



Division Guideline #35

Created: August 9, 2013

Title: Professional Assessment and Monitoring (PAM)

Application: DD Regional Offices, TCM Providers, DD Community Providers

1. **Purpose:** This guideline is informational only and makes no revisions or modifications to existing policy. The purpose is to assist the planning team to identify the necessity for the authorization of Licensed Nursing and /or Licensed Dietician services through Professional Assessment and Monitoring (PAM).
2. **Description:** PAM is a service that provides the technical knowledge and skills of a Licensed Nurse and /or Dietician, through face to face consultation, to promote the optimal health of individuals and /or reduce the need for intervention by a health professional. This service must be provided by a licensed registered professional nurse, or a licensed practical nurse under the supervision of a registered nurse, or a licensed dietitian to the extent allowed by their respective scope of practice in the State of Missouri. Nursing assessment, evaluation, judgment and teaching cannot be delegated and would require a Licensed Nurse to perform these functions.
3. **PAM may be utilized to:**
 - a. Evaluate care needs; an example would be a visit to determine whether the desired outcomes have been met or how well the plan of care is working and if the plan of care needs to be modified.
 - b. Plan appropriate supports including instructions for caregivers; an example would be staff training related to a disease or condition such as seizure precautions or recognizing reportable signs and symptoms.
 - c. Complete a physical assessment of condition; an example would be assessing a worsening of a chronic condition or an acute change in health or functional status.

- d. Assess the care environment; an example would be to assess the ability of the individual to safely access their environment and the need for minor changes and /or a referral to an Occupational Therapy (OT) / Physical therapy (PT) for environmental adaption or change.
- e. Set up medications; an example would be dispensing medications in a pillbox or other container for one to administer.
- f. Administer injections; an example would be administering a monthly vitamin or hormone injection.
- g. Perform complex nursing treatments; an example would be assessing and suctioning the airway or dressing a wound that requires evaluation of healing and absence of complications.
- h. Assess nutritional needs, diet restrictions and current health plans to develop and implement complete nutritional care plans; an example may be evaluating caloric needs if overweight or underweight, food allergies, dietary modifications and /or supplementation.
- i. Complete nutrition counseling (beyond standard medical management); an example may be to address medical issues or provide specialist services specific to disease.
- j. Provide nutritional services; an example may be working in consultation with the physician or other health care providers to provide specific nutritional needs to consumers unable to consume food normally.
- k. Provides nutritional education to individuals and groups; an example may be advising individuals and their families on basic rules of good nutrition, healthy eating habits, and nutrition monitoring to improve their quality of life and /or nutritional principles, dietary plans, diet modifications, food selection and preparation.

4. Requirements:

- a. This service must be provided by a licensed registered professional nurse, or a licensed practical nurse under the supervision of a registered nurse, or a licensed dietitian to the extent allowed by their respective scope of practice in the State of Missouri.
- b. Professional Assessment and Monitoring service providers must have a valid Department of Mental Health (DMH) contract and/or provide services through an Organized Health Care Delivery system for the provision of Professional Assessment and Monitoring services. The contractor shall not be the consumer's spouse, a parent of a minor child (under age 18), nor a legal guardian.

- c. This service must not supplant Medicaid State plan services including state plan nursing services or Medicare services for which an individual is eligible.
- d. 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. Any changes in health status are to be reported to the physician and the service coordinator as indicated. Written reports of the visit are required to be sent to the support coordinator.
- e. Children under the age of 21 may be eligible and qualify for private duty nursing under the Medicaid State plan. It is unlikely that PAM would be utilized by this population related to the vast array of services available (see additional information below).

5. Exclusions/Disqualified services:

- 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.

6. Billing Information: Applies to Partnership for Hope (HX modifier), Comprehensive (HI modifier), Community Support (U1 modifier), and Autism (HW modifier) Waivers – use Medicaid/CIMOR Procedure Codes below. Professional Assessment and Monitoring service will be added to MOCDD (Lopez) Waiver effective 10/1/13. For non-waiver authorizations refer to DMH POS Procedure codes below.

Unit of Service: 15 minutes
 Medicaid Procedure Code –: T1002 (Registered Nurse)
 CIMOR Procedure Code: T1002
 DMH POS Procedure: __49201H____
 Medicaid Procedure Code –T1003 (Licensed Practical Nurse)
 CIMOR Procedure Code: T1003
 DMH POS Procedure: ____49202H____
 Medicaid Procedure Code –S9470 (Dietician)
 CIMOR Procedure Code: S9470
 DMH POS Procedure: ____49203H____
 Maximum Units: 48/Day

