

PROVIDE ACCESS TO HOME CARE SERVICES FOR PEDIATRIC PATIENTS WITH MORE INTENSIVE CARE NEEDS AND IMPROVE MEDICAID REIMBURSEMENT FOR PRIVATE DUTY NURSING

ISSUE: Current federal Medicaid law requires states to set payment rates at levels that “are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area.” Access is the test of the adequacy of provider rates. **Missouri continues to remain in CRISIS MODE related to access to Private Duty Nursing providers.**

- Technological advances in recent years have vastly expanded the scope of services that can be provided to pediatric patients in their homes.
- Services such as parenteral and enteral nutrition, chemotherapy and care of ventilator/trach-dependent patients, which used to be provided only on an inpatient bases, can now be provided in the home, thus reducing the need for more costly hospitalization.
- Under the Medicaid EPSDT benefit, children are entitled to coverage of home health services and private duty nursing services to the fullest extent allowable under federal law. However, this entitlement cannot be realized unless the state Medicaid programs sufficiently implement these programs and provide adequate reimbursement that recognizes the complex nature of the services to pediatric patients.
- These services are costly for the home health and/or private duty nursing agency to provide; however, these services often require nursing staff that have had additional education in administration of drugs and procedures, as well as patient monitoring. In addition, such services require prolonged visits in the patients’ homes, as well as high standby costs, extensive case management, transition, discharge planning and other activities that add further to the cost. Some complex cases require an RN in the home although currently this level of care is not compensated at a higher rate. The provider must absorb this additional cost.
- Children under the age of 17 are not eligible to enter a nursing home, as noted in [19 CSR 30-85.042](#). There are no institutional health care facilities, other than hospitals, that can care for these children with severe disabilities. (There are no nursing homes in Missouri that even take adult patients on ventilators.)
- Nurse shortage and low reimbursement makes it difficult for providers to compensate overtime hours which contribute to authorized hours going unstaffed. **Currently 25% of PDN services authorized go undelivered due to these staffing shortages.**
- If PDN providers are not able to deliver services to these children, the children will have to go into the hospital. There is literally no other place for them to go. This policy is penny wise but pound foolish.

The higher cost of serving pediatric patients who qualify for Medicaid home health or private duty nursing services must be recognized!

RECOMMENDATION: Immediately state legislators must ensure access to the Medicaid home health and private duty nursing benefit for pediatric patients with more intensive care needs and assure adequate reimbursement for the cost of these services. **We request funding of \$4.9 million General Revenue to fund Private Duty Nursing providers at the interim/midpoint market-based rate of the recent Mercer Rate Study.**

Legislators should direct MO HealthNet and the Bureau for Special Health Care Needs to evaluate the existing and future need for the medically complex pediatric patient with extensive home care needs and develop a tiered rate system based on their medical complexity that adequately covers the cost of care.

RATIONALE: Certain pediatric patients are best cared for in the home, where they can remain with their families. Due to the medical complexity of certain pediatric patients, more specialized staff is needed; therefore, services for pediatric patients with more intensive care needs are far more costly.



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