

## Nursing Services Protocol Checklist

Service Recipient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last, First)

Reviewer's Name \_\_\_\_\_ Date Request Submitted \_\_\_\_\_  
(Last, First)

### Technical Review

<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Is the correct funding source, site code, and service code used in Section C of the Individual Support Plan?</p> <p>If <b>YES</b>, continue to Question #1 in Section A or B as applicable.</p> <p>If <b>NO</b> and the wrong funding source, site code and service code is due to a simple error, correct the error and continue to Question #1 in Section A or B as applicable.</p> <p>If <b>NO</b> based on lack of a site code because the provider is not licensed or does not have an approved provider agreement, deny as non-covered due to failure to meet provider qualifications as specified in the waivers and in the TennCare rules applicable to the waivers.</p>
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### A. New Request for Nursing Services

(NOTE: This section applies to service recipients who are **not** currently approved for Nursing Services through the waiver.)

<b>1.</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Is the service recipient age 21 years or older?   <b>(A. 1)</b></p> <p>If <b>YES</b>, proceed to Question #2.</p> <p>If <b>NO</b>, stop and deny as a <b><u>non-covered service</u></b> based on the waiver service definition <b>AND</b> based on the waiver being the <b><u>payor of last resort</u></b>.</p>
<b>2.</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Does the request for nursing services include the following services which are excluded from coverage by the waiver service definition:   <b>(A. 2)</b></p> <p>a.      Nursing assessment;   <b>(A. 2. a.)</b>          <b>OR</b></p> <p>b.      Nursing oversight/supervision;   <b>(A. 2. b.)</b>          <b>OR</b></p> <p>c.      Non-nursing functions which are not required to be performed by a registered nurse or licensed practical nurse?   <b>(A.2. c.)</b></p> <p>If <b>YES</b>, proceed to Question #3.</p> <p>If <b>NO</b>, proceed to Question #4.</p>
<b>3.</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Is the request for nursing services <u>solely</u> for services which are excluded from coverage by the waiver service definition (i.e., nursing assessment; nursing oversight/supervision;</p>

	<p>or non-nursing functions)? (A.3)</p> <p>If <b>YES</b>, deny as <b><u>non-covered service</u></b> based on the waiver service definition.</p> <p>If <b>NO</b>, proceed to Question #4.</p>
<p>4. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medically Necessary Review Questions: (A. 4.)</p> <p>a. Is there an order by a physician, physician assistant, or nurse practitioner for skilled nursing services which specifies the <u>specific skilled nursing functions</u> to be performed and the <u>frequency</u> such skilled nursing functions are requested; (A. 4. a.) <b>AND</b></p> <p>b. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient has a medical diagnosis and treatment needs that would justify the provision of skilled nursing services by a registered nurse or licensed practical nurse, excluding nursing assessment and oversight? (A. 4. b.)</p> <p>If <b>YES to both</b> of the criteria specified in “4.a” through “4.b” above, proceed to Question #5.</p> <p>If <b>NO to either criterion specified</b> in “4.a” through “4.b” above, stop and deny the Nursing Services as <b><u>not medically necessary</u></b>.</p> <p><i>In addition</i>, deny as a <b><u>non-covered service</u></b> any portion of the Nursing Services requested which is outside the scope of the waiver service definition, including nursing assessment, nursing oversight and supervision, and non-nursing functions which are not required to be performed by a registered nurse or licensed practical nurse.</p>
<p>5. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the frequency (per day, per week, per month, et.), amount (# of units) and duration (# of weeks or months) of Nursing Services requested <i>consistent with</i> and not <i>in excess</i> of the amount of services needed to perform only those <u>skilled nursing functions ordered by the treating physician, physician assistant, or nurse practitioner</u>, excluding nursing assessment, nursing oversight and supervision, which state law requires to be performed by a registered nurse or licensed practical nurse? (A. 5)</p> <p>If <b>YES</b> approve the amount of Nursing Services requested. Such approval may specify that concurrent review will be conducted after a specified period of time (see attached guidelines) to ensure that Nursing Services continue to be medically necessary. Such determination shall be based on current medical records provided by a registered nurse or licensed practical nurse and/or physician, physician assistant, or nurse practitioner in response to the request for concurrent review.</p> <p>If <b>NO</b>, <u>approve</u> that portion of the total amount of Nursing Services requested that is <i>consistent with</i> the amount of Nursing Services needed to perform only those <u>skilled nursing functions ordered by the treating physician, physician assistant, or nurse practitioner</u>, excluding nursing assessment, nursing oversight and supervision, which state law requires to be performed by a registered nurse or licensed practical nurse.</p> <p>Deny as <b><u>not medically necessary</u></b> that portion of the total amount of Nursing Services requested that is in excess of the amount of services needed to perform <i>only</i> those <u>skilled nursing functions ordered by the treating physician, physician assistant, or nurse practitioner</u>, excluding nursing assessment and oversight, which state law requires to be performed by a registered nurse or licensed practical nurse.</p> <p><i>In addition</i>, deny as a <b><u>non-covered service</u></b> any portion of the Nursing Services requested which is outside the scope of the waiver service definition, including nursing</p>

