

## Nursing Services

**Definition:** Nursing services are continuous or intermittent skilled care provided by a nurse, licensed in accordance with the State’s Nurse Practice Act, in accordance with the participant’s Support Plan, as deemed medically necessary by a physician. This service will be provided in the home unless deemed medically necessary by the physician and indicated in the Support Plan.

Note: State Plan Medicaid covers Nursing Services for children (under age 21). When a child is enrolled in the MR/RD Waiver, the Service Coordinator/Early Interventionist must authorize State Plan-funded Private Duty Nursing. See “Nursing Services through State Plan Medicaid for Waiver Participants under age 21” section of this chapter for more information.

The unit of service for Nursing Services through the waiver and for Private Duty Nursing through State Plan Medicaid is one hour, provided by one LPN or one RN. The unit of service for Enhanced children’s Private Duty Nursing through State Plan Medicaid (LPN or RN) is 15 minutes.

Please see: Scope of Services for Nursing Services

**Providers:** Nursing services are provided by agencies or companies contracted with SCDHHS to provide Nursing Services.

### **MR/RD Waiver Nursing Services for Adults (age 21 and over)**

**Service Limits:** MR/RD Waiver-funded Nursing Services are limited to a maximum of 56 units per week by a LPN or 42 units per week by a RN, as determined by SCDDSN assessment. A week is defined as Sunday through Saturday. If both a LPN and a RN provide services, the combined cost cannot exceed the cost of the maximum number of units provided by either a LPN or a RN alone. Unused units from one week cannot be banked (i.e. held in reserve) for use during a later week.

Please refer to the MR/RD Waiver Rate Table for unit costs.

**Arranging for and Authorizing Services:** A physician’s order for Nursing Services (MR/RD Form 28) must be completed by a licensed physician, specifying the skill level required (RN or LPN). **Prior approval of service provision must be obtained from the SCDDSN Director of Health Services at Whitten Center, who will also determine the number of units needed. This approval can be obtained by submitting a packet as required in the “Required Records for Review for DDSN Authorized Nursing Services” at the end of this chapter. This review by the Director of Health Services is required at least annually thereafter at the time of the annual assessment/plan development. The packet should be sent to the Director of Health Services far enough in advance of the plan date (+/- 30 days) to allow for ample time for review.**

The need for the service, as well as its amount, frequency and duration must be documented by the Service Coordinator in the participant’s Support Plan. Once the amount needed is determined and prior approval obtained, the Service Coordinator must enter the needed units on the Waiver Tracking System (S68-LPN or S69-RN) and obtain approval of the budget before authorizing services.

Once the physician orders the services, the Service Coordinator should provide the participant/legal guardian with a list of Medicaid-contracted Nursing Services providers and document the offering of a choice of providers. Once a provider is selected and the budget approved, the Service Coordinator should complete and send the Authorization for Nursing Services (MR/RD Form A-12).

Note: A RN can provide care if the order is written for a LPN; however, the provider can only claim the LPN rate for that participant when billing SCDHHS. A LPN **cannot** provide services when a RN is ordered by the physician.

**For those participants who have private insurance, Nursing Service providers must bill the participant's private insurance carrier prior to billing SCDHHS for all nursing services provided. MR/RD Waiver Nursing Services should not be billed to SCDHHS until all other resources, including private insurance coverage, have been exhausted. The Service Coordinator/Early Interventionist must first determine if the MR/RD Waiver participant has private insurance and if the insurance policy covers nursing services. In no instance will SCDHHS pay any amount that is the responsibility of a third party resource. The MR/RD Waiver is the payer of last resort and maximum allowable limits as defined above apply.**

The following guidelines are to be followed when authorizing Nursing Services:

