Missouri Department of Social Services

MoHealthNet

Provider Bulletin

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Private Duty Nursing Policy Clarification

Applies to: Private Duty Nursing (Healthy Children and Youth and Medically Fragile Adult Waiver) Providers

Effective date: May 1, 2024

- **Private Duty Nursing Policy Clarification**

The MO HealthNet Division (MHD) Private Duty Nursing (PDN) Program and 1915(c) Home and Community-Based Waiver titled Medically Fragile Adult Waiver (MFAW) are administered jointly by the Department of Social Services, MO HealthNet Division (DSS/MHD) and the Department of Health and Senior Services, Bureau of Special Health Care Needs (DHSS/BSHCN). Policy regarding the Healthy Children and Youth (HCY) and MFAW PDN assessment and service planning processes were revised 5/1/24, to allow participants more flexibility in the utilization of PDN services.

Provider Bulletin Volume 46 Number 55, dated 4/22/2024, was posted with an effective date of 5/1/24, outlining changes to HCY policy. The intent was for that bulletin to apply to both HCY PDN and MFAW PDN and MFAW was inadvertently not included in the bulletin.

Changes to policy include:

- PDN services will be authorized as a total number of units per month, based on weekly hours, which are determined by the assessed medical needs of the participant. Participants or their responsible parties will continue to schedule services through their providers to meet their needs throughout the month and must stay within the authorized number of monthly units.
- Monthly service authorizations will be based on a maximum of 112 hours per week, unless otherwise authorized by BSHCN. Participants or their responsible parties will still contact their Service Coordinator (SC) to report any changes that could necessitate a change in authorized monthly units.

Please review the updated HCY Guidebook and MFAW Guidebook policies for more information.

APPLICABILITY

The information in this bulletin applies to the MO HealthNet (MHD) Fee-For-Service (FFS) program and may apply to the MHD Managed Care (MC) program, as well. MHD's FFS policies set the basic coverage policies for benefits and limitations in the MC program. The MC health plans have additional flexibilities in operating their respective programs, such as determining which services require prior authorization and details required for claims submission. Certain services, such as pharmacy, are "carved out" of MC and will be paid through the FFS program. To ensure your understanding of this bulletin's applicability to each MC health plan, please **contact your health plan** directly. If you are unable to resolve a MC issue directly with a health plan contact a MC Liaison by completing a **Managed Care Provider Request for Information**.

Bulletins will remain on the **MO HealthNet News** page only until incorporated into the **provider manuals** as appropriate, then moved to the appropriate **Provider Manual Archives**.

Providers and other interested parties are urged to **subscribe** to **MO HealthNet News** email list to receive automatic notifications of provider bulletins, provider hot tips, provider manual updates, and other official MO HealthNet communications.

Before delivering a service, please check the patient's eligibility status by swiping their MO HealthNet card, calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and choosing Option One or using the Participant Eligibility option in **eMOMED**. Questions regarding MO HealthNet MC benefits should be directed to the patient's MO HealthNet **MC health plan**.

MHD Education and Training offers interactive web-based training for providers and general and program-specific educational resources. Visit our **Provider Training Calendar** to register for an upcoming training.

Provider Communications
573-751-2896
or via Provider Communications Management in eMOMED