MEDICAL POLICY STATEMENT
TrueCare

Policy Name & Number	Date Effective
Private Duty Nursing for EPSDT Beneficiaries-TrueCare-MM-1754	07/01/2026
Policy Type	
MEDICAL	

Medical Policy Statements are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Medical Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Medical Policy Statement. Except as otherwise required by law, if there is a conflict between the Medical Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Private Duty Nursing for EPSDT Beneficiaries

B. Background

Private duty nursing (PDN) is a Medicaid State Plan service that provides in-home skilled nursing care to Medicaid members eligible for Early and Periodic Screening, Diagnosis and Treatment (EPSDT). These members require continuous nursing services beyond the Medicaid State Plan Home Health benefit. PDN provides care for members with complex medical needs under the direction of the members' physician if it can be provided safely in a residence unless it is medically necessary for a nurse to accompany the member in the community. For members who have a medical need for part-time, intermittent, and skilled nursing or aide care and therapies, home health services may also be provided. Refer to the *Home Health Services* medical policy for further guidance on intermittent skilled nursing or aide care.

PDN services are covered by the Mississippi Division of Medicaid (DOM) when certified as medically necessary for members that qualify for EPSDT services. A covered PDN visit must meet the conditions imposed in the Mississippi Administrative Code Part 223 Chapter 4 and all other applicable state regulations. PDN services may be provided by a registered nurse (RN) or licensed practical nurse (LPN) to provide curative, restorative, and preventive care.

Personal care services (PCS) are covered by the Mississippi DOM when certified as medically necessary for members that qualify for EPSDT services. PCS services can only be provided by a certified nursing assistant (CNA) that has obtained certification through a program approved by the Mississippi Department of Health, Licensure and Certification. These services must be delivered under the supervision of an RN pursuant to the plan of treatment established in consultation with appropriate members of the care team under the direction of the member's physician.

PCS, PDN, and HHS cannot be duplicative. PDN is only a benefit for EPSDT-eligible members.

C. Definitions

- **Medically Necessary Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services** – A service necessary to correct or ameliorate the individual child's physical or mental condition with the determination made on a case-by-case basis taking into account the particular needs of the child.
- **Personal Care Services (PCS)** – Medically necessary personal care services for EPSDT-eligible members who require assistance in order to safely perform the activities of daily living (ADLs) due to a diagnosed condition, disability, or injury. The delivery and receipt of these services must be medically necessary for the treatment of the beneficiary's condition, disability, or injury and exceed the level of care available through the home health benefit.
- **Private Duty Nursing (PDN)** – Skilled nursing care services for EPSDT-eligible beneficiaries who require more individual and continuous care than is available from

a visiting nurse or routinely provided by the nursing staff of a hospital or skilled nursing facility.

- **Skilled Nursing Care** – A service requiring high-level skills of a registered nurse (RN) or licensed practical nurse (LPN) to provide curative, restorative, and preventative care. These services are rendered under the supervision of an RN and according to a plan of care and treatment created in consultation with the beneficiary's care team and approved by the beneficiary's physician.

D. Policy

I. TrueCare follows the requirements outlined in the Mississippi Administrative Code for private duty nursing (PDN) services for EPSDT-eligible beneficiaries (ie, members under age 21). Per the Administrative Code, medically necessary PDN services for EPSDT-eligible beneficiaries are covered when all the following apply:

