

**NEW YORK STATE  
MEDICAID PROGRAM**

**PRIVATE DUTY NURSING MANUAL  
POLICY GUIDELINES**

## Table of Contents

<b>SECTION I - REQUIREMENTS FOR PARTICIPATION IN MEDICAID.....</b>	<b>2</b>
WRITTEN ORDER REQUIRED.....	2
RECORD KEEPING REQUIREMENTS .....	3
CLINICAL RECORD.....	3
MEDICAL REVIEW .....	3
<b>SECTION II - PRIVATE DUTY NURSING SERVICES OVERVIEW .....</b>	<b>4</b>
<b>SECTION III - PLACE OF SERVICE .....</b>	<b>5</b>
HOME .....	5
SCHOOL .....	5
RESIDENTIAL HABILITATION .....	5
<b>SECTION IV - BASIS OF PAYMENT FOR SERVICES PROVIDED .....</b>	<b>6</b>
PRIOR APPROVAL .....	6
RETROACTIVE/EMERGENCY PRIOR APPROVAL.....	7
OUT-OF-STATE.....	8
PARTICIPANTS OF THE LONG TERM HOME HEALTH CARE PROGRAM WAIVER.....	9
<b>SECTION V - UNACCEPTABLE PRACTICES .....</b>	<b>10</b>
<b>SECTION VI - DEFINITIONS .....</b>	<b>11</b>
CERTIFIED HOME HEALTH AGENCY .....	11
LICENSED HOME CARE SERVICES AGENCY .....	11
LICENSED PRACTICAL NURSE.....	11
REGISTERED PROFESSIONAL NURSE.....	11

## Section I - Requirements for Participation in Medicaid

Enrollment of providers of private duty nursing (PDN) services to Medicaid recipients shall be limited to home care service agencies licensed in accordance with the provisions of Part 765 Title 10, Rules and Regulations of the Department of Health (DOH) and to private practicing licensed practical nurses (LPN) and registered professional nurses (RN).

All nurses providing PDN services must possess a license to practice in the State of New York and be currently registered by the New York State Education Department (NYSED).

A nurse who practices in another state and provides PDN to a New York Medicaid recipient who is temporarily located outside New York State (NYS) must be currently licensed and registered with the appropriate agency of the state in which he/she practices.

Providers must be enrolled in the NYS Medicaid Program prior to the start of service.

**Note: Independent enrollment in the Medicaid Program does not constitute an exception to, or expansion of, the LPN scope of practice, as defined by Section 6902(2) of the State Education Law.**

***The practice of nursing by LPNs must be under the direction of a RN, licensed physician or other licensed health care provider legally authorized to direct LPNs.***

**Receipt of provider ID # does not negate the need for a prior approval number for individual cases. Please review the prior approval information section of the Private Duty Nursing Manual before starting any cases. You will still be at financial risk if you begin a private duty nursing case before obtaining the appropriate prior approval number.**

### Written Order Required

PDN services may be rendered only under the direction of a physician as part of a comprehensive program of care. **Each provider is required to obtain a physician's written recommendation or order prior to the provision of such services.**

Orders may also be written by certified nurse practitioners who are currently registered by the NYSED and enrolled in the NYS Medicaid Program

## Record Keeping Requirements

### Clinical Record

A record of the patient's care shall be maintained within the patient's home. All services provided must be documented each shift. Documentation must include all skilled tasks provided as well as assessing, teaching, planning, and evaluating patient or family needs and their response to nursing care. The documentation in the record shall include:

- The physician's current written order and treatment plan, both of which shall be revised as the needs of the patient dictate;
- The beginning and ending shift times signed and dated by nurse
- The dates and hours of private duty nursing care provided, the identity of the LPN or RN who provided the care;
- Patient status as observed, measured and evaluated by the nurse providing the care (Progress Notes);
- A record of the administration of the patient's medications and other treatments, the response to said medications and/or treatments;
- A record of other therapies provided and the observed functioning and adequacy of the supporting medical therapies and equipment;
- The clinical record must be sufficiently documented to enable another professional to reconstruct what transpired during each hour of nursing service billed to Medicaid;
- A copy of the prior approval must remain in the beneficiary's clinical record;
- In addition, the clinical record must be submitted to the Department upon request according to Medicaid policy and regulation;
- Any medical documentation should not contain 'white out', or be scribbled or blackened out. All changes to documentation should contain a single strike-through with the date, time and initials of the individual of the person making the change.

