

## Home care nursing (HCN)

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Legal authority	42 C.F.R. 440.80, <a href="#">Minn. Stat. §256B.0625</a> , <a href="#">Minn. Stat. §256B.0651</a> , <a href="#">Minn. Stat. §256B.0654</a>	
Definitions	<p><b>Home care nursing (HCN):</b> Professional nursing services provided to a person who requires more continuous care than a skilled nursing visit (SNV) and beyond the scope of what personal care assistance (PCA)/Community First Services and Supports (CFSS) and home health aide (HHA) services can provide. HCN services are based on an assessment of the person's medical/health care needs and are provided in the person's place of residence or in the community. All HCN services must be ordered by a physician, physician assistant (PA) or advanced practice registered nurse (APRN) every 60 days.</p> <p><b>Medical review agent:</b> Agent contracted with DHS to determine a person's eligibility for HCN based on clinical documentation.</p>	
Covered services	<p>HCN has two levels of care: regular and complex. The medical review agent determines if the person meets the requirements for regular and/or complex HCN.</p> <p><b>Regular</b> Regular HCN covers the following activities:</p> <ul style="list-style-type: none"><li>• Assessments and interventions needed by a person who is considered stable but has episodes of instability that are not immediately life-threatening.</li><li>• Nursing observation, monitoring, assessment and evaluation to determine appropriate interventions that will maintain or improve the person's health status.</li></ul> <p><b>Complex</b> Complex HCN covers all of the regular HCN activities listed above, in addition to other interventions for a person who meets at least one of the following requirements:</p> <ul style="list-style-type: none"><li>• Requires life-sustaining interventions to reduce the risk of long-term injury or death.</li><li>• Is dependent on a ventilator for life support for at least six hours a day and is expected to be or has been dependent for at least 30 consecutive days.</li></ul>	
Non-covered services	<p>HCN does not cover services that are:</p> <ul style="list-style-type: none"><li>• Not authorized by DHS or the lead agency.</li><li>• Not ordered by a physician, PA or APRN.</li><li>• Provided by an individual who does not meet the provider standards and qualifications on this page.</li><li>• Provided by a nurse who is the person's legal guardian, spouse or parent/family foster parent (if the person is younger than age 18), unless these services are provided through an <a href="#">HCN Hardship Waiver</a>.</li><li>• Provided to more than two people who receive <a href="#">shared HCN services</a> from a nurse in a single setting at the same time.</li><li>• Provided to two people at the same time in two different locations, including two apartments in the same building.</li><li>• A replacement or supplement for services provided by required staff at a licensed facility.</li></ul>	
HCN home care ratings and caps	<p>All people who use HCN have an HCN home care rating determined by their nursing assessment.</p> <p>HCN units have the following limitations:</p> <ul style="list-style-type: none"><li>• The total HCN units cannot exceed 96 HCN units/day.</li></ul>	

