed, signed, and dated by the physician. When PDN services are ordered, by signing the form the physician attests and certifies the client's medical condition is sufficiently stable to permit safe delivery of PDN as described in the plan of care. All requested dates of service must be included.

2.13.3.10 Home Health Plan of Care (POC)

The POC must be recommended, signed, and dated by the client's primary physician. A POC must meet the standards outlined in the 42 CFR §484.18 related to the written POC. The primary physician must review and revise the POC, in consultation with the provider and the responsible adult, for each prior authorization, or more frequently as the physician deems necessary or the client's situation changes.

Pursuant to 42 CFR §484.18, the POC must include the following elements:

- All pertinent diagnoses
- Client's mental status
- Types of services requested including amount, duration, and frequency
- Medical equipment needed
- Prognosis
- Rehabilitation potential
- Functional limitations
- Activities permitted
- Nutritional requirements
- Medications, including dose, route, and frequency
- Treatments, including amount, duration, and frequency
- Safety measures needed
- Instructions for a timely discharge from service, if appropriate
- Date the client was last seen by the physician
- Other medical orders
- Start- and end-of-care dates
- Responsible adult or identified contingency plan

***Note:** Coverage periods do not coincide necessarily with calendar weeks or months but, instead, cover a number of services to be scheduled between a start and end date that is assigned during the prior authorization period. A week includes the day of the week on which the prior authorization period begins and continues for seven days. For example, if the prior authorization starts on a Thursday, the prior authorization week runs Thursday through Wednesday. The number of nursing hours authorized for a week must be contained in that prior authorization week. Hours billed in excess of those authorized for the PAN week are subject to recoupment.*

2.13.3.11 Nursing Addendum to Plan of Care (CCP) Form

The Nursing Addendum to Plan of Care (CCP) Form addresses PDN eligibility criteria, nursing care plan summary, health history summary, 24-hour schedule, and the rationale for the hours of PDN requested.

The following is a description of the nursing care plan summary:

- The nursing care summary is not a complete nursing care plan.
- Information must be client-focused and detailed.
- The problem list must reflect the reasons that nursing services are needed. The problem list is not the nursing care plan. Providers must identify two-to-four current priority problems from their nursing care plan. The problem does not need to be stated as a nursing diagnosis. The problems listed must focus on the primary reasons that a licensed nurse is required to care for the client. Other attached documents *are not* accepted in lieu of this section.
- The Goals must relate directly to the problems listed and be client-specific and measurable. Goals may be short- or long-term; however, for many clients who receive PDN, the goals generally are long-term.
- The Outcomes are the effects of the provider's nursing interventions and must be measurable. Generally, these are more short-term than goals. For initial requests, list expected outcomes. Extension requests should note the results of nursing interventions.
- The Progress must be viewed as a "yardstick" or continuum on which progress toward goals is marked. Initial requests must state expected progress for the authorization period. Extension requests must list the progress noted during the previous authorization period. It is recognized that all progress may not be positive.
- The addendum must summarize the client's health problems relating to the medical necessity for PDN.
- The addendum must clearly communicate a picture of the client's overall condition and nursing care needs.
- The summary of recent health history is imperative in determining whether the client's condition is stable or if new nursing care needs have been identified. This section gives the PDN provider an opportunity to describe the client's recent health problems, including acute episodes of illness, hospitalizations, injuries, and so on. The summary should create a complete picture of the client's condition and nursing care needs. The summary may cover the previous 90 days, even though the authorization period is 60 days; however, the objective of the summary is to capture the client's recent health problems and current health priorities. This section should not be merely a list of events. This section is the place to indicate the frequency of nursing interventions if they are different from the physician's order on the POC, such as, the order may be for a procedure to be PRN (Pro Re Nata "As Needed"), but it is actually being performed every two hours.
- The addendum must include the rationale for increasing, decreasing, or maintaining the level of PDN and must relate to the client's health problems and goals.
- The addendum must include the provider's plan to decrease hours or discharge from service (if appropriate).

2.13.3.11.1 The client's 24-Hour Daily Schedule

All direct-care services must be identified. It is understood that the schedule may change, as the client's needs change. CCP does not have to be notified of changes in the schedule except as they occur when a PDN recertification is requested.

2.13.3.12 Responsible Adult or Identified Contingency Plan Requirement

For clients who are birth through 17 years of age, the client must reside with an identified responsible adult who is either trained to provide nursing care or is capable of initiating an identified contingency plan when the scheduled private duty nurse is unexpectedly unavailable.

- “Responsible adult” means an individual who is an adult, as defined by the Texas Family Code, and who has agreed to accept the responsibility for providing food, shelter, clothing, education, nurturing, and supervision for the client. Responsible adults include, but are not limited to: biological parents, adoptive parents, foster parents, guardians, court-appointed managing conservators, and other family members by birth or marriage.
- An identified contingency plan is a structured process, designed by the responsible adult and the PDN provider, by which a client will receive care when a scheduled private duty nurse is unexpectedly unavailable, and the responsible adult is unavailable, or is not trained, to provide the nursing care. The responsible adult must be able to initiate the identified contingency plan.

The responsible adult's signature must be on the form acknowledging:

- Information about CCP PDN has been discussed and received.
- PDN may change or end based on a client's need for nursing care.
- PDN is not authorized for the primary purpose of providing respite, childcare, ADLs, or housekeeping.
- All requirements have been met before seeking prior authorization for PDN.
- The responsible adult has participated in the development of the POC and the nursing care plan for the client.
- Emergency plans have been made and are part of the client's care plan.
- The client or responsible adult agrees to follow the physician's POC.

2.13.3.13 Special Circumstances

Prior authorization may be considered for PDN services provided in a school or day care facility, at the request of the family, provided the client requires the requested amount of PDN services in the home.

Prior authorization may be considered for PDN services provided in a hospital, SN facility, or intermediate care facility for the mentally retarded, or special care facility with documentation from the facility showing it is unable to meet the SN needs of the client and the services are medically necessary. These facilities are required by licensure to meet all the medical needs of the client.