A. Ordered and directed by the beneficiary's primary physician or appropriate physician specialist
B. Prior authorized by the Division of Medicaid or designee
C. The required service(s) exceed the level of services provided through the home health benefit
D. Post-acute inpatient skilled nursing care is not appropriate, does not meet the beneficiary's care needs, or is not available
E. Provided in a setting in which the beneficiary's normal life activities take place
F. All medical and home environment criteria are met
G. Are directly related to the beneficiary's illness or disability.
H. Services can be safely provided by one 1 nurse and do not require the assistance of a 2nd nurse
I. The plan of care (POC) includes multiple skilled nursing functions and is not limited to just 1 skilled nursing function, such as for the administration of nasogastric or gastrostomy feeding.
J. The member meets all the following:
    1. medically stable to receive nursing care managed safely in a non-institutional setting where normal life activities take place
    2. has a documented illness or disability of such severity and/or complexity that it requires prescribed care that can only be provided by an RN or LPN
    3. requires more individual and continuous care than is available from a visiting nurse through intermittent home health care or custodial care
K. The home environment is conducive to appropriate growth and development for the member's age group and is conducive to the provision of appropriate medical care.
L. There must be at least 1 parent or other caregiver capable of and willing to be trained to assist in the provision of care for the member and the parent or caregiver must:
    1. Provide evidence of parental or family involvement, and an appropriate home situation including, but not limited to, a physical environment and geographic location for the beneficiary's medical safety.
    2. Have a reasonable plan for an emergency situation including, but not limited to:
        a. Power and equipment backup for those with a life-support device,

b. Access to a working telephone, and
c. Available transportation adequate to safely transport the beneficiary.

3. Comply with the plan of care, physician office appointments and/or other ancillary services.

II. PDN services are covered:
A. On a short-term basis for beneficiaries in need of parent and/or caregiver training in order to reside in the home and community, or
B. On a long-term basis for beneficiaries that require substantial and complex care that exceed the level of service available from the home health benefit in order to remain in the home and community setting.

III. The PDN acuity scale is intended to be used in conjunction with the acuity assessment tool and the clinical and professional judgement of the nurse completing the tool. It is not intended to be the sole determinant of all the skilled nursing needs of the member. Normal age-appropriate care and parental responsibility should be considered, (ie, all 3-year-olds need assistance with getting bathed and dressed, therefore "needs assist" in this category is not scorable as it is an age-appropriate need and not a medical need). Unskilled needs do not require nursing level of care. Unskilled needs are often provided by family, HHA, waiver, or other services/individuals. The skilled section of the tool is used to determine if the member meets criteria for PDN. If they do not meet criteria for PDN, they will be reviewed to see if they meet criteria for skilled nursing care.
A. Skilled nursing care acuity guidelines
1. Mechanical ventilation: acuity measurement is based on number of hours used per day. Only use ventilator scoring if device is used as a ventilator. For ventilators used as CPAP/BiPAP, go to III.A.2. Select up to one of the following if applicable:
- 1.0 point is scored when the ventilator is listed as standby (eg, "just in case" it would be needed).
- 2.5 points are scored when the member requires a ventilator 12 hours or less per day (eg, while sleeping).
- 5.0 points are scored when the member requires a ventilator for greater than 12 hours per day.

2. CPAP/BiPAP: acuity measurement is based on number of hours used per day. Select up to one of the following if applicable:
- 2.0 points are scored when the member is on CPAP or BiPAP 12 hours or less per day.
- 4.0 points are scored when the member is on CPAP or BiPAP for greater than 12 hours per day.

3. Tracheostomy: acuity measurement is used to indicate special care needed for tracheostomy (note: dressing changes are included in the below). Select up to one of the following if applicable:
- 1.5 points are scored when the member can tolerate the use of a speaking valve, or having the tracheostomy capped for a period of time and/or receives routine care. Do not mark this option if a PMV is used in line with the ventilator or PAP.

- 3.0 points are scored when the member breathes continuously through an open tracheostomy and requires special care (eg, frequent tube changes, current infection at trach site, irritation, mucous plugs requiring intervention, mucosal bleeding).