- When private insurance covers **all** Nursing Services
  - The Service Coordinator/Early Interventionist will indicate the needed amount of Nursing Services and will indicate the private insurance carrier as the funding source in the participant's Support Plan. No authorization is necessary for the services.
- When private insurance covers **a portion** of the Nursing Services
  - The Service Coordinator/Early Interventionist will indicate the needed amount of Nursing Services that the private insurance carrier will provide and will indicate the private insurance carrier as the funding source in the participant's Support Plan.
  - For those additional hours not covered by the private insurance carrier, but deemed medically necessary, the Service Coordinator/Early Interventionist will indicate the needed amount and will indicate MR/RD Waiver as the funding source in the participant's Support Plan.
  - The Service Coordinator/Early Interventionist will issue an Authorization for Nursing Services (MR/RD Form A-12) for the amount not covered by private insurance. Providers of Nursing Services must only bill SCDHHS for that amount.
- When private insurance covers **none** of the Nursing Services or the participant does not have private insurance
  - The Service Coordinator/Early Interventionist will indicate the needed amount of Nursing Services and will indicate the MR/RD Waiver as the funding source in the participant's Support Plan. He/she will complete the Authorization for Nursing Services (MR/RD Form A-12) for the amount needed, not to exceed the service limits.

When sending the Authorization for Nursing Services (MR/RD Form A-12) to the selected Nursing provider, the Service Coordinator/Early Interventionist must attach a copy of the Physician's Order for Nursing Services (MR/RD Form 28).

The Nursing Services provider must notify the Service Coordinator within two (2) working days of any significant changes in the participant's condition or status. The Service Coordinator must respond to requests from the provider to modify the participant's Support Plan within three (3) days of receipt by notifying the

SCDDSN Director of Health Services of the change in condition/status. The Director of Health Services will determine any needed changes prior to the participant's Support Plan being revised. Once the Support Plan is updated, the new information entered on the Waiver Tracking System and approved and a new authorization sent to the provider, reflecting the new number of units and start date.

**Monitoring the Services:** The Service Coordinator must monitor **waiver-funded Nursing Services** for effectiveness, usefulness and participant satisfaction. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following guidelines should be followed when monitoring Nursing Services:

- During the first month of service, monitoring must be conducted while the service is being provided, unless the Service Coordination Supervisor documents an exception. An exception can only be made when the service is provided in the late evening or early morning hours (between 9:00 pm and 7:00 am).
- Services must be monitored at least once during the second month of service.
- Services must be monitored at least quarterly (i.e. within 3 months of the previous monitoring) thereafter.
- Monitoring must start over as if it is the start of service any time there is a change of nursing provider.
- Monitoring must be conducted on-site at least once annually (i.e. within 365 days of the previous on-site monitoring).
- Monitoring must be conducted by contact with the participant/family. It can be supplemented with contact with the service provider and/or review of monthly summaries of service received from the provider.
- Nursing notes completed by the nurse(s) should be reviewed during on-site visits.
- Monitoring of the participant's health status should always be completed as a component of Nursing Services monitoring.

Some questions to consider during monitoring include:

- ❖ Is the participant receiving Nursing Services as authorized?
- ❖ Does the provider show up on time and stay the scheduled length of time? If the provider does not show up to provide care to the individual, who is providing back-up care in the provider's absence?
- ❖ Does the provider show the participant courtesy and respect?
- ❖ Has the participant's health status changed since the last monitoring? If so, does the service need to continue at the level at which it has been authorized? If the individual is receiving the service for an acute condition, has the physician been consulted about the continuation of Nursing Services and the skill level required?
- ❖ Have there been any changes to the participant's specific nursing plan developed by the provider? If so, is a copy of the current nursing plan present in the participant's Service Coordination record?
- ❖ Is the participant pleased with the service being provided, or is assistance needed in obtaining a new provider?
- ❖ What is the expected duration of services at the current level?