2.13.3.14 Documentation of Services Provided and Retrospective Review

Documentation elements that are routinely assessed for compliance in retrospective review of client records include, but are not limited to, the required documentation noted previously, as well as the following:

- All entries are legible to people other than the author, dated (month, day, year, time), and signed by the author.
- Each page of the record documents the client's name and Medicaid identification number.
- Client assessment time is documented at the beginning of each shift.
- All nurses' arrival and departure times are documented with signature and time in the narrative section of the nurses' notes.
- Entries in the nursing flowsheet or narrative notes must be dated and timed every 1 to 2 hours and must include the following:
 - The client's condition.
 - The name of the medication, dose, route, time given, client response, and other pertinent information is recorded when medication is administered.

- The name of treatment, time given, route or method used, client response, and other pertinent information is provided when treatments are administered.
- The amount, type, times given, route or method used, client response, and other pertinent information is provided when feedings are administered.
- The POC and documentation of services correlate with and reflect medical necessity for the services provided on any given day.
- A request for prior authorization must include documentation from the provider to support the medical necessity of the service, equipment, or supply.
- Client's arrival or departure from the home setting is documented with the time of arrival, departure, mode of transportation, and who accompanied the client.
- Documentation of teaching the client or the client's responsible adult includes the length of time, the subject of the teaching, the understanding of the subject matter by the person receiving the teaching, and other pertinent information.
- Supervisory visits include specifics of the visit.
- If a client is receiving SN services through another program or service in addition to CCP, such as MDCP, each provider's shift notes designate specifically which type of service they are providing during that shift.

2.13.4 Claims Information

PDN providers must submit claims for services in an approved electronic claims format or on the appropriate claim form based on their provider type. Home health agencies must submit claims on the UB-04 CMS-1450 paper claim form. Independently enrolled nurses must submit claims on the CMS-1500 paper claim form. TMHP does not supply the forms.

Refer to: Section 3: TMHP Electronic Data Interchange (EDI) (*Vol. 1, General Information*) for information on electronic claims submissions.

Section 6: Claims Filing (*Vol. 1, General Information*) for general information about claims filing.

Subsection 6.5, "CMS-1500 Paper Claim Filing Instructions" in Section 6, "Claims Filing" (*Vol. 1, General Information*) for instructions on completing paper claims.

Subsection 6.6, "UB-04 CMS-1450 Paper Claim Filing Instructions" in Section 6, "Claims Filing" (*Vol. 1, General Information*) for paper claims completion instructions.

2.13.5 Reimbursement

PDN services are reimbursed in accordance with 1 TAC §355.8441.

2.14 Therapy Services (CCP)

Occupational therapist, physical therapist, and speech therapist services beyond the limitations of Texas Medicaid and Title XIX Home Health Services are benefits of the CCP for clients who are birth through 20 years of age and who are CCP eligible when:

- Therapy is prescribed by a licensed physician.
- Documentation of medical necessity supports a condition that requires ongoing therapy or rehabilitation in the usual course, treatment, and management of the client's condition.
- Therapy services are provided by a licensed therapist.
- Therapy is provided in one of the following places of service:
 - CORF and ORF

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PRODUCT TYPE: Foster Care	REFERENCE NUMBER: FC.UM.17.20

SCOPE:

Superior HealthPlan Network (SHPN) Medical Management and Service Management Department

PURPOSE:

To define Service Management's role in processing PDN requests.

WORK PROCESS:

1. Prior Authorization staff receives the pre-authorization request for Private Duty Nursing (PDN) from provider. Prior Authorization staff creates authorization in the member's electronic record and tasks to "FC PDN" for clinical review.
2. Manager of Service Coordination will assign clinical review to a Case Manager for review and completion
3. Assigned Case Manager changes authorization owner
 1. Assigned Service/Case Manager/RN Service Coordinator will review submitted documentation. If request is for retroactive dates of service, authorization will be administratively denied. A task will be sent to TX Denial Team for written notification.
 2. Alberto N process will be initiated for all requests with incomplete documentation
 - Contact the requesting provider
 - fax the designated letter informing of the required documentation that needs to be submitted.
 - generate an electronic task for 16 business hours from provider notification for follow up.

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- If the required documentation is not received within sixteen (16) business hours of the request, the SM will:
 - contact the member/medical consenter notifying request cannot be acted upon without the documentation from the provider
 - Generate and mail the designated letter, including a copy of letter sent to the provider.
 - Generate an electronic task for 7 calendar days of member notification for follow up.

 - If the required documentation is not received within seven (7) calendar days of the letter, SM will forward the request to the medical advisor for review and determination, noting that the request was incomplete and the Alberto N process has been completed but missing documentation has not been received. Medical Advisor will complete the review and make a determination.

 - SM will complete authorization based upon Medical Advisor's determination. If the determination is a denial or reduction in service, a task will be sent to TX Denials. SM will call member/ medical consenter, and requesting provider informing them of the denial or reduction of the requested service.
4. If member attends school, SM will call the school district to determine if school district participates in the SHARS program.
- If district states that they do not participate in SHARS, SM will request written documentation
 - If district states that they do participate in SHARS but cannot provide for the member's needs, SM will request written documentation
5. SM reviews submitted documentation to determine medical necessity has been met; determination of appropriate ratio will be verified as follows:
- A. Ratio Member to Nurse Indicators with requesting physician approval:
1. 1:1 Unstable or acute conditions and co-morbidities to include but not limited to:
 - a. New onset of mechanical ventilator or new to caregiver.

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- b. New onset of tracheostomy or new to caregiver
 - c. New Transition from Bi-PAP/CPAP/O2 therapy to a ventilator
 - d. New Transition from O2 therapy to Bi-PAP or CPAP
 - e. New placement change with condition that requires continuous skilled intervention and skilled assessment
 - f. Newly prescribed frequent IPPB treatments
 - g. Newly prescribed infusion therapy or TPN /continuous enteral or nasogastric feedings
 - h. Extensive wound care (i.e. Epidermolysis bullosa)
2. 2:1 Chronic conditions that require continuing assessment and skilled intervention to include but not limited to:
 - a. Member on mechanical ventilator, or Bi-PAP/CPAP greater than 60 days and stable.
 - b. Infusion therapy or TPN / continuous enteral or nasogastric feedings older than 60 days
 - c. Frequent IPPB treatments older than 60 days and stable.
 - d. Both members are located in the same house.
 - e. No contraindication for a 2:1 ratio
 3. 3:1 Chronic condition with stable co-morbidities without exacerbation within 90 days and requires frequent assessment and skilled intervention to include but not limited to:
 - a. Continuous enteral feedings
 - b. Round the clock neb treatments
 - c. Wound care
 - d. All members are located in the same house.
 - e. No contraindication for a 3:1 ratio
- B. Exceptions to 2:1 or 3:1 Ratio:
1. For health and safety reasons, the Private Duty Nurse may not be assigned more than one (1) vented member.
 2. Reportable transmittable or communicable diseases as defined by CDC

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6. Initial requests, requests for increase in hours or ratio, or if clinical information submitted does not support the medical necessity of requested PDN hours and/or ratio, SM will:

- forward Medical Advisor for review
- initiate the pre-appeals process if medical necessity is not supported, Medical Director may also initiate Pre-Appeals process upon his review of the clinical information

7. The Medical Director will make the determination based on clinical information received. If the determination is a possible denial, reduction in the number of PDN hours, or an increase in the member to nurse ratio status, the peer to peer review and pre-appeals processes will be followed.

