



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 MO HEALTHNET DIVISION (MHD)  
 MEDICALLY FRAGILE ADULT WAIVER  
**PRIVATE DUTY NURSING ACCEPTANCE**

NAME	MO HEALTHNET PARTICIPANT NO.
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Private duty nursing services are a benefit of the Medically Fragile Adult Waiver (MFAW) Program. Individuals who meet the criteria for the MFAW program may receive Private Duty Nursing (PDN) services.

The purpose of the PDN services is to provide quality, safe, cost-efficient skilled nursing care delivered by a Registered Nurse or Licensed Practical Nurse, when the recipient requires a minimum of four hours of skilled nursing care per day. Skilled nursing is medically necessary care to treat or ameliorate a medical condition and includes education of the primary caregiver and/or stabilization of the condition.

Missouri Department of Health and Senior Services (DHSS), Bureau of Special Health Care Needs Unit (BSHCN) staff will prior authorize the medically necessary number of hours of PDN per day. BSHCN's service coordinators will conduct home visits at least every three months to determine the need for continued services and the appropriate number of hours to be provided. BSHCN's service coordinators may consult with the physician and provider agency regarding approval of the treatment plan hours.

PDN is only provided to individuals in homes where a primary caregiver assists in the care of the patient. Only those hours that are required to educate the caregiver in the medically necessary care of the patient or to provide the needed care to stabilize/maintain the patient's condition will be authorized. PDN providers must document the date and time of all services furnished.

**IMPORTANT NOTE:**

Private duty nursing services, which are not covered, include the following:

1. When it is determined that at least four hours of skilled care per day is not medically necessary;
2. Services not prescribed by a physician;
3. Observational care or monitoring medical conditions that do not require medically necessary intervention by skilled nursing personnel.
4. Services that were not prescribed to treat or ameliorate a medical condition;
5. Custodial, sitter, and respite services;
6. Services after the recipient is admitted to a hospital or a nursing facility; or
7. Services after the recipient is no longer eligible for MO HealthNet.

By signing this form, I, the participant/primary caregiver acknowledge discussion and receipt of information from the DHSS service coordinator about the MO HealthNet PDN Program, including the program limitations. In addition, I am attesting that I have been informed of my rights and responsibilities regarding program services and program participation.

PARTICIPANT/CAREGIVER	DATE
SERVICE COORDINATOR (DHSS)	DATE