**Reduction, Suspension or Termination of Services:** If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

**Service Limits:** There is no preset service limit for children’s Private Duty Nursing through State Plan Medicaid. **The amount authorized is based on assessed need.**

**Arranging for and Authorizing Services:** To receive Private Duty Nursing services through State Plan Medicaid, a participant must, at minimum, meet the criteria indicated on the Medical Necessity Criteria for Private Duty Nursing Care Coordination (PDN Form 01). If the participant meets these criteria, the Checklist for Medical Necessity Criteria for State Plan Private Duty Nursing Service (PDN Form 02) should be completed. A physician’s order for Nursing Services (MR/RD Form 28) must be completed by a licensed physician, specifying the skill level required (RN or LPN). Additionally, **prior approval must be obtained from the SCDDSN Director of Health Services at Whitten Center, who will also determine the number of units needed. This approval can be obtained by submitting a packet as required in the “Required Records for Review for DDSN Authorized Nursing Services” at the end of this chapter. This review by the Director of Health Services is required at least annually thereafter at the time of the annual assessment/plan development. The packet should be sent to the Director of Health Services far enough in advance of the plan date (+/- 30 days) to allow for ample time for review.**

If a child (under 21 years old) is receiving ventilator care, tracheostomy care, endotracheal care, nasopharyngeal or tracheostomy suctioning, enteral feedings or parenteral feedings, the Checklist for Children’s Enhanced Private Duty Nursing (MR/RD Form A-12A) should be completed and a copy included in the packet sent to the Director of Health Services so that Enhanced Private Duty Nursing (S47-LPN or S07-RN) can be approved and authorized.

The need for the service, as well as its amount, frequency and duration must be documented by the Service Coordinator in the participant’s Support Plan. **The Support Plan will indicate Nursing as a separate need with State Plan Medicaid as the funding source, and the service will not be included in the waiver budget.** The Service Coordinator/Early Interventionist will only monitor State Plan Private Duty Nursing as part of routine quarterly Service Coordination monitoring.

Once the physician orders the services, the Service Coordinator should provide the participant/legal guardian with a list of Medicaid-contracted Nursing Services providers and document the offering of a choice of providers. Once a provider is selected and prior approval is obtained from the SCDDSN Director of Health Services, the Service Coordinator will complete and send the Authorization for Nursing Services (MR/RD Form A-12).

Note: A RN can provide care if the order is written for a LPN; however, the provider can only claim the LPN rate for that participant when billing SCDHHS. A LPN **cannot** provide services when a RN is ordered by the physician.

**For those participants who have private insurance, Nursing Service providers must bill the participant’s private insurance carrier prior to billing SCDHHS for all nursing services provided. Private Duty Nursing services should not be billed to SCDHHS until all other resources, including private insurance coverage, have been exhausted. The Service Coordinator/Early Interventionist must first determine if the MR/RD Waiver participant has private insurance and if the insurance policy covers nursing services. In no instance should SCDHHS be billed for any amount that is the responsibility of a third party resource. Medicaid is the payer of last resort.**

The following guidelines are to be followed when authorizing Nursing Services:

- When private insurance covers **all** Nursing Services

- The Service Coordinator/Early Interventionist will indicate the needed amount of Nursing Services and will indicate the private insurance carrier as the funding source in the participant's Support Plan. No authorization is necessary for the services.
- When private insurance covers **a portion** of the Nursing Services
  - The Service Coordinator/Early Interventionist will indicate the needed amount of Nursing Services that the private insurance carrier will provide and will indicate the private insurance carrier as the funding source in the participant's Support Plan.
  - For those additional hours not covered by the private insurance carrier, but deemed medically necessary, the Service Coordinator/Early Interventionist will indicate the needed amount and will indicate State Plan Medicaid as the funding source in the participant's Support Plan.
  - The Service Coordinator/Early Interventionist will issue an Authorization for Nursing Services (MR/RD Form A-12) for the amount not covered by private insurance. Providers of Nursing Services must only bill SCDHHS for that amount.
- When private insurance covers **none** of the Nursing Services or the participant does not have private insurance
  - The Service Coordinator/Early Interventionist will indicate the needed amount of Nursing Services and will indicate State Plan Medicaid as the funding source in the participant's Support Plan. He/she will complete the Authorization for Nursing Services (MR/RD Form A-12) for the amount needed.