8. If the determination is an approval, the SM will:

- update and complete referral authorization in the member's electronic record.
- notify the medical consenter and provider of the determination
- fax authorization notification letter to the provider
- document PDN prior authorization review in the member's electronic record.

9. If the determination is a denial or partial approval, the SM will:

- update and complete referral authorization in the member's electronic record.
- notify MC/CW and requesting provider of determination.
- ensure that transition time of 12 days is allowed with previously approved PDN hours remaining in place from the date of determination
- generate an electronic task to the Denial team to process the denial

10. In order to provide continuity of care for members transitioning from TMHP, SHP will authorize approved PDN services upon receipt of the TMHP authorization. (SM will follow authorization process).

- The initial review process will be followed by SM upon the first renewal request

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REFERENCES:

ATTACHMENTS:

DEFINITIONS

SM – Service Management
 PDN – Private Duty Nursing
24 hr log – 24 hr daily flow sheet regarding care provided for member to include PDN and family/caregiver coverage and coverage from other resources.

Alberto N Process- Notification process for obtaining incomplete information submitted by HH provider to support medical necessity of requested PDN services.

Summary Sheet - Summary of recent health history for initial authorization OR recertification summary to support medical necessity / rationale for extension of PDN services. Include recent hospitalizations, emergency room visits, surgery (may submit a discharge summary), illnesses, changes in condition, changes in medication or treatment, family/caregiver update, other pertinent observations.

Skilled Nursing - means assessments, judgments, interventions, and evaluations of interventions requiring the education, training, and experience of a licensed nurse.

Medical Necessity- TEXAS MEDICAID PROVIDER PROCEDURES MANUAL: VOL. 2, 3.9.2.2.3
 PDN is considered medically necessary when a client has a disability, physical or mental illness, or chronic condition and requires continuous, skillful observations, judgments, and interventions to correct or ameliorate his or her health status.

Documentation submitted for a request for PDN must address the following questions:

- Is the client dependent on technology to sustain life?

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- Does the client require ongoing and frequent skilled interventions to maintain or improve health status.
- Will delaying skilled intervention impact the health status of the client? If so, how will the health status be affected?
- Deterioration of a chronic condition
- Risk of death
- Loss of function
- Imminent risk to health status due to medical fragility

REVISION LOG

REVISION	DATE
Initial Certification Request Process # 3 – added new process Process # 4 - added verbiage regarding retro authorization. Process # 9 – revised verbiage Process #10 – added new process	4/25/11
Recertification Request Process # 3 – added new process Process # 6 - revised verbiage Process # 14 – added new process Process # 3 16 – revised verbiage	4/25/11
Added paragraph regarding transition time - 10 Day Notification Rule--TAC RULE §357.11 Note section bullet # 2 – revised verbiage.	4/25/11
Document title – changed from PDN Pre-auth Process to PDN Review and Member to Nurse Ratio Determination Process Scope – added Medical Management Purpose – revised verbiage Initial PDN Certification – revised verbiage on process 1,5,9,11,13, and14 -Added process # 7 and 8	6/8/11

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<p>PDN Recertification Pre-auth Process – Added work process # 9 Revised verbiage on process # 11, 12, 13, and 15</p> <p>Added definition for skilled nursing.</p>	
<p>Added HHSC Rider 61 (SB1, item 13, page 202) to the reference section</p>	8/22/11
<p>Initial Certification - Process # 8, 1, c - removed “Frequent oral or tracheostomy suctioning 8 or more times in a 24 -hr period” from criteria list.</p>	3/5/12
<p>Recertification - Process # 9, 1, a, b – revised verbiage</p>	3/5/12
<p>Work Process: Initial PDN Certification Request</p> <ul style="list-style-type: none"> ➤ 6. C. inserted “forward the request for medical review and determination with notation that the request was incomplete, Alberto N process has been completed but missing information has not been submitted.” Removed the word “team”. Changed wording to “ If the determination is a denial or reduction in service”; place a courtesy call to the member/medical consenter and requesting provider informing them of the denial or reduction of the requested service. ➤ 6,7,8,9,16,17 removed the word “team” ➤ Added 10. CCM/SM may initiate the pre-appeals process and create a request for medical review in the member’s electronic record if the clinical information does not support the medical necessity of requested PDN hours, ratio, or if the determination is a possible denial, decrease in the number of requested hours or an increase in the member-to-nurse ratio. The medical director may also initiate the pre-appeals process upon his review of the clinical information. ➤ 13. Added “CCM/SM will generate an electronic reminder to check for the final determination” 	3/2013
<p>Work Process: PDN Recertification Pre-Auth Process</p> <ul style="list-style-type: none"> ➤ 6. Added “A reminder is generated and sent to TX 	

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PRODUCT TYPE: Foster Care	REFERENCE NUMBER: FC.UM.17.20