### Medical Review

Periodic documentation of the patient's progress should be made by the providing nurse to the attending physician on regularly scheduled time frame agreed by both parties and documented in the physician's written order for services. Immediate notification to attending physician is required when there is any significant change in the member's condition.

## Section II - Private Duty Nursing Services

The intention of PDN services is to support not replace the parent(s)/responsible party or parties care. Commitment on the part of the participant's family and community are necessary to meet the participant's needs and to ensure that the individual can be maintained safely at home. Family/caregiver should provide hands on care to maintain the skills they were trained on in order to provide back-up care when necessary.

PDN services may be provided upon a written physician's order and when a written assessment from a Certified Home Health Agency (CHHA), local department of social services (LDSS), or recognized agent of an LDSS indicates that the patient is in need of either:

- Continuous nursing services which are beyond the scope of care available from a CHHA; or,
- Intermittent nursing services which are normally provided by a CHHA but which are unavailable.

It is expected that those nursing services be provided by a Licensed Home Care Services Agency (LHCSA) and that full and primary use be made of the services provided by such agencies.

Services may be provided by RN or LPN on a private practitioner basis only when it has been determined that:

- There is no approved home health agency in the area to provide the needed skilled nursing services; or
- The patient requires individual and continuous nursing care beyond that which is available from a home health agency.

The written assessment shall include the reasons why the CHHA cannot service this particular case as well as the CHHA's independent recommendations as to the level and frequency of services medically necessary.

*The nurse completing the written assessment shall not be a provider of the PDN care to the patient, nor shall he/she be affiliated with the patient's family or the patient's physician.*

## Section III - Place of Service

### Home

Under the NYS Medicaid Program, medically necessary nursing services may be provided to eligible individuals in their homes.

Reimbursable services include skilled nursing care rendered directly to the individual and instructions to his/her family in the procedures necessary for the patient's treatment.

*All nursing services must be in accordance with, and conform to, the ordering physician's treatment plan.*

### School

PDN duplicating services that are the legal responsibility of the school districts are not reimbursable. The school district, through the Preschool/School Supportive Health Services Program (SSHSP) and the Individuals with Disabilities Education Act (IDEA), is required to meet the member's needs while the member is at school. The IDEA's definition of related services requires school districts to provide students with health services that are necessary for them to attend school as long as these services can be performed by a qualified individual other than a physician.

For additional information regarding Medicaid reimbursement for nursing services in school refer to:

[http://www.oms.nysed.gov/medicaid/medicaid\\_alerts/alerts\\_2015/15\\_02\\_clarification\\_medicaid\\_reimbursement\\_nursing\\_services\\_3\\_4\\_15.pdf](http://www.oms.nysed.gov/medicaid/medicaid_alerts/alerts_2015/15_02_clarification_medicaid_reimbursement_nursing_services_3_4_15.pdf)

<http://www.nysut.org/~media/files/nysut/resources/2012/april/bulletin120424scotusnursingidea.pdf?la=en>

### Residential Habilitation

Residential habilitation services are provided to individuals living in the following certified locations: Supervised Individualized Residential Alternatives (Supervised IRAs), Supportive Residential Alternatives (Supportive IRAs), and Family Care Residences. The services included in the residential habilitation rate for these settings are described below.

Nursing supervision of direct care staff and coordination of residents' health care needs, including prescriptions, medication administration and medication administration training and oversight, coordinating needed medical appointments, follow-up reports from medical appointments, follow-up and interface with hospital staff regarding Emergency Room visits and other hospitalizations .

Professional services of a Registered Nurse or Licensed Practical Nurse, delivered in the residence, may be accessed using State Plan Nursing, under the following conditions:

- The service is ordered by a physician and prior approved by the Department of Health based upon the health care needs of the person that cannot be met with residential staffing alone (both Direct Support Professionals & clinicians who work for the Residential Habilitation service provider); and
- The Registered Nurse or Licensed Practical Nurse who delivers the State Plan Nursing service is not employed by the agency providing the Residential Habilitation service to the person.

## Section IV - Basis of Payment for Services Provided

Reimbursement for nursing services will be at hourly fees not to exceed those negotiated by the LDSS Commissioners on behalf of their respective counties and approved by the DOH, Office of Health Systems Management and by the State Budget Director.

If services were provided in increments other than a full hour, the claim should be rounded up or down to the nearest full hour. Justification for services rendered for less than a full hour should be noted in the clinical record when documenting shift hours. Routine rounding claims to the nearest hour is not encouraged and may subject claims to be pended for additional review.

