

# Department of Health Services



Cal,forma  
Department of  
Health Services

SANDRA SHEWRY  
*Director*



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**Governor**

February 15 2007

N.L. No.: 05-0207

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TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)  
ADMINISTRATORS, MEDICAL CONSULTANTS, AND STATE  
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH AND  
REGIONAL OFFICE STAFF

SUBJECT: AUTHORIZATION OF SHORT-TERM SHIFT NURSING SERVICES

The purpose of this numbered letter is to update and clarify the policy for review and authorization of medically necessary short-term shift nursing services provided to a CCS-eligible child when the nursing services are related to the child's CCS-eligible medical condition. Short-term shift nursing services, for purposes of this letter, mean licensed skilled shift nursing services provided in the home when the anticipated need is not considered to be chronic or long term, the physician expects the duration to be 90 days or less, and the amount of skilled nursing services is expected to decrease and end within that time frame.

## Background

This N.L. will define the criteria for authorization of short-term shift nursing services provided in the home when all CCS Program eligibility requirements are met. Short-term shift nursing services are not within the scope of regular benefits of the Medi-Cal program for CCS/Medi-Cal clients. In accordance with California Code of Regulations (CCR), Title 22, Division 3, Sections 51184, and 51340, these services require authorization as Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT SS) for CCS clients who are full-scope, no share of cost Medi-Cal beneficiaries. Short term shift nursing services are CCS benefits for CCS-only and CCS/Healthy Families clients.

Intermittent home health services provided by a home health agency (HHA) may be authorized in accordance with N.L. 07-0506. Intermittent nursing services by a HHA may be provided for more than one hour per day and may be easier to access than short-term shift nursing services. Evaluation of the need for intermittent nursing services versus short-term shift nursing services may be made utilizing the HHA Plan of Treatment (POT).

If the physician anticipates the need for shift nursing services will exceed 90 days in duration for Medi-Cal eligible clients, all such requests should be referred to Medi-Cal In-Home Operations (IHO). IHO provides authorization for shift nursing services that will exceed 90 days, either through EPSDT SS or through one of the Home and Community Based Services (HCBS) waiver programs. HCBS waivers provide for in-home care for recipients who would otherwise require institutionalization in a medical facility.

Shift nursing services are provided by a HHA nurse, or an individual nurse with an active EPS prefix Medi-Cal provider number. The procedure codes for shift nursing services are listed in Attachment A.

#### I. Policy Guidelines

A. The CCS program shall authorize medically necessary short-term shift nursing services when:

1. Skilled nursing interventions are required beyond those that may be provided on an intermittent basis, including:
  - a. Assessment, interpretation, evaluation, and monitoring of the client's response to treatment on a frequent or on-going basis;
  - b. Frequent need to identify and evaluate clinical changes which may result in ramifications for the child's medical condition, including initiation of appropriate interventions;
  - c. Additional parent and/or caregiver support needed to follow the plan of care for managing the child's medical needs in the home, including development of a training plan for the caregiver; or
  - d. Perform nursing functions such as, but not limited to:
    - i. respiratory treatment and/or chest physiotherapy at least three times a day,
    - ii. tracheostomy care requiring suctioning,
    - iii. chronic/long-term ventilator management,

- iv. parenteral administration of nutritional or pharmaceutical agents by intravenous route,
  - v. tube feedings through a nasogastric or gastrostomy tube, by pump for at least eight hours per day, or combinations of tube feedings with oral feedings, or
  - vi. maximum assistance needed with activities of daily living, such as quadriplegic or paraplegic care.
2. Skilled nursing interventions are required to treat and/or manage a client's CCS-eligible medical condition; and
  3. The skilled nursing interventions are prescribed by a CCS-approved physician in accordance with a prescription or written HHA POT indicating the need for short-term shift nursing services.

B. Providers of short-term shift nursing services include:

1. Licensed HHA enrolled as a Medi-Cal provider.
2. Individual Licensed Vocational Nurse or Registered Nurse with an active EPS prefix Medi-Cal provider number through the Medi-Cal Program.

II. Policy Implementation

A. Authorization requirements for up to 90 days of short term shift nursing services shall include:

1. A physician prescription or HHA POT, which includes justification of medical necessity.

Note: issuance of authorization shall not be delayed awaiting a physician signature. The CCS program does not require a physician's signature to authorize short-term shift nursing services.

2. An initial evaluation/assessment by a RN provider of short-term nursing services, per Policy Section I. B, above, that documents all of the following:

- a. The language spoken in the home and the ability for the nurse provider to communicate in the language understood by the patient/family;
  - b. The complexity and intensity of the client's health care needs, and of the technology equipment required to meet these needs;
  - c. Family/caregiver resources and capacity to provide care;
  - d. Home safety evaluation, including an emergency evacuation plan;
  - e. Coordination of care with other community support services, which may include hospital discharge coordinator, client's primary care physician, Special Care Center, HHA, Medical Therapy Unit, and hospice agency, as applicable;
  - f. Need for medical supplies equipment and pharmaceuticals necessary to carry out the services;
  - g. Determination of total number of hours required, including frequency and length of services in hourly increments with dates of service; and
  - h. The Healthcare Common Procedure Coding System (HCPCS) procedure codes specific to the service requested, as listed in Attachment A.
- B. Requests for authorization of shift nursing services expected to exceed 90 days shall be referred to IHO for approval as long-term shift nursing services.
- C. If it is determined that the need for shift nursing may go beyond 30 days, the IHO referral process should be initiated early during first 30 days of starting short-term shift nursing services, in order to assure uninterrupted of vital services.
- D. If the initial authorization for short-term shift nursing services has reached the 90-day time limit and a child is in the final stages of life, as evidenced by supporting medical documentation, authorization for continued shift nursing services for a brief period may be allowed, as appropriate.

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If you have any questions on this CCS program policy, please contact your Regional Office Medical Consultant.

**ORIGINAL SIGNED BY**

Marian Daisey, M.D., M.P.H., Chief  
Children's Medical Services Branch

Attachment

Attachment A  
 HCPCS Codes for  
 Short-Term Shift Nursing Services

Code	Description	Time/Unit Authorized
Home Health Agency Services		
25832	EPSDT SS Registered Nurse	One hour
25833	EPSDT SS Shared Nursing RN	One hour
25834	EPSDT SS LVN	One hour
25835	EPSDT SS Shared Nursing LVN	One hour
25836	EPSDT SS RN Providing Supervision	One hour
EPSDT Supplemental Services		
25999	EPSDT SS Miscellaneous	One hour
_PSDT SS Individual Nurse Providers		
25804	EPSDT SS Registered Nurse	One hour
25805	EPSDT SS Shared Nursing RN	One hour
25840	EPSDT SS RN Providing Supervision	One hour
25806	EPSDT SS LVN	One hour
25807	EPSDT SS Shared Nursing LVN	One hour