	<ul style="list-style-type: none"> <li>The requested combination of HCN and PCA/CFSS cannot exceed the budget cap for the person's HCN rating.</li> </ul>
<b>Interaction with PCA/CFSS</b>	<p>If a person is eligible for both HCN and PCA/CFSS, they have the option to use a combination of HCN and PCA/CFSS, with the following limitations:</p> <ul style="list-style-type: none"> <li>The combination of HCN and state plan PCA/CFSS services cannot exceed the cap for the person's HCN home care rating.</li> <li>The person's state plan PCA/CFSS units cannot exceed the number of state plan PCA/CFSS units for which they are eligible (refer to <a href="#">CFSS Manual – PCA/CFSS unit determination</a>).</li> <li>The total HCN units cannot exceed 96 HCN units/day.</li> <li>The combined HCN and state plan PCA/CFSS units cannot exceed 112 units/day.</li> </ul> <p>The lead agency assessor determines the person's eligibility for PCA/CFSS. For more information, refer to <a href="#">CFSS Manual – Eligibility</a>.</p> <p>If a person on a waiver is eligible for extended HCN and/or extended PCA/CFSS services, these caps apply to their state plan units only.</p>
<b>Process and procedure</b>	<p>For process and procedure, refer to the specific sections lower on this page:</p> <ul style="list-style-type: none"> <li><a href="#">HCN for a person not on a waiver/AC.</a></li> <li><a href="#">HCN with Alternative Care (AC), Brain Injury (BI), Community Alternative Care (CAC), Community Access for Disability Inclusion (CADI), Developmental Disabilities (DD) and Elderly Waiver (EW).</a></li> </ul>
<b>Provider standards and qualifications</b>	<p>The following Minnesota Health Care Program (MHCP)-enrolled providers may provide HCN services:</p> <ul style="list-style-type: none"> <li>Registered nurse (RN) or licensed practical nurse (LPN) employed by a Medicare-certified agency and/or HCN agency with a comprehensive license.</li> <li>Legal guardian, spouse or parent/family foster parent (if the person is younger than age 18) who is an RN or LPN employed by an agency and meets criteria to receive an <a href="#">HCN Hardship Waiver</a>.</li> <li><a href="#">Independent RN.</a></li> <li><a href="#">Independent LPN.</a></li> </ul>
<b>Additional resources</b>	<p><a href="#">CBSM – HCN Hardship Waiver</a>  <a href="#">CBSM – Shared service option for HCN</a>  <a href="#">DHS – Home care nursing calculator</a>  <a href="#">DHS – Long-term services and supports rates changes</a>  <a href="#">MHCP Provider Manual – HCN services</a></p>
<b>Process/procedure: HCN for a person not on a waiver/AC</b>	
<b>Applicability</b>	This section applies to HCN for a person not on a waiver/AC (i.e., uses MA state plan HCN).
<b>Access</b>	To access HCN, anyone may make a referral directly to an approved HCN provider.
<b>Assessment</b>	<p>An RN (either from an approved HCN provider or an independent RN) completes an HCN assessment to document the person's need for services in the person's record. This assessment:</p> <ul style="list-style-type: none"> <li>Identifies the person's needs.</li> <li>Recommends an HCN home care rating and amount of HCN units.</li> <li>Includes an individualized care or service plan.</li> <li>Requests authorization for regular or complex HCN that is required to meet the person's needs.</li> </ul>
<b>Authorization</b>	All HCN services require prior authorization. There are two options for the HCN

	<p>provider to submit the request:</p> <ul style="list-style-type: none"> <li>• Directly through the medical review agent (refer to <a href="#">MHCP Provider Manual – Authorization – Home care</a>).</li> <li>• Using MN-ITS (refer to <a href="#">MN-ITS Direct Data Entry User Guide – Authorization request (278) home care services</a>).</li> </ul> <p>The required information for the request depends on the type of authorization.</p> <p><b>Temporary authorization up to 45 days</b></p> <p>A temporary service authorization up to 45 days allows for initial starts and increases due to a person’s change in condition in an expedited process for certain situations.</p> <p>When making this type of request, the HCN provider does not need to submit supporting documentation. The HCN provider can enter all required information electronically.</p> <p>DHS must receive the request for temporary authorization within five business days of the first date of service.</p> <p><b>Long-term authorization</b></p> <p>The HCN provider includes the following information when they submit a request for long-term authorization:</p> <ul style="list-style-type: none"> <li>• HCN assessment form (e.g., <a href="#">MA Home Care Nursing Assessment, DHS-407 [PDF]</a>).</li> <li>• Physician, PA or APRN orders.</li> <li>• Plan of care.</li> </ul> <p><b>DHS approval</b></p> <p>DHS reviews the material submitted to:</p> <ul style="list-style-type: none"> <li>• Determine the person’s need for service, HCN rating, number of units and type of nursing.</li> <li>• Provide temporary or long-term authorization.</li> <li>• Enter the person’s home care rating and units into MMIS.</li> </ul>
<p><b>Process for combining HCN and state plan PCA/CFSS</b></p>	<p>The process to combine HCN with PCA/CFSS depends on the person’s circumstances.</p> <p><b>Adding HCN to PCA/CFSS</b></p> <p>If the person has an authorization for PCA/CFSS and adds HCN, the HCN provider uses the authorization instructions in the previous section of this page.</p> <p><b>Adding PCA/CFSS to HCN</b></p> <p>If the person has an authorization for HCN and adds PCA/CFSS:</p> <ol style="list-style-type: none"> <li>1. The county/tribal nation enters a new PCA/CFSS authorization into MMIS and manually routes the service agreement to DHS by following the instructions on <a href="#">DSD MMIS Reference Guide – Finalize a type B service agreement for PCA/CFSS</a></li> <li>2. DHS merges the service agreements.</li> <li>3. The medical review agent reviews and approves the services.</li> </ol> <p><b>Note:</b> The county/tribal nation must not edit the service agreement while the medical review agent is reviewing it.</p>
<p><b>Managed care organization (MCO) enrollment</b></p>	<p>People age 65 and older who are enrolled in an MCO and not using a waiver receive their HCN services through their MCO. The MCO follows its own processes and procedures.</p> <p>People younger than age 65 and enrolled in an MCO receive their services through the state plan. Providers follow the authorization instructions above.</p>
<p><b>Limitations</b></p>	<p>Extended HCN services are not available through the MA state plan.</p>
<p><b>Process/procedure: HCN with AC, BI, CAC, CADI, DD and EW</b></p>	
<p><b>Applicability</b></p>	<p>This section applies to HCN with:</p> <ul style="list-style-type: none"> <li>• AC.</li> </ul>