7. **Considerations:** The following questions should be considered when one is determining the need for Licensed Nurse services for a nursing task or treatment.
- a. Is the need for the nursing service documented and related to a medical diagnosis or condition?
 - b. Will providing the nursing service reduce the need for habitual health professional intervention and promote an optimal level of care for the individual?
 - c. Did a Physician order or prescribe the nursing or nutritional assessment?
 - d. Is the order for the nursing service time limited or expected to continue indefinitely?
 - e. Has the physician identified and made recommendations related to the appropriate care setting or level of care environment that the nursing service should be provided in?
 - f. Does the task require the skills of a registered nurse (RN) or licensed practical nurse (LPN) at the direction of an RN?
 - g. Is it complex? Does it require consideration of a number of factors in order to perform the procedure and /or require judgment to determine how to proceed from one step to another?
 - h. Can the task be appropriately delegated to unlicensed assistive personnel?
 - i. Is the nursing service covered by Medicare or Medicaid state plan services?
 - j. Is the individual eligible for and / or receiving Medicare or Medicaid State Plan service for Nursing?
 - k. Have Medicaid state plan and /or Medicare nursing services been exhausted and is there a demonstrated need for additional Nursing Services?

8. **Additional Information and Resources:**

Delegation

Delegation is a process that, used appropriately, can result in safe and effective nursing care. Delegation can free the nurse for attending more complex patient care needs, develop the skills of nursing assistive personnel and promote cost containment for the healthcare organization. The RN determines appropriate nursing practice by using nursing knowledge, professional judgment and the legal authority to practice nursing. RNs must know the

context of their practice, including the state nurse practice act and professional standards as well as their agency's policies and procedures related to delegation.

A delegated task is a simple task not requiring nursing judgment in a predictable patient context. Typically, it's repetitive—for instance, measuring urine output and vital signs. Nurses do not delegate tasks that require specialized knowledge or complex observations, such as monitoring a patient with chest pain. As a general rule, nurses do not delegate the assessment, planning, and evaluation steps of the nursing process. Most nurse practice acts specifically prohibit nurses from delegating initial patient assessments, discharge planning, health education, care planning, triage, and interpretation of assessment data.

The nurse must determine whether the Unlicensed Assistive Personnel (UAP) is capable of performing the task that is delegated. To avoid negligent supervision, the nurse needs to know the UAP's job description and having written documentation of the worker's competencies. The nurse must provide adequate supervision and support of the delegated task. The nurse judges the effectiveness of delegated activities and evaluates the outcome. 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

MO HealthNet

In Missouri there are many federal and state funded programs available to individuals who meet basic categorical eligibility criteria. MO HealthNet refers to the statewide medical assistance programs for elderly and disabled individuals, low-income families, pregnant women and children. MO HealthNet individuals receive their care through either the Fee For Service (FFS) delivery system or the Managed Care delivery system, depending on where the individual lives in the state. MO HealthNet benefits are available to those persons who are determined eligible for the following types of assistance. Please see the links below for information about the various MO HealthNet programs and the participant handbook.

<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

Medicare Coverage

There are four parts to Medicare:

Medicare Part A, Hospital Insurance;

Medicare Part B, Medical Insurance;

Medicare Part C (Medicare Advantage), which was formerly known as *Medicare + Choice*; and

Medicare Part D, prescription drug coverage.

Generally, people who are over age 65 and getting Social Security automatically qualify for Medicare Parts A and B. So do people who have been getting disability benefits for two years, people who have amyotrophic lateral sclerosis (Lou Gehrig's disease) and receive disability benefits, and people who have permanent kidney failure and receive maintenance dialysis or a kidney transplant.

Part A is paid for by a portion of Social Security tax. It helps pay for inpatient hospital care, skilled nursing care, hospice care and other services.

Part B is paid for by the monthly premiums of people enrolled and by general funds from the U.S. Treasury. It helps pay for doctors' fees, outpatient hospital visits, and other medical services and supplies that are not covered by Part A.

Part C (Medicare Advantage) plans allow you to choose to receive all of your health care services through a provider organization. These plans may help lower your costs of receiving medical services, or you may get extra benefits for an additional monthly fee. You must have both Parts A and B to enroll in Part C.

Part D (prescription drug coverage) is voluntary and the costs are paid for by the monthly premiums of enrollees and Medicare. Unlike Part B in which you are automatically enrolled and must opt out if you do not want it, with Part D you have to opt in by filling out a form and enrolling in an approved plan. More information about all four parts of Medicare and the 2013 Medicare handbook can be found at the CMS website.

<http://www.medicare.gov/>
<http://www.medicare.gov/pubs/pdf/10050.pdf>

CLAIM

CLAIM is a nonprofit agency that provides free, unbiased information about Medicare to Missourians. Their goal is to provide local counselors to help individuals obtain the most from their Medicare benefits.

<http://www.missouricclaim.org/>

Adequate Documentation

All services must be adequately documented in the individual record. The Code of State Regulations 13 CSR 70-3.030 section (A) (2) defines –adequate documentation and adequate medical records as follows: adequate documentation means documentation from which services rendered and the amount of reimbursement 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, with the exception of in-home health services such as personal care and home services.

This guideline will be reviewed and updated annually, as needed.