<p>Denials for written administrative denial notification</p> <ul style="list-style-type: none"> ➤ 6 and 8 removed the word “team” ➤ 8. Removed the words “and pre-appeals” ➤ 8.C. changed wording to “If the documentation/information is not provided to the CCM/SM within seven calendar days of the letter to the member, CCM/SM will forward the request for medical review and determination with notation that the request was incomplete, Alberto N process has been completed but missing information has not been submitted. Medical director will complete the review and make a determination. If the determination is a denial or reduction in service, a reminder will be sent to TX Denials to prepare and mail the letter. CCM/SM will place a courtesy call to the member/medical consenter and requesting provider informing them of the denial or reduction of the requested service. ➤ 11,12 removed the word “nurse” ➤ 12. Added “The medical director may also initiate the pre-appeals process upon his review of the clinical information. ➤ 14. Changed wording to “CCM/SM will generate an electronic reminder to check for the final determination”. 	
<p>Initial PDN Certification Request</p> <ul style="list-style-type: none"> • #1. Changed “reminder” to “task notification” • #1 added “The assigned Manager of Service Coordination or designee will triage the request for assignment to either Complex Case Management (CCM) or Private Duty Nursing (PDN) team.” • #4 added “from PDN team” • #12 added “and will make the final determination based on”; “received”; “process will be followed” • #13 removed “CCM/SM will generate an electronic 	

WORK PROCESS

DEPARTMENT: Service Management, Medical Management	DOCUMENT NAME: PDN Review and Member to Nurse Ratio Determination Process
PAGE: 1 of X	REPLACES DOCUMENT:
APPROVED DATE: 6/8/10	RETIRED: NA
EFFECTIVE DATE: 7/1/10	REVIEWED/REVISED: 6/7/11, 8/22/11, 3/5/12; 3/2013, 11/2013, 11/2014, 7/2015
PRODUCT TYPE: Foster Care	REFERENCE NUMBER: FC.UM.17.20

<p>reminder to check for the final determination; if approved”</p> <ul style="list-style-type: none"> • #14 added “appropriate”, “staff”, “appropriate Denial/” <p>#17 Removed “appropriate drop downs:</p> <ul style="list-style-type: none"> • Note Type – Prior Auth • Note Reason – Clinical Assessment • Event – Select the appropriate referral event for the note” <p>PDN Recertification Pre-Auth Process</p> <ul style="list-style-type: none"> • #10 Removed “using appropriate drop down: <p style="padding-left: 40px;">Note Type – Prior Auth Note Reason – Clinical Assessment Event – Select the appropriate referral event for the note; Added “note summary/”</p> <ul style="list-style-type: none"> • #12 Added “Advisor” • #13 added “process will be followed • #14 Changed “reminder” to “task” • #15 added “appropriate denial staff to” • #16 added “note summary/” <p>Transition Time</p> <p>#2 changed “trigger” to “task reminder”</p> <p>Important Notes</p> <ul style="list-style-type: none"> • Changed wording from “PDN authorization will only be approved for a maximum of 90 days.” to “PDN authorization span of coverage for initial PDN requests may be approved for up to 90 days. If member has a chronic condition that require devices or enteral feedings to sustain life and no anticipated change in member’s status within 6 	
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WORK PROCESS

DEPARTMENT: Service Management, Medical Management	DOCUMENT NAME: PDN Review and Member to Nurse Ratio Determination Process
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PRODUCT TYPE: Foster Care	REFERENCE NUMBER: FC.UM.17.20

<p>mos., the authorization span of coverage may be granted up to 180 days as appropriate.</p>	
<p>Added PRODUCT TYPE: Foster Care Removed references to "Complex Case Manager" and "CCM" throughout document INITIAL PDN CERTIFICATION REQUEST:</p> <ul style="list-style-type: none"> • changed "either Complex Case Management (CCM) or Private Duty Nursing (PDN) team" to "a Service Manager". • Removed "2. RS will attach in the member's electronic record, the supporting documentation submitted with the Private Duty Nursing (PDN) auth request." • Removed "3. If request is received after the start of care date, the RS will create 2 separate line items with the authorization for retro dates of service and current dates of service." • 2. Added "Assigned Service Manager"; removed "from PDN team"; changed "member's electronic record and required" to "submitted". • 3. Added "Request for retroactive"; 4. Changed "may" to "will" • 5. Changed "missing clinical information and required forms" to "incomplete documentation"; added "as follows:" <ul style="list-style-type: none"> ○ A. Changed "Return the request to the Medicaid provider with a letter describing" to "contact the requesting provider and fax the designated letter"; removed "when possible, CCM/SM will contact the Medicaid provider by telephone and obtain the information necessary to complete the prior authorization request"; changed "reminder" to "task"; changed "post" to "for"; removed "letter" ○ B. Added "required"; removed "information", removed "to the Medicaid provider"; removed "or designated team member"; added "contact the member/medical consenter"; "removed "will send a 	<p>11/2014</p>

WORK PROCESS

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PRODUCT TYPE: Foster Care	REFERENCE NUMBER: FC.UM.17.20

<p>letter to the member”; changed “information is provided” to “has been received from the provider”; removed “along with”</p> <ul style="list-style-type: none"> ○ C. Added “required”; removed “information”; changed “provided” to received”; changed “for” to “to the”; added “advisor for”; changed “with notation” to “noting”; changed “information” to “documentation”; changed “submitted” to “received”; changed “Director” to “Advisor”. ○ D. Added “The SM will review the Medical Advisor’s determination and will complete the authorization.”; changed “reminder” to “task”; removed “to prepare and mail the letter.” <ul style="list-style-type: none"> ● 8. Added “For initial review, request for increase in authorized hours or ratio”; removed “ Review including clinical information to support medical necessity criteria for requested hours and appropriate ratio”. ● Removed “11. If clinical information does not support the medical necessity of requested PDN hours, or if determination is a denial or decreased in number of hours, the assigned CCM/SM will initiate the pre-appeals process.” ● 10. Removed “Foster Care”; changed “Director” to “Advisor” ● 11. Added “If the determination is an approval, the SM will notify the medical consenter and provider of the determination and complete the authorization”; removed “status”; added “and send/fax authorization notification letter to the provider.” ● 12. “changed “reduction” to “decrease”; removed “status”; removed “and the ordering provider”; changed “notification” to “task”; removed “of the demial”; removed “appropriate”; changed “staff” to “team”; removed “The appropriate Denial/Appeals Coordinator will complete the denial process.” ● 13, 14. Added “the”; changed “auth” to “authorization” 	
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PRODUCT TYPE: Foster Care	REFERENCE NUMBER: FC.UM.17.20