	<ul style="list-style-type: none"> <li>• BI Waiver.</li> <li>• CAC Waiver.</li> <li>• CADI Waiver.</li> <li>• DD Waiver.</li> <li>• EW.</li> </ul>
<b>Access</b>	<p>The lead agency uses the MnCHOICES process to determine the person's need for service. To initiate HCN services, a certified assessor, case manager or care coordinator makes a referral to an approved HCN provider.</p>
<b>Assessment</b>	<p>An RN (either from an enrolled HCN provider or an independent RN) completes an HCN assessment to document the person's need for services in the person's record. This assessment:</p> <ul style="list-style-type: none"> <li>• Identifies the person's needs.</li> <li>• Recommends an HCN home care rating and amount of HCN units.</li> <li>• Includes an individualized care or service plan.</li> <li>• Requests authorization for regular or complex HCN that is required to meet the person's needs.</li> </ul> <p>The RN must send a copy of the assessment to the person's case manager or care coordinator.</p>
<b>Authorization</b>	<p>All HCN services require prior authorization from the county/tribal nation. The HCN provider collaborates with the county/tribal nation for authorization. The county/tribal nation:</p> <ul style="list-style-type: none"> <li>• Reviews the HCN provider's assessment and determines the person's HCN home care rating and units.</li> <li>• Enters the authorization into the MMIS service agreement.</li> <li>• Bases the length of the authorization on the person's needs and/or the length of the current service agreement.</li> </ul> <p><b>State plan and extended HCN</b></p> <p>People on BI, CAC, CADI and EW can receive both state plan and extended HCN. For people eligible for extended HCN, the case manager authorizes both MA state plan HCN services and extended HCN services on the same service agreement. The case manager must:</p> <ul style="list-style-type: none"> <li>• Determine if the person needs more HCN services to remain in a community setting than what is available for the person's HCN home care rating.</li> <li>• Authorize state plan HCN services using the applicable procedure codes with the number of units up to the state plan service limit.</li> <li>• Authorize extended HCN services using procedure codes for units over the MA state plan service limits.</li> </ul> <p>For information about limits and procedure codes, refer to <a href="#">Long-Term Services and Supports Service Rate Limits, DHS-3945 (PDF)</a> and <a href="#">Home Care Nursing Decision Tree DHS-4071C (PDF)</a>.</p> <p>People on AC and DD cannot receive extended HCN.</p> <p><b>Services through an MCO</b></p> <p>For people ages 65 and older on BI, CAC, CADI and DD who are enrolled in managed care, the county/tribal nation must use placeholder code X5609 in MMIS to authorize the services for which the MCO is responsible for payment. When using this code, the case manager must indicate all of the following on the HCN line(s) on the ASA3 screen:</p> <ul style="list-style-type: none"> <li>• Service.</li> <li>• Estimated number of units.</li> </ul>

	<ul style="list-style-type: none"> <li>• Cost.</li> </ul> <p>For more information, refer to <a href="#">Instructions for completing and entering the LTCC screening document and service agreement into MMIS, DHS-4625 (PDF)</a>.  The case manager and MCO staff members can use <a href="#">MCO, County Agency and Tribal Nation Communication Form – Recommendation for Home Care Services, DHS-5841</a> to initiate home care recommendations. The form includes detailed instructions for use. Then, the MCO follows its procedure to authorize the service. For people on EW who are enrolled in managed care, the care coordinator follows the MCO's procedure to authorize the service, unless the person receives case management through a tribal nation. In this arrangement, services may be authorized by the tribal nation through MMIS and also by the MCO through its billing system. The MCO care coordinator must contact the case manager at the tribal nation for more information.</p>
<b>Limitations</b>	Extended HCN is not available on AC or DD.