MO Department of Mental Health, Division of DD
FAQ's for CRN Billing Changes for Individual Supported Living Services

Q 1: Why are we changing the CRN program?

The CRN program service expectations are not "changing", what is changing is the CRN services are billed through a waivered service referred to as Professional Assessment and Monitoring services or PAM. The billing process requires a change in how the CRN time is authorized and distributed and documented (see #3-6). The CRN job functions remain the same.

Q 2: Have the expectations for completing a Monthly Health Summary changed?

No. The Monthly Health Summary written by the CRN as evidence of their monthly assessment and evaluation of the individual's health needs, including their support documentation, and oversight of medication administration and other delegated nursing tasks remain the same whether they are serving a person residing in their home receiving a Group Home or Individualized Supported Living (ISL) service, or other qualifying service. There are additional documentation requirements associated with PAM (see #3) and nurses will need to make sure their Monthly Health Summary documentation meets the documentation requirements.

Q 3: What are the primary changes around documentation?

The documentation changes are the result of Medicaid billing requirements. The CRN log previously utilized to track the Registered Nurse's (RN's) time and service will no longer be utilized for persons receiving ISL services. CRN's providing RN services to persons receiving ISL service will be required to make individual service documentation entries for the date and time in/out as well as what service or activity that was completed. (See guideline and CSR requirements cited below). This service documentation may be implemented in group home service settings as well if the nurse desires. Providers of Professional Assessment and Monitoring must maintain a plan of treatment and detailed record of intervention activities by unit of service. As required for all ISP objectives, the nurse should also document monthly progress for identified health objectives. Documentation guidelines and resources follow:

Division of DD Guideline for PAM: http://dmh.mo.gov/docs/dd/guideline35.pdf and **CSR Mo HealthNet Division, Conditions of Provider Participation, Reimbursement and Procedure of General Applicability:**
http://www.sos.mo.gov/adrules/csr/current/13csr/13c70-3.pdf

PAM Guideline #35 Requirements (#4):
Providers of Professional Assessment and Monitoring must maintain a plan of treatment and detailed record of intervention activities by unit of service. The provider is required to follow current procedures as set forth in **13 CSR 70-3.030, section (2) (a)** which defines adequate documentation.

Adequate Documentation
All services must be adequately documented in the individual record. The Code of State Regulations 13 CSR 70-3.030(2)(A) defines adequate documentation and adequate medical records as follows: ***adequate documentation means documentation from which services rendered and the amount of reimbursement received by a provider can be readily discerned and verified with reasonable certainty. Adequate medical records are records which are of the type and in a form from which symptoms, conditions, diagnoses, treatments, prognosis and the identity of the individual to which these things relate can be readily discerned and verified with reasonable certainty. All documentation must be made available at the same site at which the service was rendered.***

HCBW Manual page 12:
http://manuals.momed.com/collections/collection_dmh/DD_Waiver_Manual_Section01.pdf
Documentation
Implementation of services must be documented by the provider and is monitored by the support coordinator at least monthly for individuals who receive group home or individualized support living (ISL) services and at least quarterly for individuals who live in their natural home. As per 13 CSR 70 – 3.030 (Link: http://www.sos.mo.gov/adrules/csr/current/13csr/13c70-3.pdf), the provider is required to document the provision of Division of DD Waiver services by maintaining:
• First name, last name, and either middle initial or date of birth of the service individual;
• An accurate, complete, and legible description of each service(s) provided. This information may be included in daily activity records that describe various covered activities (services) in which the individual participated;
• Name, title, and signature of the Missouri Medicaid (otherwise known as MO HealthNet) enrolled provider delivering the service. This may be included in attendance or census records documenting days of service, signed by the provider or designated staff; records indicating which staff provided each unit of service; and documentation of qualifications of staff to provide the service;
• Identify referring entity, when applicable;
• The date of service (month/day/year). This can be included in attendance or census records;

• Start and stop time must be included in the documentation for MO Health Net programs and services that are reimbursed according to the amount of time spent in delivering the service, such as personal assistant. (e.g., 4:00 – 4:30 p.m.);
• Services that do not have a time factor in completing the service does not require a start and stop time, but would need to have related documentation to verify the service was provided (e.g., invoices for equipment, trip reports for transportation, etc.);
• The setting in which service was rendered;
• ISP, evaluation(s), test(s), findings, results, and prescription(s) as necessary;
• Service delivery as identified in the ISP;
• Individual's progress toward the goals stated in the ISP (progress notes). Sources of documentation include progress notes by direct care staff regarding situations (whether good or bad) that arise affecting the individual; and monthly provider summaries noting progress on individual's goals and objectives in their ISP, and overall status of the individual;
• For applicable programs, include invoices, trip tickets/reports, activity log sheets, employee records (excluding health records), and staff training records;
• Applicable documentation should be contained and available in the entirety of the medical record.

Q 4: Is there a timeline for documentation of the Nurses service documentation?

In accordance with 13 CSR 70-3.030 (2)(A), an adequate and complete record is a record which is legible, which is made "contemporaneously" with the delivery of the service. Contemporaneously is defined under (2)(D), contemporaneous means at the time the service was performed or **within five (5) business days**, of the time the service was provided. Documentation of service contact must be completed as soon as possible but no later than 5 business days. This is similar to shift notes needing to be completed by end of shift. Summary documents may still follow the timeline of submission by the 15th of the month following the month reviewed.