<p>PDN RECERTIFICATION PRE-AUTH PROCESS</p> <ul style="list-style-type: none"> • Combined 1-5 into 1. • Added “3. Request for retroactive authorization may be administratively denied by SM due to late notification. A task is generated and sent to TX Denial Team for written administrative denial notification.” • Changed “missing clinical information and required forms” to “incomplete documentation which” supports medical necessity of requested PDN hours, the SM will initiate the Alberto N process as follows: <ul style="list-style-type: none"> ○ See wording for Initial PDN Certification Request #5 for changes • 10. Changed “Director” to “Advisor” 	
<p>PURPOSE:</p> <ul style="list-style-type: none"> • Removed: “To provide guidelines in processing the pre-authorization requests for Private Duty Nursing (PDN) services, determination of member to nurse ratio for Private Duty Nursing services and ensure safeguard measures are applied in the determination process; define Service Management’s role in processing the request” • Added: “To define Service Management’s role in processing PDN requests.” <p>WORK PROCESS: Combined sections “Initial PDN Certification Request” and “PDN Recertification Pre-auth Process”</p> <p>Removed Important Notes:</p> <ul style="list-style-type: none"> • PDN authorization span of coverage for initial PDN requests may be approved for up to 90 days. If member has a chronic condition that requires devices or enteral feedings to sustain life and no anticipated change in member’s status within 6 	7/2015

WORK PROCESS

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PRODUCT TYPE: Foster Care	REFERENCE NUMBER: FC.UM.17.20

<p>mos., the authorization span of coverage may be granted up to 180 days as appropriate.</p> <ul style="list-style-type: none"> • SM may refer member to waiver programs or adjunct services (i.e. MDCP, HCS, PCS) to meet member's non-skilled care needs and help maximize member's outcomes. CCM/SM may assist in the process or provide pertinent information regarding waiver programs or adjunct services / available resources. <p>Removed Attachments:</p> <ul style="list-style-type: none"> • Provider Letter - Incomplete Information • Denial Letter - Incomplete Information No response 7 days • Member / MC Letter Notification Incomplete Information 	
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WORK PROCESS APPROVAL

The electronic approval retained in Compliance 360, Centene's P&P management software, is considered equivalent to an actual signature on paper.

Director of Service Coordination _____

Chief Medical Director _____

FC VP of Operations _____



Care Pro

HOME HEALTH, INC.

2700 W. Pleasant Run Rd, #380. Lancaster, TX 75146.

Phone: 972-230-4747.

Fax 972-230-4746

PHYSICIAN'S TELEPHONE/VERBAL ORDER

TO: DR ANDREW GELFAND, MD
(Name of Physician)

DATE: 04/06/2016

FROM: MIKE GINNIS, RN *Mike Ginnis, RN*
(Signature of Nurse or Physical Therapist)

PATIENT: MORRIS, DA SHON
(Name of patient)

MEDICAID #: [REDACTED]

D.O.B: 05 / 02 / 2015


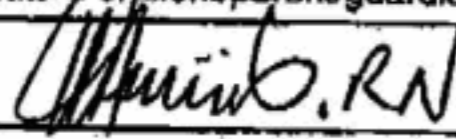
ORDERS:

RECERTIFY PATIENT FOR PRIVATE DUTY NURSING CARE UP TO 168 HOURS/WEEK FOR CERTIFICATION PERIOD 04/18/2016 TO 07/16/2016.

★ _____
PHYSICIAN'S SIGNATURE

DATE

Nursing Addendum to Plan of Care (CCP)—7 of 7

Client name: DASHON MORRIS	Medicaid number: XXXXXXXXXX	Date: 04/06/16
5. Acknowledgement		
Must be signed by the client/parent/guardian and the nurse provider.		
By signing this form, the client/parent/guardian and the nurse provider acknowledge:		
Discussion and receipt of information about the CCP Private Duty Nursing service.		
<input checked="" type="checkbox"/> PDN services may increase, decrease, stay the same, or be terminated based on a client's need for skilled care.		
<input checked="" type="checkbox"/> PDN is not authorized for respite, child care, activities of daily living, or housekeeping.		
<input checked="" type="checkbox"/> All required criteria from the first page of this addendum are met, and completed documentation is submitted to TMHP.		
<input checked="" type="checkbox"/> Participation in the development of the Nursing Care Plan for this client, and		
<input checked="" type="checkbox"/> Emergency plans are part of the client's care plan and include telephone numbers for the client's physician, ambulance, hospital, and equipment supplier and information on how to handle emergency situations.		
The client/parent/guardian agrees to follow through with the plan of care as prescribed by the client's physician.		
Number of PDN hours requested	Hours per day: _____	or Hours per week: 168
Dates of service from:	04/18/16	to 07/16/16
<input checked="" type="checkbox"/> 	LINDA BADAHO	04'06'16
Signature of client/parent/guardian	Printed name	Date
	MIKE GINNIS, RN	04'06'16
Signature of PDN nurse provider	Printed name	Date
<input checked="" type="checkbox"/>	DR ANDREW GELFAND, MD	1 1
Signature of prescribing physician	Printed name	Date



**superior
healthplan.**

2100 South IH 35
Suite 200
Austin, TX 78704

Request for Clinical for Appeal

Date: 16 May 2016

To: Dr. Heidi Ramon

Fax #: 214-456-5702

Member name: DASHON MORRIS

Authorization #: OP0566150775

Member ID#: [REDACTED]

Date of Birth: 05/02/2015

Service Requested: Private Duty Nursing (PDN) 168 hours per week

Requested information: This letter provides an opportunity to submit additional documentation above and beyond what may have already been submitted.

Please submit the following information:

Any other relevant information regarding member's health status including documentation showing the need for the administration of oral or g-tube medications, monitoring for events such as oxygen desaturations or seizures or nebulizer treatments, oral or superficial suctioning.

You may submit additional clinical documentation to support the appeal request, if you wish. If you have submitted the clinical information you would like us to review, please disregard this message.

ADDITIONAL INFORMATION MUST BE RECEIVED BY 5/23/2016

Send Response to:

**Clarissa Sifuentes
Appeals Department
Fax # 866-918-2266**

Name: MORRIS DASHON

DOB: 05/02/2015

Gender: Male

Member ID: [REDACTED]

Age: 1

BHP: Centene > HealthPlan > Texas > Foster Care > Dallas

Member Notes

Tue, May 17, 2016 at 12:02 PM

by Davis, Antonio

Note Type: Generic Appeal Note V2

Note Category: Admin Note

Encounter Date: 05/17/2016

Appeal Type: Level 1

Note: OP0566150775-received additional clinical information via fax from Dr. Heidi Ramon on the denial of Private Duty Nursing (PDN) 168 hours per week. Attached fax to note. Sent to nurse for review.

