Section 7412. High Tech Nursing Services

Section 7412.1 Definitions

a. “High tech nursing” is medically necessary care for individuals who are technology-dependent or individuals living with complex needs; exceeding the care provided by skilled nursing visits in frequency, duration, and complexity, outside the scope of practice of a home health aide or personal care attendant, and furnished to an individual in their home.

- Examples of high tech nursing may include: Daily continuous or intermittent mechanical ventilation (via tracheotomy, BiPAP, or CPAP); Tracheotomy and/or unstable airway requiring nursing assessment and intervention; a documented illness or disability, which requires ongoing skilled observation, monitoring and judgement to maintain or improve health status of a medically fragile or complex condition.

- Examples of care or services not considered “high tech nursing” include: custodial care, respite care, observational care for emotional and behavioral conditions, eating disorders, or for medical conditions that do not require medically necessary intervention by skilled nursing personnel.

- Use of a medical device alone does not qualify a beneficiary for high tech nursing.

b. “Medical Necessity” shall have the same meaning as Rule 7103.

c. “Needs Assessment” means a standardized assessment tool, established by the State, updated as necessary, to assist in the determination of medical necessity and service allocations for high tech nursing.

d. “State Authorized Clinical Provider” means a licensed or certified healthcare provider authorized to administer the needs assessment.

e. “Technology dependent” means the use of medical devices without which, if they were to fail or be discontinued, adverse health consequences or hospitalization would likely follow.

f. “Qualified Medical Provider” means a physician, nurse practitioner, or physician assistant in a treatment relationship with a beneficiary.
Section 7412.2 Determination of High Tech Nursing

A. To receive high tech nursing services the following requirements must be met:
   a. An individual is referred by a qualified medical provider;
   b. A case manager has met with the applicant, caregivers, physicians, and hospital staff, to determine the scope of services;
   c. The individual undergoes a needs assessment by a state-authorized clinical provider to determine eligibility for services;
   d. The needs assessment tool documents medical necessity and service allocations for nursing care which exceeds the level of care that can be provided by skilled nursing visits;
   e. High tech nursing services are prior authorized according to Rule 7102;
   f. The determination of number of service hours allocated is provided to the treating physician.
   g. High tech nursing services are delivered by a Medicaid contracted home health agency or visiting nurse association in accordance with Rule 7103.

B. Subsequent Assessments:
   a. Shall occur at the request of the State or the Beneficiary when necessitated by a change in the medical needs of the Beneficiary.
   b. Shall occur at least annually.

Section 7412.3 Nursing Services

a. High Tech Nursing Services shall be provided by a Registered Nurse or a Licensed Practical Nurse who is employed by a Medicaid contracted home health agency or visiting nurse association. When possible, the beneficiary or the child’s parent or guardian shall choose the home health agency or visiting nurse association.

b. Nursing case management shall be provided by a Registered Nurse or Licensed Practical Nurse who is employed by a Medicaid contracted home health agency or visiting nurse association.

c. Services shall be individualized, person-centered, and shall be provided exclusively to the authorized individual

d. Payment for services shall not exceed the units authorized and unused service units may not be carried forward.