# Private Duty Nursing (PDN)

Chapter 25 describes the Private Duty Nursing (PDN) policies and procedures eligibility requirements, how to determine and document need for PDN, and how to authorize services.

#### Ask the Expert

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**Background**

**Purpose**

Private Duty Nursing (PDN) is a program that provides in-home or Adult Family Home based skilled nursing care to Medicaid clients 18 years of age and over who would otherwise be served in a Medicaid Medical Institution (MMI). Home and Community Services (HCS) is responsible for this service. PDN is an alternative to institutional care *and* is the program of last resort.

The purpose of PDN is to:

* Provide community-based alternatives to institutional care for clients who have complex medical needs and require skilled nursing care on a continuous and daily basis that can be provided safely outside of an institutional setting.
* Support the client, client family, formal and informal supports, who are responsible for assuming a portion of care above the approved amount of PDN hours.

The NCC case manager **must:**

* Ensure that applicants submit a Medicaid application, if not already a Medicaid recipient. Coordinate the financial eligibility process on behalf of the applicant.
* Determine eligibility through the CARE assessment, review of [Skilled Nursing Task Log](http://forms.dshs.wa.lcl/formDetails.aspx?ID=8368) (SNTL), review of medical record, and other documentation to support client’s medical care needs. WAC 388-106-1010 (3, 2b)
* Contact the client or client representative within two (2) business days of receiving referral. WAC 388-106-1010
* Assist the client with finding a PDN provider and ensure that the provider is contracted.
* Utilizing CARE tool, develop a plan of care specific to the client. WAC 388-106-1010 (3)
* Authorize services (i.e. determine the number of hours, consider ETRs, authorize in ProviderOne, and send the Planned Action Noice).
* Provide ongoing case management. PDN clients are **not** transferred to the AAA.

**Eligibility**

Clients must meet medical, financial, and program eligibility requirements. Financial and program eligibility may be completed concurrently. However, **PDN cannot begin until financial eligibility is established** ([WAC 388-106-1010](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1010)). If a client is assessed for Nurse Delegation and is determined eligible, they may refuse Delegation, but this does not make the client eligible for PDN.

HCS Clients Nurse Care Consultants (NCCs) determines eligibility. WAC 388-106-1010 (2b)

DDA Clients Nursing Care Consultant determines eligibility (clients age 18+) and/or refers to HCS for eligibility determination for clients age 18+ if they no longer meet DDA criteria.

**Staff Case Management Responsibilities**

HCS Clients Nurse Care Consultants (NCCs) are responsible for case management.

DDA Clients Case Resource Manager **and** the Nursing Care Consultants (NCC) are   
collaboratively responsible.

**Financial Eligibility**

HCS clients The HCS financial worker calculates client responsibility toward the cost of care.

DDA clients The DDA LTC specialty team calculates client responsibility toward the cost of care.

Verify that the client meets financial eligibility requirements, which means the client is receiving Categorically Needy (CN), Alternate Benefit Plan (ABP) or Medically Needy (MN). If the client is in an adult family home, they pay room and board. If the client is on a Home and Community Based (HCB) Waiver, they may pay participation toward personal care depending on their income. The combination of participation, room and board, and third-party resource is called “client responsibility”.

***Table 25.1 Financial Requirements***

|  |  |  |
| --- | --- | --- |
| **PROGRAM** | **Participates Towards** | **Notes** |
| CFC + CORE Waiver or CFC + Basic Plus In-Home | Eligible for HCB waiver services | Income cannot be above the Medicaid Special Income Level (SIL). The Medicaid SIL is 300% of the federal benefit rate (FBR). |
| CFC + COPES | Eligible for HCB waiver services. | Income can’t be above the monthly state NF rate plus the medically needy income level. |
| CFC Only | Client pays toward AFH room and board | A client cannot receive PDN in any other residential setting. A CFC only client is receiving CN or ABP scope of care. |
| MN - Regular | Spend down required, can use PDN to meet | MN and PDN services cannot be authorized until spend down is met and case shows active in ACES online. |

Please note: MPC eligibility does not meet Nursing Facility Level of CARE

**Functional Eligibility (Initial determination and Ongoing Eligibility Determination)**

You must complete a face-to-face initial CARE assessment, a face-to-face annual CARE assessment, any significant change assessments, and a six-month desk review. The NCC will have two (2) working days from the date the referral was received to contact the client. If the client is unreachable after two (2) days of documented consecutive attempts, then the NCC will follow process of sending out 10-day letter to client/authorized representative. NCC will also escalate to supervisor.

