



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF MEDICAL SERVICES
PRIVATE DUTY NURSING ACCEPTANCE

NAME	MEDICAID NO.
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Private duty nursing services are covered for Missouri Medicaid recipients (ages 0-20) who have a medical problem that requires education of the primary caregiver or stabilization of the problem. Private duty nursing services are a benefit of the EPSDT/HCY Program.

The purpose of the Private Duty Nursing program is to provide quality, safe, cost-efficient skilled nursing care when the recipient requires a minimum of four (4) hours of skilled nursing care per day. Skilled nursing care is prescribed care that can only be provided by a licensed RN or LPN. It is medically necessary care to treat or ameliorate a medical condition identified as a result of a Health Children and Youth (HCY) screening.

Missouri Department of Health (DOH), Bureau of Special Health Care Needs (BSHCN's) professional staff will prior authorize the medically necessary number of hours of private duty nursing per day. BSHCN's service coordinators will conduct home visits at least every three months to determine the need for continued services and the appropriate number of hours to be provided. BSHCN's service coordinators may consult with the physician and provider agency regarding approval of the treatment plan hours.

Private duty nursing is only provided to individuals in homes where there is a primary caregiver who is able to assist in the care of the patient. Only those hours that are required to educate the caregiver in the medically necessary care of the patient or to provide the needed care to stabilize/maintain the patient's condition will be authorized. Private duty nursing providers must document the date and time of all services furnished.

IMPORTANT NOTE: Private duty nursing services which are not covered include the following:

1. when it is determined that at least four (4) hours of skilled care per day is not medically necessary;
2. services not prescribed by a physician;
3. observational care or monitoring medical conditions that do not require medically necessary intervention by skilled nursing personnel;
4. services that were not prescribed to treat or ameliorate a condition identified as a result of a HCY screening;
5. custodial, sitter and respite services;
6. services after the recipient is admitted to a hospital or a nursing facility;
7. services after the recipient is not longer eligible for Medicaid; or
8. services for recipient age 21 or over.

By signing this form, the primary caregiver acknowledges discussion and receipt of information from the DOH service coordinator about the Missouri Medicaid Private Duty Nursing Program, including the program limitations.

PARENT/CAREGIVER	DATE
SERVICE COORDINATOR (DOH)	DATE