



# STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Richard F. Daines, M.D.  
*Commissioner*

James W. Clyne, Jr.  
*Executive Deputy Commissioner*

November 5, 2008

Dear Medicaid Nursing Services Provider:

Effective July 16, 2007, the Medicaid program will pay providers of non-institutional pediatric continuous private duty nursing services (including children in Care at Home Waiver Programs) an enhanced rate of thirty percent (30%) added-on to the approved standard hourly rate.<sup>1</sup> The enhanced rate is payable for dates of service on or after January 1, 2007, through December 31, 2008<sup>2</sup> and has been extended to December 31, 2010. Both Licensed Home Care Services Agency (LHCSA) and independently enrolled nurse providers are eligible to receive the enhanced rate. LHCSA providers can only use the increased rate amount to recruit and retain qualified registered and licensed practical nurses to service these cases on behalf of their agency.

In order to receive reimbursement for the enhanced rate, nursing providers must certify on the enclosed form that the nurse providing the services is trained and experienced to care for the medically fragile pediatric population in a community setting.<sup>3</sup> LHCSA providers must certify on behalf of the nurses with whom they contract or whom they employ, that the nurses' training and experience to serve these clients exceeds the minimum New York State Education Department (SED) registered nurse (RN) and licenses practical nurse (LPN) licensure renewal requirements. LHCSA providers must certify that this documentation is maintained and available for inspection on demand. Similarly, nurses who are individually enrolled must certify on their own behalf that they possess the required training and experience, and have verifying documentation.

The attached Certification of Nurse Training and Experience form must be completed, executed and submitted to the Medicaid program through Computer Sciences Corporation (CSC) in order to process the increased rate authorization. Upon receipt of this certification, a new Specialty Code, 579 – Medically Fragile Children, will be added to your Medicaid provider enrollment file. Code 579 authorizes reimbursement of continuous nursing services claims for all children under age 21 at the enhanced rate for eligible service dates. Any provider of private duty nursing services who does not submit the attached certification will not be reimbursed at the enhanced rate.

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<sup>1</sup>Section 367-r(1-a) of the New York Social Services Law (SSL) authorizes the Medicaid program to reimburse non-institutional pediatric continuous private duty nursing provided to medically fragile children at an enhanced rate, in order to recruit and retain qualified private duty nurses and ensure service delivery to this patient population.

<sup>2</sup>SSL§ 367-r(1-a) expired on January 1, 2009. Extension to December 31, 2010.

<sup>3</sup>Medically fragile children are at risk of hospitalization or institutionalization, but are capable of being cared for at home if provided with appropriate home care services, and means any children under age 21 receiving continuous nursing services in a non-institutional setting. SSL § 367-r(1-a), 18 NYCRR § 505.8(g)(6).

The **Billing Instruction** for use in submitting claims with dates of service on or after January 1, 2007 through December 31, 2010 is to enter a **Service Authorization (SA) Exception Code of "7" on the claim**. On the paper claim form (eMedNY 150001), this is entered in Field 25D. Electronically, the SA Exception Code is submitted in the SA Exception Code Segment of Loop 2300 for the 837 Professional claim format. ePACES users will find the SA Exception Code field in the Professional Claim Information Tab – toward the bottom. **PROVIDERS SHOULD ENTER THEIR USUAL AMOUNT CHARGED, WITHOUT INCLUDING THE 30 PERCENT ADD-ON. eMedNY WILL CALCULATE THE 30 PERCENT ADD-ON FOR INCLUSION IN YOUR REIMBURSEMENT.**

If you have any questions regarding this letter, please contact the eMedNY Call Center at 1-800-343-9000. Thank you for your continued support of our efforts to ensure delivery of high quality nursing services for pediatric Medicaid enrollees living in the community.

Sincerely,



Christine Hall-Finney  
Director  
Provider Relations and Utilization Management  
Office of Health Insurance Programs

Enclosure  
EMEDNY-432301 (08/09)

**NEW YORK STATE MEDICAID PROGRAM  
NON-INSTITUTIONAL PEDIATRIC CONTINUOUS PRIVATE DUTY NURSING SERVICES  
CERTIFICATION OF NURSE TRAINING AND EXPERIENCE**

Check appropriate box, complete, sign, and submit to:  
Computer Sciences Corporation, PO Box 4610, Rensselaer, NY 12144-4610.

**MEDICAID PROVIDERS WHO ARE LICENSED HOME CARE SERVICES AGENCIES (LHCSA's)**

Agency Name: \_\_\_\_\_

Agency's NYS License Number: \_\_\_\_\_

Medicaid Provider Identification Number: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

I certify on behalf of this LHCSA Medicaid provider, that the licensed practical nurses (LPN) and registered nurses (RN) providing non-institutional pediatric continuous private duty nursing services on behalf of this LHCSA, for which an enhanced Medicaid reimbursement rate is claimed, are trained and experienced to provide the care and services ordered under a medically fragile pediatric patient's assessment and plan of care. Training and experience in the care of pediatric medically fragile patients exceeds the minimum New York State Department of Education (SED) RN and LPN licensure renewal requirements. This LHCSA maintains on file, for inspection on demand, documentation of LPN and RN training and experience in the care of pediatric medically fragile patients.

\_\_\_\_\_  
Agency Name (Please Print) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Officer or Employee \_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name of Authorized Officer or Employee

**MEDICAID PROVIDERS WHO ARE INDEPENDENTLY ENROLLED NURSES**

RN

LPN

Name: \_\_\_\_\_

NYS License Number: \_\_\_\_\_

Medicaid Provider Identification Number: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

Please specify training and completion date. Acceptable skills would be inclusive of but not limited to: tracheostomy care, ventilator care, gastrostomy tube insertion/care and feedings (RN and LPN), naso-gastric tube insertion/care and feedings (RN only), and home infusion (RN only but LPN can monitor). LPN/RN maintains, for inspection on demand, documentation of training and experience in the care of pediatric medically fragile patients.

Training	Completion Date
_____	_____
_____	_____
_____	_____

I certify that I am trained and experienced to provide non-institutional pediatric continuous private duty nursing services under a medically fragile pediatric patient's assessment and plan of care.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date