
Medically Complex Nursing Services

4.232 Medically Complex Nursing Services (01/01/2020, GCR 19-058)

4.232.1 Definitions

For the purpose of this rule the term:

- (a) **“Medically Complex Nursing Services”** means medically necessary nursing care for individuals who are technology dependent or individuals living with complex medical needs requiring specialized nursing skills or equipment, as part of Vermont Medicaid’s High Tech Nursing Program.
- (b) **“Needs Assessment”** means a standardized assessment tool, established by the State, to assist in the determination of medical necessity and nursing service allocations.
- (c) **“State Authorized Clinical Provider”** means a licensed or certified healthcare provider authorized to administer the needs assessment.
- (d) **“Technology Dependent”** means the use of medical devices without which adverse health consequences or hospitalization would likely follow.

4.232.2 Covered Services

- (a) Medically complex nursing services include:
 - (1) Daily continuous or intermittent mechanical ventilation via tracheotomy,
 - (2) Tracheotomy and/or unstable airway requiring nursing assessment and intervention,
 - (3) Specialized nursing care due to a documented medical condition or disability which requires ongoing skilled observation, monitoring, and judgement to maintain or improve the health status of a medically fragile or medically complex condition,
 - (4) Nursing care plan management and oversight, as appropriate and permitted within a nurse’s scope of practice

4.232.3 Eligibility for Care

- (a) To receive services the following requirements must be met:
 - (1) Services are under the direction of a physician in a treating relationship with the beneficiary.
 - (2) The individual undergoes a needs assessment by a State-authorized clinical provider to determine eligibility for services.
 - (3) The needs assessment tool documents the need for medically complex nursing services and the number of service units which exceed the frequency, duration and complexity of care provided through home health nursing services.
 - (4) Subsequent assessments occur at least annually or at the request of the State or the beneficiary when necessitated by a change in the medical needs of the beneficiary.
 - (5) Use of a medical device alone does not qualify a beneficiary for medically complex nursing services.

4.232.4 Qualified Providers

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- (a) Medically complex nursing services will be provided by a Registered Nurse or a Licensed Practical Nurse who is employed by a Medicaid enrolled home health agency, or directly enrolled with Vermont Medicaid.

4.232.5 Conditions for Coverage

- (a) Services must be individualized, person-centered, and provided exclusively to the authorized individual in the home or a community setting where normal life activities take place outside of the home.
- (b) Services are prior authorized annually. Payment for services will not exceed the units authorized. Any unused service units will not be carried forward from prior authorization period to prior authorization period or used for other services.

4.232.6 Non-Covered Services

- (a) Care or services not considered medically complex nursing include: custodial care, respite care, observational care for emotional and behavioral conditions, treatment for eating disorders, or treatment for medical conditions that do not require specialized nursing care.