Assessment and the [Skilled Nursing Task Log](http://forms.dshs.wa.lcl/formDetails.aspx?ID=8368) (SNTL) and review of medical records, and/or additional documentation to support clients medical care needs:

1. Requires care in a hospital or meets Nursing Facility Level of Care; ***and***
2. Has unmet skilled nursing needs that cannot be met in a less costly program or least restrictive environment; ***and***
3. Is unable to have their care tasks provided through nurse delegation, COPES Skilled Nursing, or self-directed care; ***and***
4. Has a complex medical need that requires 4 (four) or more continuous hours of skilled nursing care and observation which can be *safely* provided outside an institution (for PDN AFH the client must meet this as well as require at least 8 hours of PDN care to qualify for all-inclusive PDN rate); ***and***

Note**:** The need for a nursing assessment does not qualify a person for PDN

1. Is technology-dependent daily (See Table 25.2)
2. Requires skilled nursing care that is medically necessary, as defined by the client’s physician; ***and***
3. Can supervise the care provider(s) or has a guardian who is authorized and able to supervise care or has a DPOA who is able to supervise for In-Home services, has family or other appropriate; ***and***
4. For In-Home services, has family or other appropriate supports who assume a portion of the care, not be nurse delegated; ***and***
5. Does not have other resources or means for providing this service.

***Table 25.2 Functional Requirements for Technology-Dependent PDN Clients***

|  |  |
| --- | --- |
| **Skilled Task** | **Description** |
| 1. Mechanical Ventilation | The client requires the use of *mechanical ventilation*, which takes over the active breathing due to your inability to breathe on your own due to injury or illness. A *tracheal tube* is in place and is hooked up to a ventilator that pumps air into your lungs; *OR* |
| 1. Complex respiratory support | The client requires **two** of the following treatment needs:   * 1. Postural drainage and chest percussion; *OR*   2. Application of respiratory vests; *OR*   3. Nebulizer treatments with or without medications; *OR*   4. Intermittent Positive Pressure Breathing; *OR*   5. O2 saturation with treatment decisions dependent on the results; *OR*   6. Tracheostomy   ***and***  The client’s treatment needs must be assessed and provided by an RN/LPN.  ***and***  The client’s treatment needs ***cannot*** *be nurse delegated or self-directed. If the task can be delegated, then the client is ineligible for PDN.* |
| 1. Intravenous/parenteral administration of multiple medications | The client requires intravenous/parenteral administration of multiple medications **and** care is occurring on a continuing or frequent basis or: |
| 1. Intravenous administration of nutritional substances. | The client requires intravenous administration of nutritional substances, **and** care is occurring on a continuing or frequent basis. |

**Primary Care Provider (PCP) Approval**

PCP’s medical orders can either be obtained by the NCC or the PDN Contractor but is necessary for the PDN Contractor to use the PCP’s medical orders to develop a person-centered Care Plan. DSHS Form 15-594 is available for PDN Contractor’s to use to document a person-centered Care Plan but is not a required form. The NCC approves the PDN Contractor’s Care Plan after it has been completed, reviewed, and signed by the Primary Care Physician.

1. A primary care provider needs to document.

* The client’s medical stability.
* Orders for medical services.
* Approval of the PDN provider’s plan of care; and
* The client’s appropriateness for PDN care.

And

* Primary Care Provider must approve the PDN’s Care Plan (388-106-1046 (3).) This must be completed *initially* and reviewed and signed by the Primary Care Provider at least every six (6) months.

1. NCCs must approve the PDN’s care plan (WAC 388-106-1010 (3) h(ii).)

**Choosing a PDN Provider**

You may need to help clients choose their PDN provider. The PDN provider must have a PDN contract with the state and must be a(n):

* Home Health Agency licensed in WA State (WAC 388-106-1025); or
* Independent RN provider or an LPN under the supervision of an RN with a contract with the Medicaid agency to provide PDN services (WAC 388-106-1040); or
* Adult Family Home that is RN-owned and operated (WAC 388-106-1045); or
* Adult Family Home (AFH) – Adhere to [WAC 388-106-1046](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1046) with a PDN Contract. To determine if AFH has an appropriately amended contract for PDN.

To determine if a PDN provider has a State contract visit: <https://fortress.wa.gov/dshs/adsaapps/Professional/ND/PDN.aspx>

**Contracting with a PDN Provider**

If a Home Health Agency, Adult Family Home, or individual nurse (RN or LPN with RN supervision with a DSHS PDN Contract), wishes to contract with the state to provide PDN services, they should contact the PDN Program Manager at [privatedutynursing@dshs.wa.gov](mailto:privatedutynursing@dshs.wa.gov).

A signed contract **must** be in place before PDN services can begin.

