

Vermont Medicaid: High-Technology Nursing Services

Family Managed Program Manual



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Department of Vermont Health Access

Department of Disabilities, Aging, and Independent Living

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OVERVIEW OF HIGH-TECHNOLOGY NURSING

High-Technology Nursing Services (HTN) are intended for Medicaid beneficiaries diagnosed with a medically complex condition, who are technology dependent or who are living with complex medical needs, requiring specialized nursing skills or medical equipment. Eligibility for HTN is determined through an assessment of need by a state-authorized clinical provider. Covered services include ventilation via tracheotomy, skilled interventions for an unstable airway, and ongoing skilled observation and monitoring for eligible beneficiaries. HTN services may be provided by a Registered Nurse or Licensed Practical Nurse who is employed by a Medicaid enrolled home health agency (HHA), or who is directly enrolled with Vermont Medicaid.

High-Technology Nursing is fully described under the Agency of Human Services Health Care Administrative Rule 4.232, "[Medically Complex Nursing Services](#)."

This manual describes the requirements and process for HTN eligible individuals to receive services from a nurse who is directly enrolled with Vermont Medicaid.

DEFINITIONS

For the purpose of this document:

"Family-Managed" means services managed by a family member instead of being delivered by a home health agency (HHA) or Visiting Nurse Association (VNA). Instead, care is provided by a nurse working within the community who is directly enrolled with Medicaid. This option allows the family/caregivers greater flexibility over who delivers the service and when services occur to the eligible beneficiary and their family/caregivers. It is different than agency-delivered services because an agency is not responsible for hiring, scheduling, and supervising the nurses.

"Primary Coordinator" refers to the individual most responsible for the operation of family-managed HTN in cases when the beneficiary cannot coordinate their own care. This person is identified as the main contact for the documentation and reporting requirements of the State, as well as the nurses providing the care. In most cases, this will be a parent, family member, or legal guardian.

BACKGROUND AND PURPOSE OF FAMILY MANAGED OPTION

This alternative option for HTN was first piloted in 2002 and was called the “Family-Managed Nursing Initiative.” The purpose of the pilot was to assist HTN-eligible individuals and their families to access medically necessary nursing services, especially in situations where the local home health agency (HHA) could not fully cover the beneficiary’s weekly allocation of nursing hours due to a shortage of nurses.

Offering a family-managed option is one way the State supports eligible individuals and their families to access medically necessary nursing care.

By allowing families to manage HTN services, beneficiaries can directly engage with nurses in their local communities without going through a home health agency. However, managing nursing services may not be appropriate for all HTN eligible beneficiaries and their families. The remainder of this manual describes the responsibilities and requirements for managing HTN.

REQUIREMENTS FOR PARTICIPATION

Family-managed HTN is an option for Medicaid beneficiaries who have been found eligible for services according to Health Care Administrative Rule 4.232, “[Medically Complex Nursing Services](#).”

Family-managed HTN is **voluntary**. Beneficiaries retain the right to seek HTN-covered services from a HHA at any time. Beneficiaries may choose to family-manage all or a portion of their HTN allocation. In these cases, beneficiaries may receive a portion of HTN they do not family-manage from a HHA.

Beneficiaries can select who provides their nursing care and when this care occurs. It is the role of the **primary coordinator** to **recruit** and **schedule** nurses, as well as to decide when to stop services with a given nurse. The primary coordinator is also responsible for maintaining documentation to monitor the number of hours delivered to ensure that service provision does not exceed the number of hours authorized by the State. Nurses providing services must also review the hours delivered to verify that services provided do not exceed the hours authorized. The State will not reimburse for services provided in excess of what was authorized.

Family-managed HTN may be provided by a Registered Nurse (RN) or a Licensed Practical Nurse (LPN) who is **directly enrolled with Vermont Medicaid**. It is the responsibility of the nurse to complete the Medicaid enrollment process which is available [here](#). Nurses who are not enrolled with Vermont Medicaid cannot submit claims for reimbursement.

All nursing care is provided as directed by the physician and treatment team. Nurses must work within their scope of practice. A comprehensive comparison of the activities included in an RN and an LPN’s scope of practice can be found on the Vermont Secretary of State’s website, located [here](#).