It is the responsibility of the family, private duty nursing agency, RN or LPN to assess, investigate, and exhaust all commercial insurance for the beneficiary prior to billing Medicaid.

### Prior Approval

PDN must be prior approved by the Medicaid Medical Director (Medicaid Director) or his/her designee. Request for all PDN services must be based on the current medical needs of the client and shall be in accordance with the attending physician's written order and treatment plan.

Approval for PDN services shall be at the LPN level unless:

- The physician's order specifically justifies in writing the reasons why RN nurse services are necessary. In this case the Medicaid Director or local designee must be in agreement.
- The required skills are outside the scope of practice for an LPN as determined by the NYSED.

Approval for LPN/RN services will be at the approved county rate unless member meets the criteria for a high tech rate. Reasons for approval of the high tech rate include:  
Is on ventilator-dependent life support and/or complex medical treatments that require specialized skills or equipment

Each prior approval request shall identify the name(s) of the PDN provider(s) who will be providing the nursing services along with their provider ID or NPI number.

Prior approval requests shall identify the name(s) of informal support caregiver(s) and a statement from the ordering practitioner (or educator) and the informal support caregiver(s) that the named individual(s) are trained and capable of meeting all of the skilled and unskilled needs of the patient.

Prior approval requests shall be accompanied by a written physician's order. Physician's orders shall reference all diagnoses, medications, treatments, prognoses and other pertinent information relevant to the nursing plan of care.

Additional clinical and/or social information may be required at the discretion of the Medicaid Director or his/her designee.

In the instance that PDN services are to be provided wholly or in part by an **independently enrolled** LPN, the ordering physician must certify the following in writing:

- He or she is willing to be responsible for oversight of the independent nurse to ensure adherence to the prescribed treatment plan; and
- The ordering physician (or his/her designee) will be available to consult with the independent nurse should the patient's medical condition change or treatment plan needs updating.
- The ordering physician will provide, or arrange, appropriate direction to any independently enrolled LPN working the case in accordance with State Education Law.

Initial approval of PDN services shall be for a period of no more than three (3) months but may be for a lesser or greater period if so determined in the medical judgment of the Medicaid Director or his/her designee.

Approval for continued PDN care beyond three months or the lesser period determined by the Medicaid Director or his/her designee shall be contingent upon:

- a reassessment by a CHHA, LDSS or recognized agent of a LDSS,
- updated medical orders from the prescribing physician and



- presentation of clinical evidence to the Medical Director or his/her designee which supports the appropriateness of the continuation of care.

When, at any time, the Medicaid Director, or his/her designee determines that PDN services are no longer clinically appropriate or safe, and the patient continues to request nursing care, the patient shall be advised of the determination and of their right to request a Fair Hearing.

When the determination to discontinue PDN services is made, the Medicaid Director or his/her designee may authorize continuation of the nursing services for a reasonable period of time sufficient to permit the patient's caregivers and his/her medical team time to implement an alternate treatment plan.

If the nursing provider can no longer provide nursing care for the member they must notify the member or member's caregiver in writing at least 48 hours prior to stopping nursing services. The nursing provider should coordinate with the member or member's caregiver to ensure a safe discharge plan is in place.

## Retroactive/Emergency Prior Approval

Prior approvals must be obtained before services commence; except in cases of emergency. In that instance, no more than two days [48 consecutive hours] will be approved retrospectively.

*In cases where services are provided on an emergency basis, the Medicaid Director or his/her designee must be notified on the next business day.*

In limited circumstances, prior approval may be granted retrospectively at the discretion of the Medicaid Director, or his/her designee, providing the prior approval request is received by the Medicaid Director or his/her designee within ninety (90) days of the date service was provided.

The provider is responsible for verifying eligibility whenever services is to be provided to the member. The provider is strongly encouraged to access the Medicaid eligibility system frequently while providing service to the client. If there is a change in eligibility from Medicaid Managed Care to Medicaid Fee for Service a new request for Prior Approval needs to be submitted to Medicaid within 30 days of being notified of the change in coverage in order to receive retroactive approval.

**Prior approval of PDN services is not a guarantee that there will be sufficient licensed agency or independently enrolled personnel to service a case.**

## Out-of-State

NYS Medicaid recipients occasionally seek the services of an out-of-state provider. Private practicing nurses and nursing agencies must be enrolled in the NYS Medicaid

Program and may accept an appropriately completed written recommendation from an out-of-state physician who is duly licensed in the state where that practitioner is located.