4. Oxygen: acuity measurement is based on the order for administration, either continuous or determined by pulse oximeter. Select up to one of the following if applicable:
   - 1.0 point is scored when the member's oxygen use is routine and predictable (ie, member has COPD and requires oxygen whenever necessary when walking or upon exertion).
   - 3.0 points are scored when the member's oxygen use is unpredictable (eg, unstable airways).
5. Tracheal suctioning: acuity measurement is based on frequency the skilled nurse performs this service and is only applicable when the member be unable to self-suction. Select up to one of the following if applicable:
   - 1.0 point is scored when the member requires suctioning once per day.
   - 2.0 points are scored when the member requires suctioning 2 – 10 times per day.
   - 3.0 points are scored when the member requires suctioning 11 – 20 times per day.
   - 4.0 points are scored when the member requires suctioning more than 20 times per day.
6. Humidification: acuity measurement is based upon the need for humidification treatment: 0.5 points is scored when humidification is performed and completed by skilled nurse.
7. Pulse oximetry monitoring: acuity measure is based on treatment that is done on a routine basis. Select up to one of the following if applicable:
   - 1.0 point is scored if monitoring is completed by the nurse ≤ 3 times per day.
   - 2.0 points are scored if monitoring is completed by the nurse > 3 times per day or continuous.
8. Injectable medications: acuity measurement is based on number of injections per day on medication that is routinely ordered or as needed (PRN) only when the skilled nurse has administered the injectable. Insulin/subcutaneous injections are not included in this scoring. Select up to one of the following if applicable:
   - 1.0 point is scored if 1 injection is administered per day.
   - 2.0 points is scored if more than 1 injection is administered per day.
9. Medication schedule: acuity measurement is based on the complexity of the medication. This does not include insulin, which is scored under III.A.21. Select up to one of the following if applicable:
   - 1.0 point is scored for routine medication schedule. This includes medications that do not require dosage adjustments, regardless of the number of medications.
   - 2.0 points are scored for complex medication schedule. This includes medications which are PRN and/or require dosage adjustments by a

skilled nurse. Members who have more than 3 medications which are PRN and/or require adjustment delivered within an 8-hour window by a skilled nurse would qualify for complex.

10. CPT/vest/nebulizer treatments: include treatment that is done on a routine basis, whether there is a standing or PRN order. If the treatments are done together (ie, nebulizer treatments followed by chest physiotherapy, and/or vest therapy), consider points based on the therapy provided at the highest frequency (eg, if nebulizer 2 times per day and pulmonary vest 3 times per day, count as therapy 3 times per day). Select up to one of the following if applicable:
    - 1.0 point is scored when CPT/vest/nebulizer (PRN).
    - 2.0 points are scored when CPT/vest/nebulizer 1 – 2 times per day.
    - 3.0 points are scored when CPT/vest/nebulizer 3 – 4 times per day.
    - 4.0 points are scored when CPT/vest/nebulizer ≥ 5 times per day.
11. Blood draws: acuity measurement is based upon the number of blood draws per week. Select up to one of the following if applicable:
    - 1.0 point is scored for peripheral blood draw routinely performed by skilled nurse during the week.
    - 1.5 points are scored for central line blood draw routinely performed by skilled nurse during the week.
12. Blood products: acuity measurement is based upon the number of times per month it was documented that the member received any blood products provided by the skilled nurse during the PDN visit. Select up to one of the following if applicable:
    - 1.0 point is scored for blood products administered once per month.
    - 1.5 points are scored for blood products administered 2 – 3 times per month.
    - 2.0 points are scored for blood products administered more than 3 times per month.
13. Nasogastric (N/G), gastrostomy (G), or jejunostomy (J/J) tube feedings: acuity measurement is based upon the complexity of the enteral feeding and the associated care needed from the nurse. Select up to one of the following if applicable:
    - 2.0 point is scored for G/J and N/G tube bolus or continuous.
    - 3.0 points are scored for G/J and N/G tube combination (bolus and continuous).
    - 4.0 points are scored for G/J and N/G tube complicated. To score for complicated, there must be required residual checks, aspiration precautions, postural changes, and frequent rate adjustments or formula changes.
14. Special diet, prolonged feedings: 1.0 point is scored if there is a threat of aspiration and it requires the assessment, observations, and interventions of a skilled nurse. Documentation of how long it took to feed the member must be present in the nurse's notes. This is not applicable for tube feedings.
15. Reflux, dysphagia, aspiration: to receive points for Reflux, the member must meet at least one of the following criteria: 1) a positive swallowing study

performed within the last 12 months; 2) documented current and ongoing treatment for reflux (eg, medications such as Reglan, Zantac, or Prevacid); 3) documented treatment for aspiration pneumonia within the last 12 months; or 4) a need for suctions due to reflux at minimum daily (this does not include suctioning of oral secretions). Must also have the diagnosis of dysphagia or difficulty swallowing, and documentation in the medical record on how the member is progressing. Aspiration precautions should be noted in the clinical record by the skilled nurse, as well as the interventions done to prevent aspiration. Choose all that apply:

- 1.0 point is scored for aspiration precautions.
- 1.5 points are scored for reflux or dysphagia.