When sending the Authorization for Nursing Services (MR/RD Form A-12) to the selected Nursing provider, the Service Coordinator/Early Interventionist must attach a copy of the Physician's Order for Nursing Services (MR/RD Form 28) and a copy of the Checklist for Medical Necessity Criteria for State Plan Private Duty Nursing Service (PDN Form 02).

The Private Duty Nursing provider must notify the Service Coordinator within two (2) working days of any significant changes in the participant's condition or status. The Service Coordinator must respond to requests from the provider to modify the participant's Support Plan within three (3) working days of receipt by notifying the SCDDSN Director of Health Services of the change in condition/status. The Director of Health Services will determine any needed changes prior to the participant's Support Plan being revised. Once the Support Plan is updated, a new authorization will be sent to the provider, reflecting the new number of units and start date.

**Note: If ever a child (under age 21) enrolled in the waiver needs only Nursing Services (i.e. no other waiver-funded services), then that child must be referred for State Plan Private Duty Nursing by submitting the Medicaid State Plan - Private Duty Nursing (PDN) Service Intake and Referral Information (PDN Form 001).** The Service Coordinator should coordinate the transition and complete and send the Memorandum of Transition Between the MR/RD Waiver and Children's Private Duty Nursing (MR Form 18-NUR). **Disenrollment from the MR/RD Waiver must also be coordinated with DHHS PDN Services to coincide with the transition to Private Duty Nursing.**

**Note: When a waiver participant who receives Private Duty Nursing through State Plan Medicaid is approaching his/her 21<sup>st</sup> birthday, the Service Coordinator/Early Interventionist must work with DHHS's PDN Services to coordinate the transition to waiver-funded Nursing Services so as to avoid a lapse in services.**

**Note: When a consumer who has been receiving Private Duty Nursing through State Plan Medicaid is enrolled in the MR/RD Waiver, the Service Coordinator/Early Interventionist becomes the authorizer of services.**

See “Instructions for Transitioning From a Community Long Term Care (CLTC) Medicaid Program or SCDDSN HASCI or PDD Waiver to the SCDDSN MR/RD Waiver” in Chapter 6.

**Monitoring the Services:** Because State Plan Private Duty Nursing for children is not a waiver service, the Service Coordinator need only monitor PDN as part of routine quarterly Service Coordination monitoring.

**Reduction, Suspension or Termination of Services:** If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

Revised 6-15-10

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
MR/RD WAIVER**

**Physician's Order for Nursing Services**

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

I hereby order Nursing Services to be rendered to the above named participant. This person requires the following care/treatment(s) that must be provided by a nurse licensed by the State of South Carolina:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

These services are necessary to maintain his/her health and prevent institutionalization.

This patient requires \_\_\_\_\_ nursing care to be provided by a LPN.

\_\_\_\_\_ nursing care to be provided by a RN.

\_\_\_\_\_ *enhanced* nursing care to be provided by a LPN.

\_\_\_\_\_ *enhanced* nursing care to be provided by a RN.

**Enhanced Nursing is for children (under 21 years of age) who receive ventilator care tracheostomy care, endotracheal intubation/ventilator, nasopharynx or tracheotomy suctioning, enteral feedings via tube or parenteral feedings.**

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
MR/RD WAIVER

AUTHORIZATION FOR NURSING SERVICES  
TO BE BILLED TO SOUTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

TO: \_\_\_\_\_

You are hereby authorized to provide

- MR/RD Waiver Nursing Services - LPN (S9124)
- MR/RD Waiver Nursing Services - RN (S9123)
- State Plan Private Duty Nursing Services - LPN (S9124)
- State Plan Private Duty Nursing Services - RN (S9123)
- State Plan Enhanced Private Duty Nursing Services - LPN (T1003)
- State Plan Enhanced Private Duty Nursing Services - RN (T1002)

for:

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Only the number of units rendered maybe billed. Please note: This nullifies any previous authorization to this provider for this service(s).