Q 5: What are the primary changes around the authorization of the CRN's time?

The CRN hours are currently being authorized on a quarterly basis until the individual's next ISP in 2015. (See 6 below) A minimum of 3.75 hours per quarter per person will be authorized for the purposes of CRN functions unless individuals require less service and request the authorization be reduced but not less than 30 minutes per month (1.5 hours per quarter). See question (7) to address situations where more nursing service is needed than can be provided through the CRN service.

At the individuals' next ISP in 2015, the authorization period should change from 3 month increments to 6 month increments. This will allow more flexibility to utilize the

units within the 6 months as needed while still providing the minimum monthly CRN service. If all units are not used in the first 6 months of the ISP year, the provider may request unused units to be moved to the second 6 months of the same ISP year. Unused hours may not be carried over beyond the ISP year.

Q 6: Should the ISP include an outcome for the DD Community RN (CRN) service?

Yes. At the next ISP revision or annual, an outcome should be developed which outlines the *individual's* need for DD Community RN services. CRN services are defined in the CRN job functions.

Q 7: What if the individual needs more nursing services than provided through the monthly CRN services?

On the occasions when an individual's specific health need requires nursing services beyond the CRN monitoring functions and the service is not covered through state plan services, Professional Assessment and Monitoring (PAM) nursing may be considered (See #12). PAM services need to relate to a specific individual, symptom, condition, diagnosis, and/or treatment. Individuals with a need for increased nursing services should also have a correlating Health Inventory reflecting their change in health status. The request and justification may be submitted for Utilization Review and, if approved, must also be included in the ISP with identified measurable and time limited goals noting the need for requested nursing services, requiring periodic review for ongoing need and progress documentation.

See Division of DD Guideline for PAM: http://dmh.mo.gov/docs/dd/guideline35.pdf

Q 8: What are the primary changes around distribution of time?

The CRN shall no longer consolidate the time for all persons residing in the same home / ISL services but distribute authorized time individually. The CRN will bill only for the exact time services are provided for that individual up to the authorized amount. The CRN must still complete a Monthly Health Summary including a monthly assessment, plan of care progress, and provide oversight of medication administration and other delegated nursing tasks, requiring a minimum of 30 minutes per month up to the authorized units of time for that authorization period.

Q 9: What are the primary changes around billing of that service?

FROM ISL BUDGET GUIDELINE #37

Each person who receives ISL supports is required to have a monthly minimum of 30 minutes of contact by a Registered Nurse (RN). The amount will be specified in each person's ISP. The RN service will be authorized separately from the ISL budget and billed in 15 minute increments (2 units monthly per person minimum) under the waiver code Professional Assessment and Monitoring (PAM). PAM service will be authorized in 3 or 6 month increments depending on when they transition with their next ISP (see #6); enabling provider flexibility within an the authorized time frame to provide services as needed, with the expectation that a minimum of 30 minutes be provided each month for Community RN services and the authorization not be exceeded without prior approval.

For Waiver use:

- Medicaid Procedure Code: T1002 (Registered Nurse)
- Unit of Service: 15 minutes

For non-waiver:

- DMH POS Procedure: 49201H

Q 10: When do these changes go into effect?

ISL Budget Training has been conducted across the state by regions in 2014. As each region was trained, an implementation date was set. As of January 1, 2015, all regions are following the new rules for ISL budgets.

Q 11: PAM services includes a code for LPN services, can an LPN be used to fulfill Community RN services?

No. The MO Nurse Practice Act defines the LPN's scope of practice such that the LPN's may not work autonomously and requires the oversight of a licensed medical professional associated with their employer. An RN must provide the individual's monthly Community RN Services.

Q 12: What nursing services may <u>not</u> be billed under PAM?

See PAM guideline #35

a. Diabetes Self-Management Training available under the state plan

b. Medical nutrition therapy services prescribed by a physician for persons who are Medicare eligible and who have diabetes or renal diseases.

c. Nursing tasks that are determined to be appropriately delegated to Unlicensed Assistive Personnel or others would be excluded (nursing assessment, evaluation, judgment and teaching cannot be delegated).

d. Nursing Services available under the state plan or under Medicare would be excluded. Nursing services may supplement but not duplicate or replace other nursing services.

Resources:

Please see the links below for information about the various MO HealthNet programs and the participant handbook, Waiver Manual, PAM Guideline, and CSR.

- **http://www.dss.mo.gov/mhd/general/pages/about.htm**
- **http://www.dss.mo.gov/mhd/providers/pdf/puzzledterm.pdf**
- **http://www.dss.mo.gov/mhd/participants/pdf/hndbk_ffs.pdf**
- **http://207.15.48.5/collections/collection_dmh/Print.pdf**
- **http://dmh.mo.gov/docs/dd/guideline35.pdf**
- **http://www.sos.mo.gov/adrules/csr/current/13csr/13c70-3.pdf**

Please see the links below for the Missouri state Board of Nursing's position statement and additional information on delegation of nursing tasks.

- **http://www.pr.mo.gov/nursing-focus-allocation-position.asp**
- **https://www.ncsbn.org/Joint_statement.pdf**