	assessment, nursing oversight and supervision, and non-nursing functions which are not required to be performed by a registered nurse or licensed practical nurse.
<input type="checkbox"/> <b>Approved</b>	
<input type="checkbox"/> <b>Denied</b>	

## B. Continuation of Nursing Services

(NOTE: This section applies to service recipients who are *currently* approved for Nursing Services through the waiver and who request *continuation* of Nursing Services or an *increase* in Nursing Services.)

(NOTE: To ensure coordination of ongoing services, if a service recipient age 20 and older is already receiving waiver-funded Nursing Services and also develops an acute need for additional nursing care that would otherwise be provided by the MCO, the additional Nursing Services may be approved through the waiver if medically justified, so that all of the nursing care would be provided through the waiver by the same provider.)

1. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Is the service recipient age 20 years or older? (B. 1)</p> <p>NOTE: Pending further clarification of the waiver Nursing Services definition, if a service recipient is age 20 years (but not yet age 21), transition of Nursing Services to the TennCare MCO will <b>not</b> be initiated since transition back to waiver services would likely be required upon attaining 21 years of age.</p> <p>If <b>YES</b>, skip to Question #5.</p> <p>If <b>NO</b>, proceed to Question #2.</p>
2. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Does the request for nursing services include the following services which are excluded from coverage by the waiver service definition: (B. 2)</p> <p>a. Nursing assessment; (B. 2 a.) <b>OR</b></p> <p>b. Nursing oversight/supervision; (B. 2. b.) <b>OR</b></p> <p>c. Non-nursing functions which are not required to be performed by a registered nurse or licensed practical nurse? (B. 2. c.)</p> <p>If <b>YES</b>, proceed to Question #3.</p> <p>If <b>NO</b>, proceed to Question #4.</p>
3. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Is the request for nursing services <u>solely</u> for services which are excluded from coverage by the waiver service definition (i.e., nursing assessment; nursing oversight/supervision; or non-nursing functions)? (B. 3)</p> <p>If <b>YES</b>, stop and deny as <b>non-covered service</b> based on the waiver service definition.</p> <p>If <b>NO</b>, proceed to Question #4.</p>
4. <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	<p>Is the request for an <i>increase</i> in the frequency per day, per week, per month, etc.) or amount (# of units) of Nursing Services? (B.4)</p>

	<p>If <b>YES</b>, <u>deny</u> the requested <b>increase</b> in the frequency or amount of Nursing Services based on the waiver being the <b>payor of last resort</b>. <b>Approve</b> the <b>continuation</b> of Nursing Services at the current level pending transition of medically necessary Nursing Services to the TennCare MCO.</p> <p>In order to facilitate a coordinated approach to the delivery of Nursing Services, if an increase is requested and denied, initiate the process for transition of the <i>currently</i> approved level of Nursing Services to the MCO.</p> <p>If <b>NO</b>, or upon denial of a requested <b>increase</b> in the frequency or amount of Nursing Services as noted above, initiate the process for transition of <b>all</b> medically necessary Nursing Services to the TennCare Managed Care Organization (MCO).</p>
<p>5. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Does the request for nursing services include the following services which are excluded from coverage by the waiver service definition: (B.5)</p> <p>a. Nursing assessment; (B. 5. a.) <b>OR</b></p> <p>b. Nursing oversight/supervision; (B. 5. b.) <b>OR</b></p> <p>c. Non-nursing functions which are not required to be performed by a registered nurse or licensed practical nurse? (B. 5. c.)</p> <p>If <b>YES</b>, proceed to Question # 6.</p> <p>If <b>NO</b>, skip to Question #7.</p>
<p>6. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the request for nursing services <u>solely</u> for services which are excluded from coverage by the waiver service definition (i.e., nursing assessment; nursing oversight/supervision; or non-nursing functions)? (B.6)</p> <p>If <b>YES</b>, stop and proceed as follows:</p> <ul style="list-style-type: none"> <li>If the request for Nursing Services was submitted as an ISP amendment or as an annual update of the ISP, deny as <b>non-covered</b> based on the waiver service definition; <b>OR</b></li> <li>If the protocol was used for a DMRS-initiated review of an ISP and cost plan (i.e., rather than review of an ISP amendment or annual ISP update), issue 20 days advance notice (inclusive of mail time) of reduction or termination of services, as applicable, indicating that the services will be reduced or terminated on the 21st day from the date of the notice. The previously approved Nursing Services shall continue to be authorized and reimbursed pending such advance notice period.</li> </ul> <p>If <b>NO</b>, proceed to Question # 7.</p>
<p>7. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Medically Necessity Review Questions: (B. 7.)</p> <p>a. Is there an order by a physician, physician assistant, or nurse practitioner for skilled nursing services which specifies the <u>specific skilled nursing functions</u> to be performed and the <u>frequency</u> such skilled nursing functions are requested; (B.7. a.) <b>AND</b></p>