Viewed Yes

Job ID 4996

Receive Date/Time 05/17/16 11:15 AM

Completion Date/Ti... 05/17/16 11:19 AM

File Name CLYFCFAX01P_1605171619283257.TIF

[REDACTED]

Pages 14

Status ok

Status Code 0000

Status Text All pages in the fax were successfully received.

Connect Time 265

DID Number 8669182266

Fax Port 32

Fax Server CLYFCFAX01P

Folder ID 5103

Folder Path Antonio Davis

Last Modified 05/17/2016 11:55 AM

Note Antonio



COVENANT KIDS
P.O. Box 173038
Arlington, TX 76003-3038
Phone: (817) 516-9100
Fax: (817) 516-9102

To Whom It May Concern:

I am submitting an appeal on behalf of foster parent Linda Badawo and foster child Dashon Morris. His DOB is 05/02/15. His Social Security number is [REDACTED] and his Person ID number is [REDACTED]. Recently Superior decreased his nursing hours in his foster home. Dashon is placed in the same foster home as his twin sister. They are both primary medically fragile babies. Ms. Badawo has been able to have two nurses, one for each child, up until Dashon's hours were decreased. Dashon has multiple medical appointments and has been hospitalized on more than one occasion. When Dashon has medical appointments or has to be transported anywhere, his foster parent is unable to transport alone due to his medical needs. If his nurse travels with her, there is no longer a nurse in the home to care for his sister. It is a tedious and possibly dangerous prospect to pack up his sister's medical equipment when it is not necessary or she does not have an appointment when he does. I have included his last month's medical appointments and where he was hospitalized in May. Ms. Badawo is a single foster parent and wants optimal healthcare for Dashon. Please feel free to contact me with any further information you may need.

Respectfully,
Meredith Hoffman
Meredith Hoffman
CK Family Services
Case Manager



Pt Name: DASHON

3/17/14

**Physical Medicine and Rehabilitation
Speech Therapy**

**Video Fluoroscopic Swallow Study (VFSS)/ Flexible Endoscopic Evaluation of Swallowing (FEES)
Findings and Recommendations**

Initial Findings:

Functional pharyngeal skills for thin, puree
with spoon - 1/4 to 1/2 spoon size.

Feeding Recommendations:

- Oral feedings
 - Alternative means of nutrition continue g-tube
 - Tastes of thin, puree
 - NPO (nothing by mouth)
- with: ST Caregivers

Diet Recommendations:

- Liquids:
- Thin consistency (i.e. water, juice)
 - Half nectar consistency (i.e. whole milk, Pediasure)
 - Nectar consistency (i.e. fruit nectars, tomato juice, smoothie)
 - Honey consistency (i.e. milkshake thick, honey)
- Thickening recipe: _____

- Food:
- Puree consistency (i.e. baby food, yogurt, applesauce)
 - Mechanical soft (i.e. noodles, cooked vegetables, eggs)
 - Crunchy solids (i.e. chips, crackers)
 - Solids (i.e. meat, fruit)

Other: _____

Feeding Instructions/Modifications:

Drinking system/Utensils:

- Bottle nipple _____
- Cup _____
- Spoon _____
- Other _____

Provide: Pacing Alternate liquids/solids Multiple swallows Small bites/sips

Positioning: upright Additional strategies: _____

Plan:

- Initiate or continue feeding/swallowing therapy focusing on ORAL INTAKE
- Location: home health Additional modalities to consider: _____
- Additional recommendations/follow up: _____

Education:

Results and recommendations of evaluation discussed with ADSTER MOM, NURSE who verbalized understanding and agreement.

Evaluation completed by: ALISON TIDWELL MEd-SLP Phone # 214-456-5611

Contact physician if signs of aspiration (choking, coughing, and change in respiratory status) are noted with above feeding recommendations.

Name: MORRIS, DASHON

DOB: 05/02/2015

Gender: Male

Member ID: [REDACTED]

Age: 1

BHP: Centene > HealthPlan > Texas > Foster Care > Dallas

Fri, June 17, 2016 at 09:20 AM

by Davis, Antonio

Note Type: Generic Appeal Note V2

Note Category: Admin Note

Encounter Date: 06/17/2016

Appeal Type: Level 1

Note: OP0566150775-received call from provider Meredith Martin regarding the status of an appeal for private duty nursing. Informed Meredith the appeal was denied on 05-31-16. Also informed Meredith the mom initiated a FH on 06-10-16. No further action needed.

name of caller: Meredith Martin
call-back number: 214-517-5137
member id: [REDACTED]

Tue, June 21, 2016 at 02:19 PM

by Martinez, Lucy

Note Type: Fair Hearing

Note Category: Admin Note

Encounter Date: 06/21/2016

Encounter Date: 06/21/2016

Encounter Type: Fair Hearing Notice

Tiers ID: 1750703

Note: OP0566150775 Hearing Appointment Notification/Updated Alert - Appeal ID - [REDACTED],
AppealDate - 08/02/2016 09:00:00 AM, AppealUID - ideleon, CASE_NUM =
[REDACTED] AppellantName - Dashon,Morris- FHSettings -Conference Call| ApptType -Initial|.

Thu, June 23, 2016 at 10:19 AM

by Guzman, Evelyn

Note Type: Generic Appeal Note V2

Note Category: Admin Note

Encounter Date: 06/23/2016

Appeal Type:

Note: OP0642034105 - Clinicals received via fax on 06/23/16 for FH. I will attach documents and task FH coordinator.

Viewed Yes
Job ID 4651
Receive Date/Time 06/22/16 05:05 PM
Completion Date/Ti... 06/22/16 05:05 PM
File Name CLYFCFAX03P_1606222206349684.TIF
Sender ID (TSI) 9726135102
Caller ID 9726135102
Pages 3
Status ok
Status Code 0000
Status Text All pages in the fax were successfully received.
Connect Time 57

Name: MOKKIS, DASHON

DOB: 05/02/2015

Gender: Male

Member ID: [REDACTED]

Age: 1

BHP: Centene > HealthPlan > Texas > Foster Care > Dallas

Appellant Contact Info - Address:



Appellant Contact Info - Phone: 817-376-7233.

