STATE OF HAWAII
Department Of Human Services

Med-QUEST Division
Health Coverage Management Branch
P. O. Box 700190
Kapolei, Hawaii 96709-0190

EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) SKILLED NURSING AND PERSONAL CARE PROVIDER ATTACHMENT

Definition of Services

(a) **EPSDT Skilled Nursing** means services provided by a licensed registered nurse (R.N.) or licensed practical nurse (L.P.N.) providing services within his/her scope of service permitted under Hawaii State statutes. The EPSDT services being provided require, at a minimum, the skills and education of a R.N. or L.P.N. that includes patient assessment and monitoring, direct nursing care, and active participation in the implementation and modification of the patient's plan of care.

(b) **EPSDT Personal Care** means services provided by a certified nurse aide (C.N.A.) including assistance with eating, bathing, dressing, personal hygiene, and other activities of daily living.

(c) EPSDT skilled nursing and personal care services are provided through agencies that are certified as Hawaii Medicaid providers.

Responsibilities

Agencies that are Medicaid providers of EPSDT skilled nursing and personal care services shall:

1. Be available to accept referrals and to ensure that authorized EPSDT skilled nursing and personal care services are available to eligible EPSDT children during normal working hours, Monday - Friday (except during recognized holidays) and be accessible by telephone or answering service at all other times.

2. Recruit, hire and supervise R.N.s and L.P.N.s with appropriate pediatric experience and/or training.

3. Recruit, hire and supervise C.N.A.s to provide personal care with appropriate pediatric experience and/or training.

4. Ensure that R.N.s, L.P.N.s, and C.N.A.s who will be rendering services to a specific EPSDT recipient have the appropriate skills and ability to provide the level of care needed by the individual EPSDT recipient.

5. Respond back to the Medicaid case manager within twenty-four (24) hours when unable to fill the initial and subsequent service requests, or when unable to admit a new client.

6. Have a contingency plan for situations when unable to fully staff the authorized service hours with qualified personnel.

7. Establish a quality improvement program, which includes but is not limited to monitoring client outcomes, responses to adverse events, adherence to client requirements and annual education provided to personnel assigned to EPSDT clients.

8. Review and report client outcomes to the Medicaid Case Manager and patient's physician, including reporting and documenting any adverse events and follow-up, specific to:

    a. All bodily injuries sustained by client, regardless of cause or severity;

    b. All medication errors and/or treatments resulting in unexpected reactions;

    c. All major and unresolved conflicts between personnel and client/family; and

    d. Any child protective services reports or investigations involving clients, families, household members and service providers.

9. Implement policies and procedures for the supervision of certified nurse aides by R.N.s. At a minimum, a home visit every sixty (60) days by a R.N. is required. The supervisory documentation must be in the worker's personnel file and the home visit must be noted in the client's clinical record.

10. Implement policies and procedures for the supervision of L.P.N.s by R.N.s. At a minimum, a home visit every ninety (90) days by a R.N. is required. The supervisory documentation must be in the worker's personnel file and the home visit must be noted in the client's clinical record.

11. Maintain separate files for personnel performing nursing services and personal assistance which contains evidence of the following:

    a. Copies of current Hawaii nursing licenses or training certificates.

    b. Current tuberculosis clearance and current pediatric cardiopulmonary resuscitation certification.

    c. Signed statement of each employee to declare understanding of provider agency's abuse/criminal history policies.

    d. Current personnel job description.

e. Assurance of skills competency to perform the tasks that may be required by EPSDT clients.

f. Documentation of completed blood borne pathogen/infection control training and annual updates according to Occupational Safety and Health Association (OSHA) guidelines.

g. Evidence of orientation, which includes review of provider policies and procedures including emergency management procedures, drug-free workplace policy, and policies to protect client privacy and confidentiality of client records.

h. Compliance with the Department of Human Services (DHS), Med-Quest Division's (MQD's) Criminal Conviction Record Check Standards for service providers.

i. Annual performance review of each employee providing services to EPSDT clients.

12. Provide evidence of and documentation of supervision and monitoring of C.N.A.s and L.P.N.s by R.N.s.

13. Maintain a policy and procedure for complaints, grievances, and appeals that allows clients to present complaints and grievances about the agency's services, personnel, care delivery, etc. At a minimum, procedures must include written documentation of any complaints and grievances received and resolution provided and must provide information to the client on how he/she can appeal an adverse resolution.

14. Maintain clinical records which include:

a. Copies of DHS-1144 forms (Request for Medical Authorization) signed by the client's physician and initiated with the referral to the provider or by the provider upon expiration of the initial 1144;

b. Referral information;

c. Plan of Care approved by the contracted Case Manager and updated on a timely and regular basis to assure continuity of care;

d. Current medications and treatments as ordered by client's physician;

e. Home safety assessment; and

f. Signed and dated progress notes completed for each skilled nursing or personal care shift provided to the client by provider agency.

15. Have procedures and processes to ensure the confidentiality of all communications with families, their advocates and providers.

16. Permit authorized representatives of the State of Hawaii, DHS, MQD to conduct an onsite review of provider's records specific to these requirements and clients receiving skilled nursing or personal care services paid by EPSDT Medicaid funds.

17. Cooperate with DHS or their authorized representatives to develop and implement adequate measures for required corrective actions (if any) according to agreed upon timelines.

18. Case management by the provider agency's R.N.s will be separately reimbursable if the client has no primary Medicaid case manager. The case management provided will be limited to the management of the plan of care (development and implementation) and will not involve approval of the number of care hours or the level of care that the provider agency is authorized to provide.

I/We have read all of the above and fully understand and agree to its terms.

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Print Name of Provider/Authorized Business Agent

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Signature of Provider/Authorized Business Agent

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Date Signed