A PDN contract status will be visible from the PDN website: [Private Duty Nursing | DSHS (wa.gov)](https://www.dshs.wa.gov/altsa/private-duty-nursing) either from the hyperlink, List of Contracted Providers, [Find Private Duty Nurses (wa.gov)](https://fortress.wa.gov/dshs/adsaapps/Professional/ND/PDN.aspx) or Adult Family Home Locator, [AFH Facility Search (wa.gov)](https://fortress.wa.gov/dshs/adsaapps/lookup/AFHAdvLookup.aspx) . Please note that it is the PDN contracted providers choice if they do not want their information listed.

**Authorizing PDN Services**

Authorizing PDN Hours

1. Maximum hours that can be authorized without an ETR depend on the client’s place of residence.

a. Private Home At least four (4) and up to sixteen (16) hours per day of PDN RN/LPN

b. AFH Up to eight (8) hours of PDN per day or the PDN All-Inclusive Daily Rate, for example, if a client does not require (8) hours of PDN per day based on the SNTL, then the client would not qualify for PDN All-Inclusive Daily Rate. The NCC will be responsible for reviewing the SNTL and make the appropriate determination.

If the client does not meet the minimum requirements for the PDN all-inclusive rate, then the NCC would authorize the amount of daily hours of PDN assessed under (8) eight.

2. For clients receiving PDN and CFC or CFC+COPES personal care you must deduct the PDN hours from the hours that the CARE assessment generates per WAC 388-106-0130 (6)(e).

a. For example: If the CARE assessment generates 344 hours, and per NCC assessment of SNTL with/without additional documentation determines 10 hours of PDN is needed daily, then the NCC would take 344 hours and subtract 310 hours of PDN (10 hours a day x 31 days a month = 310 hours) and would get 34 hours that can be utilized for personal care.

3. If the overall hours needed exceed the remaining number of hours CARE generates after PDN hours have been deducted, the client is not eligible for any additional CFC or CFC+COPES personal care hours without an ETR.

a. For example: CARE assessment generates 344 hours, and per NCC assessment of SNTL determines client requires 16 hours of PDN and requires either additional PDN or IP hours above 344 then; PDN clients who are on a waiver program must receive a monthly ancillary service to remain eligible for the waiver.

4. For clients receiving only PDN in in-home setting, they are eligible for between four (4) to sixteen (16) hours of nursing services/day. The number of PDN hours they are eligible for between 4 to 16 hours will be determined by the NCC after reviewing the SNTL.

### Requesting an ETR

1. You will need to request an ETR ([WAC 388-440-0001](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-440-0001)) if:

• A client resides in a private home and the NCC determines that the client requires both PDN and CFC or CFC+COPES hours. PDN hours must be deducted from the CARE generated hours; If hours needed exceed the remaining hours after PDN hours have been deducted an ETR is needed. This ETR, “Type,” should be noted in CARE as **Personal Care ETR** and sent to the **ETR committee**, who will then staff with the PDN PM manager to determine outcome and hours.

• A client resides in a private home, and the NCC determines that the client requires more than 16 hours of PDN from an RN/LPN per day. This ETR, “Type,” should be noted in CARE as a **PDN ETR** and sent in CARE to the **PDN PM**.

If a client resides in a private home and needs **both** a) greater than 16 hours PDN and b) additional CFC+COPES hours. There will need to be **two ETR’s** for the client; one ETR for the PDN hours and send to the **PDN PM** and one for the care hours and send to the **ETR Committee** to be reviewed with the PDN PM.

2. Send the [Skilled Nursing Task Logs](http://forms.dshs.wa.lcl/formDetails.aspx?ID=8368) to [privatedutynursing@dshs.wa.gov](mailto:privatedutynursing@dshs.wa.gov) anytime an ETR is being requested.

### Authorizing Payment

Payments for PDN services are authorized through ProviderOne:

• Complete the P1 authorization for HCS and DDA using CARE service codes T1000 with service code modifier: **TD** (RN Hourly Rate) **TE** (LPN Hourly Rate)

• AFH All-Inclusive Daily/Specialty Rate use T1020 without any modifiers.

• Holiday Rates use service codeT1000 with modifier, TV:

• **Individual:** T1000, TD, TV (RN) T1000, TE, TV (LPN)

• **Agency:** T1000, TD, TV (RN) T1000, TE, TV (LPN)

• **Paid holidays are limited to:**

(1) The first day of January (New Year's Day);

(2) The third Monday of January (Martin Luther King, Jr.'s birthday);

(3) The third Monday of February (Presidents' Day);

(4) The last Monday of May (Memorial Day);

(5) The nineteenth day of June (Juneteenth);

(6) The fourth day of July (Independence Day);

(7) The first Monday in September (Labor Day);

(8) The eleventh day of November (Veterans Day);

(9) The fourth Thursday in November (Thanksgiving Day);

(10) The Friday immediately following the fourth Thursday in November (Native American Heritage Day); and

(11) The twenty-fifth day of December (Christmas Day).