Appellant Contact Info - Fax: n/a

Provider Contact Info - Name: n/a

Provider Contact Info - Address: n/a

Provider Contact Info - Phone: n/a

Provider Contact Info - Fax: n/a

Substance Of Appeal: Denial of Private Duty Nursing (PDN)

Continuation Of Services: No - Not Requested

Denial Notification: letter sent 5/05/2016
Internal appeal upheld 5/31/2016

Resources Provided: Fax number to send in signed request

Follow Up Required: task created for appeal queue

Additional Info: coverage verified in Amysis

Note: OP0566150775 FH request for Private Duty Nursing (PDN) 168 hours per week , approved 119 hours per week called in by foster mother Linda Badawo [REDACTED] As per Linda she basically wants the ratio explained to her she cannot understand how only 1 nurse for 2 people is possible. She seemed to get upset because i could not answer her questions. I had to explain to her that we did not have any clinical capability nor did we create the authorizations. I let her know that i could set up the hearing but it would be based off the hours not just the ratio. She voiced understanding when i let her know that a medical director would be on the call. I explained the FH process to member: 1. Done over the phone. 2. Scheduled by the state 3. Packet not sent until it is scheduled. 4. FHO has 90 days to make final decision. 5. Right to a representative. 6. I requested the request in writing and that they were welcome to add any pertinent details. 7. verified the address and phone number. 8. I gave the fax number for the appeals dept to send written request

Wed, June 15, 2016 at 12:31 PM by Martinez, Lucy

Note Type: Fair Hearing

Note Category: Admin Note

Encounter Date: 06/15/2016

Encounter Date: 06/15/2016

Encounter Type: Hearing Summary

Tiers ID: 1750703

Note: OP0566150775 FH entered into Tiers Tiers ID 1750703 4800 attached

Commonly known as: KENALOG

Apply 1 application
topically 2 times daily

Your discharge/home resources

	Most Recent Value
Enteral	
Enteral Company / Agency	Cook Children's Homecare PHONE: 682-886-8294 FAX: 682-886-8904
Enteral Supplies	Formula, Mickey button, Pump supplies - bags, Pump supplies - syringes
Enteral Status	Existing
Enteral Comment	Mickey 12 french 1.2cm formula simlilac sensitive

Your discharge/home resources

	Most Recent Value
Respiratory	
Respiratory Supplies	Concentrator, Heated humidifier, Nebulizer, Oxygen, Oxygen - portable, Pulse oximeter, Suction machine/ supplies, Tracheostomy tube
Respiratory Status	Existing
Respiratory Comment	3.5 bivona and spare 3.0 Bivona trach

Your discharge/home resources

	Most Recent Value
Private Nursing	
Private Duty Nursing Number of Hours Ordered	168
Private Duty Nursing Status	Existing
Private Duty Nursing Comment	Resume PDN Care Pro 972-230-4747 fax 972-230-4748

Your discharge/home resources

	Most Recent Value
Therapy	
Therapy Type	Home Health Therapy
Home Health Therapy Company / Agency	Therapy 2000 PHONE: 214-487-9787 FAX: 214-741-3666
Therapy Discipline	Speech Therapy, Physical Therapy
PT Therapy	Home Health
ST Therapy	Home Health
Therapy Status	Existing

Your scheduled appointments at Children's Health for the next 30 days

May 10, 2016 12:00 PM Pulmonary with Steven C. Copenhaver, MD Our Children's House Physician Clinic (Our Children's House)	Our Children's House 3301 Swiss Avenue Dallas TX 75204 214-820-9812
Jun 02, 2016 9:00 AM Complex Fu with Heidi Roman, MD Children's Dallas Foster Care (Dallas)	Bright Building 1935 Medical District Drive Dallas TX 75235 214-458-8500

Your To-Do list

HOME CARE MISCELLANEOUS ORDER(S) - EXTERNAL HOME CARE CY

RECEIVED
5/12/16

Discharge Summary Notes

Discharge Summaries by Rachel Elizabeth Ternan, MD at 5/3/2016 6:02 PM

Version 2 of 2

Author: Rachel Elizabeth Ternan, MD Service: General Pediatrics Author Type: Physician

Filed: 5/3/2016 7:30 PM Note Time: 5/3/2016 6:02 PM Status: Addendum

Editor: Rachel Elizabeth Ternan, MD (Physician)

Related Notes: Original Note by Asif Khan, MD (Resident) filed at 5/3/2016 6:34 PM

Discharge Summary - Children's Medical Center of Dallas

Patient Name: DaShon Darnell Morris DOB: 6/2/2015

Admit Date: 5/1/2016 3:15 AM

Discharge Date: 5/3/16

Admit Diagnosis: Seizure [R56.9]

Seizure [R56.9]

Seizure [R56.9]

Chronic lung disease [J98.4]

Final Diagnosis: Hypoglycemia

Allergies: No Known Allergies

Consultations: Endocrinology

Invasive Procedures (Date & Time, Procedure, Provider): None

History of Present Illness (from Admission H&P):

DaShon Darnell Morris is a 11 m.o. male ex-25-26 weeker with complex past medical history including CLD with trach dependence, PDA s/p repair, ROP, hearing loss, intrauterine drug exposure, dysphagia with g-tube dependence, GERD s/p Nissen, grade 4 IVH, developmental delay, hydrocephalus s/p VPS who presents to the ED after having jerking of all four extremities, found to be hypoglycemic to 23 by EMS.

Mom noticed that pt seemed to be crying in his sleep around midnight when she went to start his normal continuous overnight feeds. Pt completed all feeds yesterday (3 bolus feeds during the day), including normal 8pm-9pm feed, with no issues. Pt then began to jerk all four extremities rhythmically while staring off. Mom called EMS, when they arrived, they found blood glucose to be 23, then gave glucagon and D10. Glucose en route was 50. Jerking continued for a total of 30 minutes, and resolved upon arrival to the ED. Once in the ED, glucose was 104.

In the ED, pt was started on D10 fluids and increased to 1.5x maintenance. Blood glucose increased to 160 prior to transfer to the floor. No further jerking or abnormal movements observed in the ED.

Mom reports that pt has otherwise been in his usual state of health prior to this event. However, she now feels like he is breathing a little faster in the ED and seems to have a cough. No fevers at home, no URI, no vomiting.