REQUIREMENTS FOR PARTICIPATION, CONT'D

Nurses are responsible for **submitting claims** that correspond to units worked to Gainwell Technology (formerly “DXC”), the fiscal agent in charge of processing Vermont Medicaid claims and issuing payment to providers. The **primary coordinator** is responsible for maintaining documentation of overall utilization of the beneficiary’s HTN allocation, so that services do not exceed the authorized amount.

Nurses are expected to **document** all care provided during their shift. Minimum documentation requirements are described in Table 1. The primary coordinator must maintain a record of documentation and make the records available upon request.

A **parent or legal guardian may be reimbursed for providing family managed HTN** when that individual is:

- (a) a registered nurse licensed in Vermont,
- (b) is directly enrolled with Vermont Medicaid, and
- (c) provides serves as outlined in the **Vermont Medicaid Policy for Parents and Guardians as Providers of Nursing Services**.

Beneficiaries and nurses enrolled with Vermont Medicaid must be able to assume all the responsibilities in Table 1.

Table 1. Roles and Responsibilities

Role	Responsibility
Primary Coordinator	Recruit, schedule, and manage nurses
	Maintain documentation of units of service provided within the limit of the beneficiary’s authorized amount
	Provide necessary documentation to the State upon request
	Facilitate and maintain documentation of care
Nurse	Enroll as provider with Vermont Medicaid
	Submit claims to Medicaid for reimbursement
	Complete documentation of care
Documentation of Care	<p>Nurses will, at minimum, document all the following for each shift of care provided:</p> <ul style="list-style-type: none"> • Start/end time • Medication administration record (MAR) • Comprehensive Patient Assessment • Interventions • Outcomes • Safety Check

PROCEDURES

Nursing Assessments in blended HTN models

A nursing assessment or evaluation is the gathering and recording of a patient's physiological, psychological, sociological, and sometimes spiritual status. Data is gathered from a nursing point of view.

Nursing assessments are intended for monitoring changes in the member's health status and to communicate these changes to other medical providers, including the treating physician. Nursing assessments units shall be used for the medically necessary monitoring, communication, and care oversight **that cannot occur in the course of a typical nursing shift (this is not the standard head to toe assessment)**. For example: significant clinical consultation with the treating physician, or another medical provider, that is separate from a nursing shift.

In a blended model, [wherein both agency-directed and independently enrolled nurses are providing care,] nursing assessment duties are shared between agency-directed nurses and independently enrolled nurses. Agency-directed nurses will be the primary provider performing nursing assessment duties as described above, within the limit of the prior authorization granted by the State.

The Primary Coordinator is responsible for communicating changes in status and care to Providers as well as identifying which nurse will perform the Nursing Assessment in order to prevent denials due to duplicative use of this role and code.

Nursing Assessments in Family-Managed HTN

Completed assessments must be maintained as part of the patient's chart and made available to the State upon request.

It is outside the scope of practice for an LPN to conduct a nursing assessment. All nursing care is provided as directed by the physician and treatment team. Nurses must work within their scope of practice. A comprehensive comparison of the activities included in an RN and an LPN's scope of practice can be found on the Vermont Secretary of State's website, located [here](#).

For billing purposes, nursing assessment units are limited to one (1) unit per day.

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RESOURCES

For general information about the High-Tech Nursing Program or to inquire about the family-managed HTN option, contact:

Children with Special Health Needs (CSHN) for children/youth under 21 years old:

Pediatric High-Technology Nursing Program:

Website: <http://www.healthvermont.gov/children-youth-families/children-special-health-needs/high-tech-nursing>

Email: ahs.vdhcshnhightechnursing@vermont.gov

Department of Disabilities and Independent Living (DAIL) for adults 21 years and older:

Adult High-Technology Nursing Program: Website: <https://asd.vermont.gov/services/adult-high-technology-services>

Phone: 802-241-0294

For nurses:

To enroll as a Vermont Medicaid provider, contact or visit:

<http://www.vtmedicaid.com/#/provEnrollInstructions>

DOCUMENT REVISIONS

Date	Description of Change	Page #	Revisions made by:
4/6/2021	Added covered holidays pay differential;		
	Updated Medicaid rule link		
	Updated adult HTN/DAIL contact info		
7/24/2023	Added nursing assessment language	6	ZK, DW