16. Seizures/neurostorms: acuity measurement is based upon the frequency of the seizure/neurostorm activity, the severity of the activity, and intervention(s) required. In all instances, monitoring must be recorded in the nurses' notes and/or maintained in a logbook. The description of the activity should be addressed (ie, type, duration, intervention). There must also be medications that are scored on a routine basis. The number of events per day, week, month, etc. must be documented and the average number occurring should be known.
    - 0.0 points are scored if there is a seizure/neurostorm diagnosis or history of seizures/neurostorm, but there is no active seizure/neurostorm activity.
    - 1.0 point is scored if there is observation/monitoring only, but no skilled nursing intervention.
    - 2.0 points are scored if there are moderate interventions required, no injury, and medicine (eg, Diastat, intranasal Valium, intranasal Versed) has to be administered, or a magnet and vagus nerve stimulator is used to stop seizure/neurostorm activity.
    - 3.0 points are scored if there is an injury, medicine (see above) has to be administered or a magnet and vagus nerve stimulator is used to stop seizure/neurostorm activity, and apnea is present.
17. General assessments: acuity measurement is based on the frequency a complete nursing assessment is being performed and documented in the nurse's notes. This does not include general statements (eg, sleeping soundly, respirations quiet, restless), but may be a targeted assessment if there is a concern (eg, respiratory assessment, neurological checks). Points are not considered under this section if just vital signs are taken, but if targeted vital signs are taken (eg, temperature), as well as the targeted assessment, then points could be scored under this assessment. Select up to one of the following if applicable:
    - 1.0 point is scored if the assessment is completed and documented in the nurse's notes at least once per shift.
    - 1.5 points are scored if the assessment is completed and documented in the nurse's notes every 4 hours.
18. Vital signs: acuity measurement is based on complete sets of vitals being taken at specific frequencies (otherwise use the general assessment section above). Select up to one of the following if applicable:

- 1.5 points are scored if a complete set of vital signs are taken 2 – 3 times per shift AND documented in the clinical record.
- 2.0 points are scored if a complete set of vital signs are taken ≥ 4 times per shift AND documented in the clinical record.

19. Peripheral intravenous therapy (PIV). Select up to one of the following if applicable:
    - 1.0 point is scored when peripheral IV infuses less than 4 hours.
    - 2.0 points are scored when there is IV therapy ordered and the skilled nurse gives the IV solution while on the visit and the IV infuses for 4 – 8 hours
    - 3.0 points are scored when there is IV therapy ordered and the skilled nurse gives the IV solution while on the visit and the IV infuses for greater than 8 hours.
20. Total parenteral nutrition (TPN), central line care, chemotherapy, IV pain control. Choose all that apply:
    - 2.0 points are scored if there is a physician order for chemotherapy and it's administered by the skilled nurse during the visit.
    - 2.0 points are scored if there is a physician order for IV pain meds and the skilled nurse gives the IV medication during the visit.
    - 2.5 points are scored if only central line care is scored and no IV is infusing.
    - 3.0 points are scored if TPN is ordered by a physician and it's administered by the skilled nurse during the visit.
21. Blood sugar/ketones checks. Select up to one of the following if applicable:
    - 1.0 point is scored when the blood sugar or ketones are checked by the skilled nurse and there is no insulin scored. It does not matter how many times it is checked.
    - 2.0 points are scored when the blood sugar is checked by the skilled nurse and insulin is administered by the nurse. It does not matter how many times it is scored.
22. Medicated skin treatment: 1.0 point is scored when medicated skin treatment is scored by the nurse. This does not include lotions, powders, non-medicated creams, etc.
23. Stoma/wound care: acuity measurement includes dressing changes/stoma care. Only score stoma/wound care when this is being maintained but not used. See III.A.26 for use plus maintenance. Select up to one of the following if applicable:
    - 1.5 points are scored when the member has general stoma/wound care and care is documented in the nurse's notes once per day, noting condition of the wound/stoma.
    - 2.0 points are scored when the member has the above performed greater than once per day.
24. Decubitus care: 3.0 points are scored when the member has an order for decubitus care and it is performed by the nurse during the home visit. The member would not also receive points for wound/stoma care/medicated skin treatment in addition to this score if they just have a decubitus.

25. Complex dressing changes/burn care: 3.0 points are scored when the member has an order for burn care/complex dressing change and it is performed by the nurse during the home visit. The member would not also receive points for wound/stoma care/medicated skin treatment in addition to this score.
26. Catheter/stoma, in-dwelling and intermittent (eg, Mitrofanoff, Malone, Chait tube, Nivana bowel irrigation system). Select up to one of the following if applicable:
    - 1.5 points are scored when the member has an in-dwelling catheter/stoma and care is performed by the nurse during the home visit.
    - 2.5 points are scored when the member has an in-dwelling catheter/stoma and care is performed by the nurse during the home visit. This would include more complex/complicated care, (eg, flushes, insertion of catheter/stoma, etc.).
    - 1.0 point is scored if there is an order for a straight catheter/stoma flushing AND the skilled nurse completes the task during the home visit AND it is no more than once per 8-hour shift AND it is documented in the nurse's notes.
    - 2.0 points are scored if there is an order for a straight catheter/stoma flushing AND the skilled nurse completes the task during the home visit AND it is more than once per 8-hour shift AND it is documented in the nurse's notes.
27. Dialysis. Select up to one of the following if applicable:
    - Peritoneal dialysis: 2.0 points are scored if peritoneal dialysis is performed by the skilled nurse during the home visit.
    - Hemodialysis: 4.0 points are scored if hemodialysis is performed by the skilled nurse during the home visit.
28. Strict intake and output (I&O): 1.0 point is scored when the I&O requires interventions (ie, the skilled nurse has to make adjustments to feedings or IV fluids based on the intake and output data).
29. Acute care episodes. Choose all that apply:
    - 1.5 points are scored if the member has had bone surgery in the last 45 days from the time of assessment.
    - 2.0 points are scored if the member has a new or revised trach within the last 30 days from the assessment date.
    - 2.0 points are scored if the member has had abdominal/thoracic surgery with the last 45 days from the date of assessment.
    - 2.5 points are scored if member has had a ventriculoperitoneal (VP) shunt new or revised within the last 30 days.
    - 3.0 points are scored if the member has acute/post-procedure hospitalization at least 3 times per year one year from the date of assessment (this does not include admissions for testing or ER visits). For long-term hospitalizations (over 1 month), this section may be counted if the member is admitted for at least 3 months (eg, premature infants).

- 2.0 points are scored if the member has had an acute/post-procedure hospitalization (does not include planned admissions for testing/procedures or ER visits) within the last 30 days from time of assessment.
- 1.0 point is scored if the member has been discharged from an ECF within the last 30 days.
- 2.0 points are scored if the member has had documented by the physician at least 2 episodes of any respiratory issue (to include apnea, respiratory distress, etc.) within the last year from the date of the assessment.

B. Non-skilled nursing care: can be used if the member does not meet for PDN based on the skilled score alone, but there are extenuating psychosocial circumstances. The score from this section is added to the skilled nursing care score for the total number of hours that the member would need per day/week.
   1. Caregiver availability: acuity measurement requires documented evidence of the employment and/or school status of the primary caregivers before this is scored. Select up to one of the following if applicable:
      - 1.0 point is scored when there are 2 caregivers and neither is employed or attends school.
      - 2.0 points are scored when there are 2 caregivers and at least one is employed or attends school.
      - 2.5 points are scored when there is only 1 caregiver and the caregiver is not employed or attends school.
      - 3.5 points are scored when there is only 1 caregiver and the caregiver is employed or attends school.
      - 8.0 points are scored when there is no caregiver that lives in the home with the member. This does not mean that the member lives with an individual who takes primary responsibility for the member but refuses to deliver any care. An example of this would be a member that assumes responsibility for their own care and lives alone or is on a waiver and has supplemental staffing from agencies and independent providers.
   2. Sleeping status: acuity measurement is based on the amount of time the member is awake during the night. Nurse/caregiver waking the member over the course of the night is not scored. Select up to one of the following if applicable:
      - 1.0 point is scored if the member is awake 1 – 3 times per night.
      - 1.5 points are scored if the member is awake 4 or more times per night.
      - 1.5 points are scored if the member sleeps less than 5 hours consecutively.
      - 2.0 points are scored if the member sleeps less than 3 hours consecutively.
   3. Number of dependents: acuity measurement takes into consideration the number and ages of dependents the caregiver is directly responsible for and does not include episodic visits. Select up to one of the following if applicable:
      - 1.0 point is scored if the caregiver is directly responsible for 1 – 2 dependents at least 5 years old.

- 1.5 points are scored if the caregiver is directly responsible for 1 – 2 dependents under 5 years old.
- 2.0 points are scored if the caregiver is directly responsible for 3 or more dependents.

4. Communication ability: acuity measurement is based on the cognitive ability of the member to communicate or make their needs known. Select up to one of the following if applicable:
   - 1.0 point is scored if the member has a limited ability to communicate their needs.
   - 2.0 points are scored if the member is unable to communicate their needs.
5. Orientation/cognition impairment (N/A for children under age 3 years): acuity measurement is based on the member's ability to be oriented in all 3 spheres (person, time, place). Members with episodic confusion requiring reminders and members with cognitive impairment who are completely dependent on the caregiver may be scored here. Select up to one of the following if applicable:
   - 0.5 points are scored for members who do not meet all 3 spheres of orientation.
   - 1.0 point is scored if the member experiences confusion requiring reminders.
   - 1.5 points are scored if the member has cognitive impairment and is dependent upon the caregiver.
6. Personal care/activities of daily living (ADL) (N/A for children under 3 years): 2.0 points are scored if the member requires assistance with personal care/ADLs including bathing, dressing, and grooming.
7. Oral feedings/assist/supervision (N/A for children under 3 years): 1.5 points are scored if the member requires assistance and supervision with oral feeds. Documentation in the clinical record on how the member tolerated the feeding should be recorded.
8. Weight/transfers: acuity measurement is based on the member's weight and their ability to transfer from one surface to another, with 1 – 2 persons, and/or Hoyer lift/trapeze. Select up to one of the following if applicable:
   - 0.5 points are scored if the member weighs less than 65 pounds and requires no or partial lift with 1 person.
   - 1.0 point is scored if the member weighs at least 65 pounds and requires no or partial lift with 1 person.
   - 1.0 point is scored if the member weighs less than 55 pounds and requires a total lift with 1 person.
   - 2.0 points are scored if the member weighs at least 55 pounds and requires a total lift with a Hoyer and/or 2 persons.
   - 2.5 points are scored if the member weighs greater than 125 pounds and requires partial lift with 1 person.
   - 3.5 points are scored if the member weighs greater than 125 pounds and requires a total lift with a Hoyer and/or 2 persons.

9. Spasticity or tremors, quadriplegia, paraplegia, hemiplegia, dysfunctional limbs: select a maximum of one of the below when applicable.
    - 1.0 point is scored if the member has spasticity or tremors.
    - 1.5 points are scored if the member has hemiplegia.
    - 1.5 points are scored if the member has a dysfunctional limb.
    - 2.0 points are scored if the member has paraplegia.
    - 2.5 points are scored if the member has quadriplegia.
10. AFO/splint/orthotics application: 0.5 points are scored if there is a physician order for the device and the skilled nurse applies them to the member during the visit, which is documented in the clinical notes.
11. Range of motion: 1.0 point is scored if range of motion is ordered by the physician and is documented as being performed by the nurse in the clinical record.
12. Wheelchair/walker dependent: 2.0 points are scored if the member does not have the ability to walk unaided and is either wheelchair- or walker-dependent.
13. Turn every 2 hours: 1.5 points are scored if there is a physician order and the nurse performs during the visit. Skin assessment should be documented by the nurse in the clinical record.
14. Ambulation/assists: 1.0 point is scored if the member requires hand-in-hand assist or guidance with turning a wheelchair/walker.
15. Weakness/fall risk: 1.0 point is scored if the member has weakness and/or is a fall risk. There must be a protocol in place to decrease the fall risk of the member which is monitored by the nurse.
16. Recording of I&O: 0.5 points are scored if normal daily measurement of intake and output is recorded by the nurse without the need to assess for fluid replacement or restriction. This may include weighing diapers.
17. Oral suctioning: 1.0 point is scored if suctioning of the nose, mouth, or upper throat with a bulb syringe, yankaeur, or suction catheter.
18. Ostomy care: 1.0 point is scored if the member has an ileostomy, vesicostomy, or colostomy.
19. Visual Impairments. Select up to one of the following if applicable:
    - 0.5 points are scored for visual impairments not correctable by glasses or another assistive device.
    - 1.0 point is scored if the member if blind and there is no modification they have used to compensate.
20. Tactile impairments. 0.5 points are scored for tactile impairments (eg, member has the need to put everything in their mouth or has an aversion to different touch stimuli).
21. Auditory impairments. Select up to one of the following if applicable:
    - 0.5 points are scored for auditory impairments not correctable by hearing aid or another assistive device.
    - 1.0 point is scored if the member is deaf and there is no modification they have used to compensate.
22. Self-abusive behavior. Select up to one of the following if applicable:
    - 1.0 point is scored if the member demonstrates self-abusive behavior with no injury.

- 1.5 points are scored if the member demonstrates self-abusive behavior with moderate injury.
- 2.0 points are scored if the member demonstrates with severe injury.

23. Combative behavior: 1.5 points are scored if the member demonstrates combative behavior.
24. Redirection. Select up to one of the following if applicable:
    - 0.5 points are scored if the member requires occasional redirection.
    - 1.0 point is scored if the member requires frequent redirection.
25. Global delays: acuity measurement is scored as documented by the physician on the member's care plan. Select up to one of the following if applicable:
    - 1.0 point is scored if the member's current age is age 4 years or under and has documentation of global delays.
    - 2.0 points are scored if the member's current age is over age 4 years and has documentation of global delays.
26. Incontinence (N/A for children under age 3 years). Select up to one of the following if applicable:
    - 0.5 points are scored if the member experiences occasional incontinence.
    - 1.5 points are scored if the member experiences daily incontinence.
27. Toilet program. 1.0 point is scored if the member has a toilet program documented in the clinical record.

C. The following point/care guideline may be adjusted based on a case-by-case review:
   A. 15-24 points equate to 4 to 8 hours of care per day, or less than 56 hours per week.
   B. 25-34 points equate to 8 to 12 hours of care per day, or between 56 and 84 hours per week.
   C. 35-40 points equate to 12 to 14 hours of care per day, or between 85 and 98 hours per week.
   D. 40+ points equate up to 16 hours of care per day, or between 99 and 112 hours per week.
   E. PDN may be extended beyond 112 hours per week based on medical necessity.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	06/18/2025	New policy, approved at Committee.
Date Revised	04/08/2026	Review: changed terminology to "member", clarified points system regarding skilled and unskilled needs, score selections, stoma maintenance vs use, insulin and

		ventilator points, added neurostorm and medications to seizure section, separated impairments, abusive/combative/redirection behaviors, and incontinence/toileting program, updated references, approved at Committee.
Date Effective	07/01/2026	
Date Archived		

H. References

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