Prior Authorization # \_\_\_\_\_

Start Date: \_\_\_\_\_

Authorized Total – Waiver-funded LPN: \_\_\_ Units per week (no more than 56; 1 unit = 1 hour)

Authorized Total – Waiver-funded RN: \_\_\_ Units per week (no more than 42; 1 unit = 1 hour)

Children only

Authorized Total – State Plan Private Duty LPN: \_\_\_ Units per week (1 unit = 1 hour)

Authorized Total – State Plan Private Duty RN: \_\_\_ Units per week (1 unit = 1 hour)

Authorized Total – State Plan Enhanced Private Duty LPN: \_\_\_ Units per week (1 unit = 15 minutes)

Authorized Total – State Plan Enhanced Private Duty RN: \_\_\_ Units per week (1 unit = 15 minutes)

Note: A RN can provide care if the order is written for a LPN; however, the provider can only claim the LPN rate for that participant when billing SCDHHS. A LPN **cannot** provide services when a RN is ordered by the physician.

Service Coordination Provider: \_\_\_\_\_ Service Coordinator Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Authorizing Services

\_\_\_\_\_  
Date

Physician's order (MR/RD Form 28) must be attached.

# Checklist for Children's Enhanced Private Duty Nursing

Name: \_\_\_\_\_ Medicaid #: \_\_\_\_\_

## Skilled Services:

- Ventilator Care
- Enteral nutrition via NG tube, G-tube, or J-tube
- Tracheostomy Care
- Nasopharyngeal or tracheostomy suctioning
- Parenteral Nutrition

Parenteral: Situated or occurring outside of the intestines. TPN or Hyeralimentation.

- Endotracheal Intubation

Tube through nose or mouth to trachea for breathing.

DDSN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

South Carolina Department of Health and Human Services (SCDHHS)  
 Medical Necessity Criteria for Private Duty Nursing Care Coordination  
 Effective April 1, 2010

- A. The South Carolina Medicaid State Plan Private Duty Nursing Service (PDN) was developed in response to the special medical needs of Medicaid eligible individuals under the age of twenty-one (21) who are cared for at home. The goals of this service are:
1. To improve the health status of the child; and
  2. To move the child toward independence of care.
- B. Achievement of these goals will be evaluated on an on-going and individual basis.
- C. The provider agency of private duty nursing must be contracted with the SCDHHS.
- D. Private duty nursing services must be prior approved by SCDHHS or its designee and ordered by a physician. Before the service is authorized, consideration must be given to utilization of home health services for intermittent or acute care needs, and for personal care aide services for non-skilled service needs, such as assistance with activities of daily living.
- E. Children enrolled in the private duty nursing service must meet items 1 through 5, below:
1. Be a resident of South Carolina
  2. Ages zero (0) through the end of the month of the twenty-first (21<sup>th</sup>) birthday
  3. Have parents or caregivers willing and able to provide care in the home
  4. Have a documented illness or disability, which requires ongoing skilled observation, monitoring and judgment to maintain or improve health status of a medically fragile or complex condition to include at least one (1) of the following:
    - a. An unstable seizure disorder
    - b. Unstable respiratory function
    - c. Unstable vital signs
    - d. A cardiac pacemaker
    - e. Unstable shunted hydrocephalus or otherwise unstable neurological status
  5. Require ongoing and frequent skilled interventions to maintain or improve health status which must include at least two (2) of the following:
    - a. Administration of Baclofen via pump
    - b. A highly specialized diet that is medically prescribed and supervised such as a Ketogenic diet
    - c. An accessed indwelling catheter such as a Broviac catheter or Port-A-Cath catheter
    - d. A CNS stimulator such as a vagal nerve stimulator
    - e. Ventilator dependence
    - f. CPAP or Bi-PAP dependence
    - g. Enteral nutrition through a gastrostomy tube prescribed greater than two (2) times per day which is the child's primary means of nutrition
    - h. Total parenteral nutrition
    - i. Colostomy or vesicostomy care
    - j. Urinary catheterizations greater than two (2) times per day
    - k. Medication administration at least two times per day by any route
    - l. Tracheostomy care
- F. PDN is intended to meet a skilled need that the child's family is not capable of meeting. It is not intended to provide coverage so that the usual family caregivers can perform other tasks, although the caregivers can do so, if the service is otherwise necessary. Private duty nurses are authorized for the purposes of performing skilled interventions, actively observing and monitoring the effects of treatments, or planning and training for interventions that will normally be performed by the family.

**Note:** No set of criteria describes all the possible circumstances; therefore, knowledge of an individual's particular situation is essential in applying these criteria. Professional judgment is used in determining the individual's abilities and needs. If after assessment, there is doubt about whether the child meets the PDN criteria, the records may be sent to SCDHHS Central office for review.

## Checklist for Medical Necessity Criteria for State Plan Private Duty Nursing Service

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

D.O.B.: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

SSI Number: \_\_\_\_\_

Assessment Completed by: \_\_\_\_\_

Date Completed: \_\_\_\_\_

To be enrolled in the private duty nursing (PDN) service, the above named child must meet items 1 through 5, below:

1. Be a Medicaid eligible resident of South Carolina
2. Ages zero (0) through the end of the month of the twenty-first (21<sup>th</sup>) birthday
3. Have parents or caregivers willing and able to provide care in the home
4. Have a documented illness or disability, which requires ongoing skilled observation, monitoring and judgment to maintain or improve health status of a medically fragile or complex condition to include at least one (1) of the following: Please check at least one (1) under #4.
  - a. An unstable seizure disorder
  - b. Unstable respiratory function
  - c. Unstable vital signs
  - d. A cardiac pacemaker
  - e. Unstable shunted hydrocephalus or otherwise unstable neurological status
5. Require ongoing and frequent skilled interventions to maintain or improve health status which must include at least two (2) of the following: Please check at least two (2) under #5.
  - a. Administration of Baclofen via pump
  - b. A highly specialized diet that is medically prescribed and supervised such as a Ketogenic diet
  - c. An accessed indwelling catheter such as a Broviac catheter or Port-A-Cath catheter
  - d. A CNS stimulator such as vagal nerve stimulator
  - e. Ventilator dependence
  - f. CPAP or Bi-PAP dependence
  - g. Enteral nutrition through a gastrostomy tube prescribed greater than two (2) times per day which is the child's primary means of nutrition
  - h. Total parenteral nutrition
  - i. Colostomy or vesicostomy care
  - j. Urinary catheterizations greater than two (2) times per day
  - k. Medication administration at least two times per day by any route
  - l. Tracheostomy care

PDN is intended to meet a skilled need that the child's family is not capable of meeting. It is not intended to provide coverage so that the usual family caregivers can perform other tasks, although the caregivers can do so, if the service is otherwise necessary. Private duty nurses are authorized for the purposes of performing skilled interventions, actively observing and monitoring the effects of treatments, or planning and training for interventions that will normally be performed by the family.

**Note:** Because no set of criteria describes all the possible circumstances, knowledge of an individual's particular situation is essential in applying these criteria. Professional judgment is used in determining the individual's abilities and needs. If after assessment, there is doubt about whether the child meets the PDN criteria, the records may be sent to SCDHHS Central office for review.