Of note, foster mom has cared for pt since October. As far as she knows, he has never had any seizures. In Nov/Dec, pt had rhythmic movements of jaw during sleep. He had an EEG after that, which did not show any seizure activity. These movements have not recurred.

Admission Physical Exam:

Vitals:

BP 97/58 mmHg | Pulse 105 | Temp(Src) 36.7 °C (Temporal) | Resp 35 | Ht 70 cm (27.56") | Wt 8.9 kg (19 lb 9.9 oz) | BMI 16.16 kg/m² | HC 45.5 cm (17.91") | SpO₂ 100%

General: Alert, active male in no acute distress. Well-nourished, well-developed. Calm during exam, looks around.

RECEIVED
5/16/16

Head/Neck: Normocephalic, atraumatic. AFSF. No masses, lesions, tenderness or lymphadenopathy.

Trach in place with HME, c/d/i

Eyes: Pupils equal, round, reactive to light and conjunctiva clear, without icterus or injection.

Extracocular muscles intact, with symmetrical movement bilaterally.

Ears: External ears and external auditory canals normal

Nose: Bilateral nares patent, nasal septum midline, +nasal congestion, no erythema.

Oropharynx: Moist mucous membranes

Lungs/Chest: Good air entry bilaterally, some coarse breath sounds, no wheezing. Mild subcostal retractions.

Heart: S1 and S2 normal. Normal rate and regular rhythm. No murmur, no rub, no gallop, capillary refill <2sec.

Abdomen: Soft, non-tender, non-distended, normoactive bowel sounds, no hepatosplenomegaly or masses. g-tube c/d/i

Neuro: Developmentally delayed. Does not follow commands. Alert. Decreased tone.

GU/Rectal: Normal external genitalia without rashes or lesions, Tanner stage 1

Skin: Warm, well-perfused, no cyanosis, no rashes, no ecchymosis, no petechiae.

Pertinent Admission Labs:

Glucose Random

104

Hospital Course:

Upon arrival, endocrinology were consulted to help establish the etiology of the pt's hypoglycemia. It was decided that the pt would undergo a fasting trial to see if we could precipitate an episode of hypoglycemia and draw the appropriate labs. During his fasting trial, the pt's glucose did not drop below 45. Labs to evaluate the pt's pituitary functions were drawn, with the results pending. The fasting trial was followed up with a ACTH low-dose stimulation test which the pt responded appropriately to. Throughout the pt's admission, he did not have any episode of hypoglycemia. Nutrition were consulted to evaluate the pt's feeds. Based on their recommendations, the pt's feeds were increased by 10cc per feed. It was noticed upon admission that the pt was having increased secretions and work of breathing. To assess this, a lower respiratory culture was ordered along with a respiratory viral panel. The pt was started on ceftriaxone initially. The respiratory viral panel was negative. The lower respiratory culture showed many WBCs with gram-negative rods, to address possible tracheitis, the ceftriaxone was switched to augmentin. The final lower respiratory culture showed a light mixed respiratory flora, making colonization rather than infection more likely. With low risk for infection, augmentin was stopped today. Pt was discharged today with outpatient endocrinology follow-up along with the new adjustment to his feeds.

Discharge Physical Exam:

Filed Vitals:

05/03/18 1238

BP:

Pulse: 131

Temp:

Resp: 26

Temp: [36.3 °C-36.8 °C]

Pulse: [109-148]

Resp: [26-40]

BP: (89-102)/(41-55)

SpO2: [87 %-99 %]

Physical Exam:

General: Alert, active male in no acute distress. Well-nourished, well-developed.

Head/Neck: Normocephalic, atraumatic. AFSF. No masses, lesions, tenderness or lymphadenopathy.

Trach in place with HME, c/d/i

Eyes: Pupils equal, round, reactive to light and conjunctiva clear, without icterus or injection.

Extracocular muscles intact, with symmetrical movement bilaterally.

RECEIVED
RECEIVED



Date: 07/13/16

Client Name: DASHON MORRIS

Medical Record No. [REDACTED]

Cleaning and Maintenance					
Document each task performed with time and initials					
	Time	Initials		Time	Initials
Suction Canister Cleaned	QSHIFT	AD	Catheter Changed	N/A	AD
Suction Catheter Changed	1	AD	Bath: [] Bed [] Shower [] Tub	DAILY	AD
Suction Tubing Changed	SUNDAYS	AD	Cleaning Solution Changed	N/A	AD
Nebulizer Tubing Changed	11	AD	Equipment Cleaned	QSHIFT	AD
Nebulizer Filter Changed	1	AD	Linens Changed (per PCG scheduled)	WEEKLY	AD
Oxygen Tubing Changed	11	AD	Travel Bag Restocked	PRN	AD
Ventilator Tubing/Circuit Changed	N/A	AD	Supplies Restocked	DAILY	AD
Feeding Bag/Tubing Changed	DAILY	AD	Trash Emptied	QSHIFT	AD
Ostomy Bag Changed	N/A	AD	Client Area Cleaned	1	AD

Nursing Narrative Documentation

All changes in your client's status must be detailed. Be sure to sign out at bottom of your narrative with signature included.

1900 - Patient care report received PCG - Patient pulled track off during the day X 1. Ate a Jar of baby food. Took all medications during the day. Patient alert, resp effort normal, lung field CIA resident crawling on the floor mat. No skin issues noted on assessment. Patient on cont pulse ox monitoring @ P-122, SpO2-98% on cont @ 0.5 LPM. 2000 - Patient pulled his track when leaving GI's care for his sister. His nurse immediately remove his track and replaced a spare 3-5 size track. Ambu bag connected O2 back up to 97%. All vital signs were Patient Vented @ zero residual noted. Neosure infused @ 125 mL/hr and well tolerated. 2100 - Night medication administered. GI's flushed @ 30 mL H2O. Neb tx done. Manual CPT done. patient suctioned. 2300 - All safety precautions in place. patient sleeping at this time. 2400 - patient vented @ zero residual. Neosure infused @ 35 mL/hr x 6 hrs. Care handed over to PCG-AD

Pt left in care of/Reported off to: PCG

Nurse Name: ARTHUR DEBENEVO Nurse Signature: A. D. RN LPN (Circle One)

Pt. PCG/Other Signature: LINDA RADANO Reviewed by: