

PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

Policy/Procedure Number: MPCR12			Lead Department: Provider Relations	
Policy/Procedure Title: Credentialing of Individual and Private Duty Nurses Under EPSDT			<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 03/01/2001		Next Review Date: 08/13/2025 Last Review Date: 08/14/2024		
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees		
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input type="checkbox"/> QUAC	
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD		<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE
	<input type="checkbox"/> CEO	<input type="checkbox"/> COO	<input checked="" type="checkbox"/> CREDENTIALING	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: <i>Marshall Kubota, MD</i>			Approval Date: 08/14/2024	

I. RELATED POLICIES:

- A. MPCR301 Non-Physician Clinician Credentialing and Re-credentialing Requirements
- B. MCCP2031 Private Duty Nursing under EPSDT
- C. MPQP1022 Site Review Requirements and Guidelines
- D. MCUG3011 Criteria for Home Health Services

II. IMPACTED DEPTS:

- A. Health Services
- B. Provider Relations

III. DEFINITIONS:

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Supplemental Services is a federally mandated Medicaid/Medi-Cal benefit for Medi-Cal members under age 21 for medically necessary treatment services needed to correct or ameliorate a defect, physical illness, mental illness or a condition, even if the service or item is not otherwise included in the State's Medicaid Plan. (Source: Title 22, California Code of Regulations (CCR), Sections 51184; 51242; 51340; 51532)

IV. ATTACHMENTS:

- A. Individual Nurse Agreement

V. PURPOSE:

The purpose of this policy is to define the criteria for the credentialing of nurses providing in-home nursing services to Partnership HealthPlan of California (Partnership) members under the EPSDT Supplemental Services (SS) Program and Private Duty Nursing Case Management per APL 20-012.

VI. POLICY / PROCEDURE:

- A. Partnership Health Plan of California (Partnership) credentials Registered Nurses (RNs), and Licensed Vocational Nurses (LVNs) and Licensed Practical Nurses (LPNs) to provide in home nursing services under the EPSDT SS Program. The required criteria for credentialing RNs or LVN/LPNs to provide such services are:
 - 1. The practitioner must possess a current, valid, unencumbered, unrestricted, and non-probationary California RN/LVN. Under existing federal law, licensed health professionals employed by a tribal health program are required to be exempt, if licensed in any state, from the licensing requirements of the state in which the tribal health program performs specified services.
 - 2. The practitioner must be certified as an EPSDT supplemental services provider under the State Medi-Cal Program.

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3. The practitioner must be screened and enrolled with the Department of Health Care Services (DHCS) as an individual provider who offers Private Duty Nursing services consistent with APL 20-012.
4. The practitioner must sign a statement acknowledging and accepting the responsibilities as outlined in Attachment A.
5. Partnership will confirm the practitioner is free of sanctions or limitations.
 - a. Partnership will conduct a query on the following sites:
 - 1) Office of Inspector General (OIG): Exclusions from Federally Funded Programs
 - 2) Department of Health Care Services (DHCS): Medi-Cal Suspended and Ineligible Provider List
 - 3) Centers for Medicare and Medicaid Services (CMS): Exclusions from Medicare and Medicaid
 - 4) System for Award Management (SAM): Exclusions from US Government Programs
 - 5) National Practitioner Data Bank (NPDB)
 - b. Any practitioners found on any sanction reports cannot participate in the State Medi-Cal Program and/or Managed Medi-Cal Program.
 - c. A query and documentation is obtained from the NPDB to address malpractice history and confirm the past five years of malpractice settlements.
6. Proof of professional liability coverage in the amount of \$500,000 per incident.
7. The Practitioner must receive a passing score on a site audit prior to having credentials presented to the Credentials Committee and pass a subsequent medical records review within 3 months of the site review.
8. The Practitioner must pass an office site audit every three years as a part of the re-credentialing process. If an Individual Nurse Provider, the site audit will be in the member's home.
- B. Re-Credentialing
 1. All practitioners who have an individual relationship with Partnership will be re-credentialed every thirty-six (36) months. The 36-month re-credentialing cycle begins on the date of the previous credentialing decision. The 36-month review cycle is counted to the month, not the day. All initial credentialing criteria within this policy apply to the re-credentialing criteria.

VII. REFERENCES:

- A. Department of Health Care Services (DHCS) All Plan Letter ([APL 20-012 Private Duty Nursing Case Management Responsibilities For Medi-Cal Eligible Members Under The Age Of 21](#)) (05/15/2020)
- B. Title 22, California Code of Regulations (CCR), Sections 51184; 51242; 51340; 51532)

VIII. DISTRIBUTION:

Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE:

Senior Manager, Provider Relations

X. REVISION DATES:

04/10/2002, 03/12/2003, 03/10/2004, 02/09/2005, 02/08/2006, 05/09/2007, 07/09/2008, 07/08/2009, 07/14/2010, 07/13/2011, 08/08/2012, 09/11/2013, 08/13/2014, 08/12/2015, 08/10/2016, 08/09/2017, 08/08/2018, 08/14/2019, 04/08/2020, 6/10/2020, 08/11/2021, 08/10/2022, 08/09/2023, 08/14/2024

PREVIOUSLY APPLIED TO: N/A