# Medicaid State Plan - Private Duty Nursing (PDN) Service Intake and Referral Information

Date of Referral: \_\_\_\_\_ Sex: \_\_\_\_\_ Male  Female

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Referred by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Brief description of medical condition (Primary Diagnosis): \_\_\_\_\_

What kind of skilled care does the child need? \_\_\_\_\_

---

BELOW IS FOR SCDHHS USE ONLY:

Date Received: \_\_\_\_\_ File # \_\_\_\_\_ Area: \_\_\_\_\_

Notes: \_\_\_\_\_

Fax / Return To:  
hickersm@scdhhs.gov  
South Carolina Department of Health and Human Services  
Division of Community Options, J-912  
Attn: PDN Services  
1801 Main Street, PO Box 8206, Columbia, SC 29202-8206  
803-898-2577 (Tel) 803-255-8204 (Fax)

# Medicaid State Plan - Private Duty Nursing (PDN) Service Intake and Referral Information

---

SAMPLE

Fax / Return To:  
hickersm@scdhhs.gov  
South Carolina Department of Health and Human Services  
Division of Community Options, J-912  
Attn: PDN Services  
1801 Main Street, PO Box 8206, Columbia, SC 29202-8206  
803-898-2577 (Tel) 803-255-8204 (Fax)

# MEMORANDUM OF TRANSITION BETWEEN THE MR/RD WAIVER AND CHILDREN'S PRIVATE DUTY NURSING

**TO:** \_\_\_\_\_  
PDN Services Intake

**FAX#:** \_\_\_\_\_

**COPY TO:** \_\_\_\_\_  
DHHS Medicaid Eligibility Worker

**FROM:** \_\_\_\_\_  
Service Coordinator/Early Interventionist

**DATE:** \_\_\_\_\_

**RE:** \_\_\_\_\_  
Individual's Name

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
Individual's Medicaid #

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|  
Individual's Social Security #

This memorandum is to verify that Medicaid services through the MR/RD waiver will end on \_\_\_\_\_ and Children's Private Duty Nursing will begin on \_\_\_\_\_ as we discussed on \_\_\_\_\_.

Please contact me with any questions. Thank you.

Service Coordinator/Early Interventionist (Print): \_\_\_\_\_

DSN Board/Provider: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Original To:** PDN Intake

**Copies To:** DHHS Eligibility, Waiver Enrollments Coordinator, File

## Required Records for Review for DDSN Authorized Nursing Services

For those enrolled in the MR/RD or HASCI Waiver, Nursing Services [*both* State Plan funded (for those under 21) *and* HCB Waiver funded] are authorized by the person's Service Coordinator or Early Interventionist. In order to assure that the appropriate amount of Nursing Services are authorized and continue to be authorized, DDSN is requiring that the need for nursing services be evaluated prior to authorization and annually thereafter.

For those determined for the first time to need nursing services, the following information must be submitted to Vivian Koon, RN for review prior to issuing an authorization to the chosen provider. Records may be mailed to: [PO Box 239 Clinton, SC 29325](mailto:PO Box 239 Clinton, SC 29325) or faxed to 864-938-3179 or scanned and sent electronically to [vkoon@ddsn.sc.gov](mailto:vkoon@ddsn.sc.gov).

- Consumer Name, Date of Birth , County of Residence
- Personal Physicians assessments/progress notes for the past three (3) months
- All Specialized Physicians summaries/treatment regime for the past three (3) visits
- All Hospitalization Discharge summaries for the past twelve (12) months
- SC/EI name and contact information

For those currently receiving, the following information should be gathered prior to the annual plan date and submitted Vivian Koon, RN for review. If the review requires that adjustments be made to the authorization, those changes must be discussed with the family at the time of annual planning. The information to be sent must include the following and can be mailed or sent electronically as noted above.

- Consumer Name, Date of Birth , County of Residence
- If currently receiving nursing services, nursing assessments/notes/flow charts (if applicable) for the past three (3) months
- Personal Physicians assessments/progress notes for the past three (3) months
- All Specialized Physicians summaries/treatment regime for the past three (3) visits
- All Hospitalization Discharge summaries for the past twelve (12) months
- SC/EI name and contact information.