In the event that a NYS Medicaid recipient who is temporarily residing outside NYS requires the care of a PDN, services may be provided only by nurses who meet the certification requirements of the state in which they are practicing and who are enrolled in the NYS Medicaid Program.

Out-of-state nurses who wish to provide services within NYS must possess a license and current registration from the NYSED.

PDN services, whether rendered or ordered by an out-of-state provider, must conform to the prior approval requirements outlined in this Manual.

In the event that PDN services are requested for out of state travel, New York State Medicaid must authorize these services on an individual basis per trip. If the services are authorized for travel, the provider must insure that the private duty nursing staff has appropriate licensure for the states in which they will provide the PDN services. A letter from the ordering physician must be submitted acknowledging that they are aware that the member will be traveling out of NYS

For more information regarding the provision of out-of-state medical care and services, please refer to the [Information for All Providers, General Policy](#) manual.

### Vacation

Request for additional hours for primary caregiver to go on vacation can be sent to the Medical Review department. A maximum of two weeks per calendar year (14 days) can be requested. This request needs to be submitted six (6) weeks prior to the start date of the vacation to allow time for review. Documentation submitted should include new MD orders for the additional hours being requested and a back-up care giver statement from the individual who will be assuming this responsibility documenting that they have been fully trained in all skills and care of member.

### Participants of the Long Term Home Health Care Program Waiver

PDN services, as described in this manual, are not available to participants of the Long Term Home Health Care Program (LTHHCP) waiver.

All nursing services in the LTHHCP are provided or arranged for and billed by the LTHHCP provider.

## Section V - Unacceptable Practices

In addition to the guidelines that appear in the [Information for All Providers, General Policy](#) manual and unacceptable practices found at 18 NYCRR Section 515.2, PDN providers are specifically prohibited from engaging in practices considered **unacceptable**, including, but not limited to the following:

- Offering cash payments to a physician;
- Entering into agreements or arrangements of any kind with any practitioner or representative of a health facility whereby any benefit, financial or otherwise, shall accrue to the parties of such agreement;
- Billing for services available free of charge to the general public;
- Billing for services not properly ordered by a qualified or otherwise legally authorized physician or certified nurse practitioner;
- Nursing services provided by an individual nurse exceeding sixteen (16) hours in a 24-hour period;
- Billing for services provided by the patient's legally responsible relative;
- Billing for PDN services while the patient is receiving comparable or duplicative services in a physician's office, clinic, hospital or other medical facility;
- Billing for or providing PDN services for any component of dialysis or dialysis time;
- Operating a motor vehicle while the nurse is purported to be providing nursing services. A nurse may accompany the participant but may not drive;
- Billing for services provided to the member in the nurse's home;
- Billing for time caring for other children (including nurse's own) during hours scheduled to be providing skilled care to member;
- Performing tasks that do not require a LPN or RN level of skill such as ,but not limited to, household chores (washing dishes, cleaning or laundry);

Nothing prohibits the provision of PDN services in combination with other services when a combination of services can appropriately and adequately meet the member's needs; provided, that no duplication of Medicaid funded services would result.

- Billing for services not provided to the member.

## Section VI - Definitions

For purposes of the Medicaid Program and as used in this Manual, the following terms are defined to mean:

### Certified Home Health Agency

A certified home health agency (CHHA) holds a certification issued by the State Commissioner of Health in addition to being an agency licensed to provide home health services.

The agency can be public or private, a non-profit organization, or a subdivision of such an agency or organization, which is primarily engaged in providing, directly or through arrangement, skilled nursing services and other therapeutic services to home-bound patients.

Such services are provided on a part-time or intermittent basis, in a place of residence that is used as the individual's home.

### Licensed Home Care Services Agency

A Licensed Home Care Services Agency (LHCSA) refers to an organization primarily engaged in providing, directly or through contract arrangement, skilled nursing services and other therapeutic services to home-bound patients.

Such services are provided on a long-term, continuous basis, in a place of residence that is used as the individual's home.

A LHCSA is one that has been licensed by the State Commissioner of Health as evidenced by its possession of a current license.

### Licensed Practical Nurse

A Licensed Practical Nurse (LPN) refers to an individual who is licensed and currently registered to practice the profession of nursing as an LPN pursuant to Article 139 of the NYS Education Law.

### Registered Professional Nurse

A Registered Nurse (RN) refers to an individual who is licensed and currently registered to practice the profession of nursing as a registered professional nurse pursuant to Article 139 of the NYS Education Law.