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Date: 8/26/2022

To: IRIS Consultant Agencies (ICAs)
Self-Directed Personal Care (SDPC) Oversight Agency

From: Christian Moran, Director
Bureau of Programs and Policy

Re: IRIS Private Duty Nursing (PDN) Policy Clarification

Purpose

This communication is intended to clarify IRIS Policy 6.4 (Private Duty Nursing) and assist ICAs in developing comprehensive Individual Support and Service Plans (ISSPs) that meet participant needs.

IRIS Policy 6.4 (PDN) Background

General IRIS program policy requires that a participant must exhaust their state plan services prior to utilizing IRIS waiver services, for all applicable services. Program policy does not allow duplication of state plan services through the waiver. In addition to the program's policy, Wisconsin Administrative Code § DHS 107.12 prescribes that any individual providing PDN services must be a certified or licensed nursing professional.

The IRIS program's PDN policy defines how state plan services and IRIS waiver services work together to address participant needs. Operating under the general policies and rules described above, the PDN policy requires program participants to maximize their state plan benefit for their "approved amount eligible" prior to utilizing the IRIS waiver services. The "approved amount" means the physician's prior authorization for PDN services. Where a participant's eligibility for PDN and their prior authorization do not agree, the prior authorization will take precedence as the determinant of medical necessity, which dictates the service authorization on the participant's ISSP. For example, if a participant is eligible to receive 24/7 PDN services, but only has a prior authorization for 12 hours per day of PDN services, the "approved amount" of PDN is only 12 hours per day. Supportive home care (SHC) services, if necessary during the remaining 12 hours per day, would not be duplicative of approved plan services, and should be approved regardless of whether the participant may need intermittent skilled care during the time the participant receives SHC hours. The SHC hours do not pay for nor authorize intermittent skilled care during the time the participant receives SHC hours.

Prior Authorization of PDN and Service Utilization

In summation, if the participant's general care needs exceed the prior authorization for skilled nursing services, participants may seek additional non-nursing services, such as SHC, from the waiver to supplement their care needs. So long as those services provided are not duplicative of the PDN services authorized, waiver services may continue to be utilized to ensure a participant's ISSP meets their needs.

To ensure SHC services are not duplicative and that skilled nursing services are only being provided by a credentialed professional, ICAs should document the distinction between each of the services being utilized. This should be done through the use of a service task list or equivalent format to provide verification of the service separation.

If you have any questions regarding this memo or need additional assistance, please send your questions to the Department of Health Services IRIS (Include, Respect, I Self-Direct) Budgets and Appeals inbox at DHSIRISBudgetsandAppeals@dhs.wisconsin.gov.

Resources

IRIS Policy Manual: 6.4 Private Duty Nursing (PDN):
<https://www.dhs.wisconsin.gov/publications/p0/p00708.pdf>