	<p>b. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient has a medical diagnosis and treatment needs that would justify the provision of skilled nursing services by a registered nurse or licensed practical nurse, excluding nursing assessment and oversight? <b>(B.7. b.)</b></p> <p>If <b>YES</b> to both of the criteria specified in “7.a” through 7.b” above, proceed to Question #8.</p> <p>If <b>NO</b> to <i>either</i> criterion specified in “7.a” through “7.b” above, stop and deny as <b><u>not medically necessary</u></b>.</p> <p><i>In addition</i>, deny as a <b><u>non-covered service</u></b> any portion of the Nursing Services requested which is outside the scope of the waiver service definition, including nursing assessment, nursing oversight and supervision, and non-nursing functions which are not required to be performed by a registered nurse or licensed practical nurse.</p>
<p>8. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Is the frequency (per day, per week, per month, etc), amount (# of units) and duration (# of weeks or months) of continued Nursing Services requested plus any requested increase in such services, as applicable, <i>consistent with</i> and not <i>in excess of</i> the amount of services still needed to be performed <u>only those skilled nursing functions ordered by the treating physician, physician assistant, or nurse practitioner</u>, excluding nursing assessment, nursing oversight and supervision, which state law requires to be performed by a registered nurse or licensed practical nurse? <b>(B.8)</b></p> <p>To the extent that the request includes any increase in the frequency, amount, or duration of Nursing Services, is there sufficient information in the ISP and/or supporting documentation to demonstrate that the service recipient’s needs have changed and/or the previously approved frequency, amount, or duration of Nursing Services is no longer sufficient needed to perform <u>only those skilled nursing functions ordered by the treating physician, physician assistant, or nurse practitioner</u>, excluding nursing assessment, nursing oversight and supervision, which state law requires to be performed by a registered nurse or licensed practical nurse?</p> <p>If <b>YES</b>, stop and approve the <i>continuation</i> of Nursing Services and any increase as requested. Such approval may specify that concurrent review will be conducted after a specified period of time (see attached guidelines) to ensure that Nursing Services continue to be medically necessary. Such determination shall be based on medical records provided by the registered nurse or licensed practical nurse and/or physician, physician assistant, or nurse practitioner in response to the request for concurrent review.</p> <p>If <b>NO</b>, <u>approve</u> that portion of the total amount of Nursing Services requested that is <i>consistent with</i> the amount of Nursing Services needed to be performed only those <u>skilled nursing functions ordered by the treating physician, physician assistant, or nurse practitioner</u>, excluding nursing assessment, nursing oversight and supervision, which state law requires to be performed by a registered nurse or licensed practical nurse.</p> <ul style="list-style-type: none"> <li>• If the request for Nursing Services was submitted as an ISP amendment or as an annual update of the ISP, <b>deny as <u>not medically necessary</u></b> that portion of the total amount of Nursing Services requested that is in excess of the amount of Nursing Services needed to perform only those skilled nursing functions ordered by the treating physician, physician assistant, or nurse practitioner, excluding nursing assessment, nursing oversight and supervision, which state law requires to be performed by a registered nurse or licensed practical nurse; <b>OR</b></li> <li>• If the protocol was used for a DMRS-initiated review of an ISP and cost plan (i.e., rather than review of an ISP amendment or annual ISP update), issue 20 days advance notice (inclusive of mail time) of reduction or termination of services, as applicable, indicating that the services will be reduced or terminated on the 21st</li> </ul>

	<p>day from the date of the notice. The previously approved Nursing Services shall continue to be authorized and reimbursed pending such advance notice period.</p> <p><i>In addition, deny as a <b><u>non-covered service</u></b> any portion of the Nursing Services requested which is outside the scope of the waiver service definition, including nursing assessment, nursing oversight and supervision, and non-nursing functions which are not required to be performed by a registered nurse or licensed practical nurse.</i></p>
<input type="checkbox"/> <b>Approved</b>	
<input type="checkbox"/> <b>Denied</b>	