



Provider Bulletin

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Private Duty Nursing (PDN) Program Policy Updates

Applies to: Private Duty Nursing Providers

Effective date: Upon Publication of this Bulletin

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- **Criminal History Screening**
 - **Supervision**
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 - **Plan of Care**
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This Bulletin provides notice of policy clarifications that will be published soon in the [PDN Provider Manual](#). These policy clarifications are effective with the publication of this Bulletin.

Criminal History Screening

PDN providers are required by [Revised Statute of Missouri \(RSMo\) 192.2495](#) to perform criminal background investigations on all staff in positions involving contact with participants, prior to employment as well as for current staff. This policy update includes language outlining the criminal history screening requirement.

No person is allowed to be employed to work or volunteer in any capacity who left or was discharged from employment with any other employer due to abuse or neglect to patients, residents, or participants and the dismissal or departure has not been reversed by any tribunal or agency.

All persons employed shall be registered and screened through the [Family Care Safety Registry \(FCSR\)](#), which includes an [Employee Disqualification List \(EDL\)](#) screening, and a criminal background review through the Missouri State Highway Patrol (MSHP).

PDN providers are required to complete an EDL screening and a MSHP criminal background review for all new applicants prior to employment in positions involving contact with participants.

Providers are also required to complete checks of the EDL at least annually to determine whether any current employee, contractor, or volunteer has been recently added to the list. If

the provider finds that a current employee was added to the EDL, that employee will not be allowed to be employed as a PDN caregiver. Providers must abide by the rules set forth in [19 CSR 30-82.060](#) regarding any employees not eligible for employment.

Providers using the FCSR to conduct the EDL and MSHP criminal background review fulfill the statutorily required background screening requirements, provided there is sufficient documentation showing the identity of the person who was screened, the date the screening was required and completed, and the outcome of the screening.

DHSS is responsible for maintaining the FCSR and EDL. Refer to [DHSS Background Information](#) for additional information.

Supervision

All nursing staff providing direct care shall have an annual performance evaluation completed by a licensed nursing supervisor, maintained in the employee's personnel record. The evaluation must be based on a minimum of two (2) visits with the staff person, with at least one (1) visit conducted on-site (where the participant resides); and one (1) visit may be conducted in a lab or training setting.

Requirements for Contents of Medical Records

Clarification is provided regarding contents of medical records pertaining to practitioner orders. The medical record must contain signed practitioner orders, including verbal orders. Practitioner orders for any certification period must be signed and dated by the ordering practitioner before a claim is submitted to the MO HealthNet Division (MHD) for payment.

For verbal orders given by the ordering practitioner, the nurse must immediately put the order in writing, date, and sign it. The verbal order must then be countersigned by the ordering practitioner before the provider submits a claim to MHD for payment, and it must be maintained in the participant's record.

Plan of Care

The plan of care must be reviewed and re-established by the ordering practitioner at least every 60 days, but no sooner than 45 days prior to the start of the certification period.

Provider agencies may use a standardized plan of care form, or they may develop their own plan of care form, as long as the form contains all the required information. The individualized plan of care must include the following:

- All pertinent diagnoses (including the International Classification of Diseases (ICD) diagnosis codes), and any relevant surgical procedures
- The participant's mental, psychosocial, and cognitive status
- The types of services, supplies, and equipment required
- The frequency and duration of visits to be made
- Orders for discipline, treatments, and services
- Prognosis

- Functional limitations
- Activities permitted
- Nutritional requirements
- All medications (to include name, dose, frequency, and route), treatments, and allergies
- A description of safety measures to protect against injury (to include the participant's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors)
- Participant goals (to include specific intervention, education, and measurable outcomes). These goals should address the participant's rehabilitation potential, and participant and caregiver education and training to facilitate timely discharge.
- Information related to any advanced directives
- Any additional items the provider agency, physician, or allowed practitioner may choose to include

In addition, the plan of care should include the following:

- Participant's MO HealthNet ID (DCN), date of birth, gender, name, and address (to correctly identify participant)
- Start of care date and certification period (to ensure that nursing care documentation corroborates that the participant's care was assessed/reassessed in a timely manner and care was completed in correspondence with the dates listed on the plan of care)
- The provider's National Provider Identifier (NPI) number, name, and address (to confirm the agency that is providing the participant's care)
- Nurse's signature and date of verbal order, where applicable (to validate that a verbal order was obtained, and to allow the nurse to begin providing skilled nursing services)
- Practitioner's signature (legally authenticates verbal or written orders and confirms practitioner reviewed and approved the treatment as outlined in the plan of care)

School-Based Individualized Education Plan Direct Services

Medical monitoring may be covered. Medical monitoring is monitoring for medical conditions or symptoms that require immediate skilled nursing judgement and intervention.

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](#)