• Use the [ProviderOne Billing Manual](https://www.hca.wa.gov/assets/billers-and-providers/providerone-billing-and-resource-guide.pdf) for direction on how to complete authorization.

• Clients do not need to participate toward the cost of PDN services (PDN is a Medicaid State Plan-covered service).

**Note:** Clients receiving PDN services are subject to estate recovery, depending on when they received services and their age.

* Apply participation if the client is also receiving personal care (e.g., CCFC+COPES).
* For HCS clients, financial staff will determine whether the PDN client has countable income above the Medically Needy Income Level (MNIL) and is required to participate toward the cost of COPES care.

• Inform the client that they may pay for any supplemental services not covered in the CARE plan.

• NCC to complete authorizations in CARE using service codes T1000 for in-home settings.

### Notifying the Client of Services

When hours of PDN services are initiated or changed, you must send your client the Planned Action Notice (PAN) that will be generated in CARE.

**Determining PDN Hours for a Client (Initial or Reassessment)**

To determine how many hours to authorize for PDN:

1. Review the completed [Skilled Nursing Task Log](http://forms.dshs.wa.lcl/formDetails.aspx?ID=8368) (SNTL) and any additional authorized medical records to *determine* the **number of PDN hours** the client requires as well as **client eligibility for PDN services**.

a. If reauthorizing PDN hours for a subsequent 6-month period, the SNTL must be completed at least 7 days *prior* to the desk review or face-to face assessment. In addition, if the client has a change of condition and changes to care need assessment completed, the NCC must obtain a new 7 day look back of SNTL.

b. Each new assessment/re-assessment must be conducted by utilizing the SNTL to determine eligibility and hours. For example: if a previous SNTL shows more PDN hours per NCC determination and upon reassessment by the NCC, the SNTL shows less hours are needed then the NCC will make the necessary changes. The NCC will also ensure ETR requirements are completed to include supporting data and documentation. For example, justification, alternatives explored, etc.

PDN hours are determined based on SNTL assessment and determination. If a client previously had an ETR or additional hours, this is not a justification to continue. Each PDN client assessment will be independent of one another. The assessment will be based on clients PDN care needs and should be reflected in the SNTL.

1. Utilize informal supports in conjunction with PDN and CFC or CFC+COPES services. The NCC **must:**
2. Determine availability of informal/unpaid supports and other non-department paid resources. Identify that informal supports are based on voluntary actions and are available if the source is willing and able to continue them.
3. Complete a CARE assessment annually and conduct six-month desk reviews. The annual CARE assessment **must** be a face-to-face interview with the client. The review must also be completed more frequently if the client’s medical condition or situation changes.

**Note:** The designated [PDN Skilled Nursing Task Logs](http://forms.dshs.wa.lcl/formDetails.aspx?ID=8368) must be completed for a period of *at minimum* 1 week prior to completion of the face-to face assessment and desk reviews.

1. Determine that care needs cannot be met through other programs.
2. Review the PDN service provider’s plan of care, which must be updated and submitted every six months or more often if the client’s medical condition changes to:
   * 1. Reassess the client’s medical eligibility; ***and***
     2. Review the number of PDN hours the client needs; ***and***
     3. Ensure that the physician has reviewed and signed orders and the provider’s plan of care.
3. Update authorizations in CARE and notify the client in writing regarding the outcome of your determination via a Planned Action Notice (PAN). PANs must be issued any time the Department approves, denies, increases, or reduces a client’s benefit package.

**Note:** The 14-225 is one of many forms that needs to be signed at each face-to-face assessment regardless of the service.

**Developing the Plan of Care**

HCS clients NCC develops the Plan of Care utilizing CARE assessment.

DDA clients NCC and the Case Manager develop the Plan of Care collaboratively.

Whoever develops the Plan of Care is responsible to meet with the PDN client (and family or guardian) and provide them a copy of the Service Summary and Planned Action Notice/Personal Care Results.

When the NCC develops the plan, they **must:**

1. Consider the client’s quality of life as well as overall cost effectiveness and long-range costs.
2. Consider PDN AFH for those clients whose PDN costs will exceed the cost of 16 hours of Private Duty Nursing per day.
3. Utilize informal supports in the development of plan of care. Family members may provide skilled care tasks as well as provide any additional hours of care needed above that of PDN hour determination.
4. Include detailed schedules of all formal and informal providers. **Do not** schedule a PDN provider and an IP, personal aide, or home care agency to provide services at the same time. Services may not be duplicated.
5. Evaluate clients who share a household to see whether they could be served by one PDN provider at the same time.
6. Utilize LPN services instead of RN services when appropriate. If a private LPN is going to be contracted, they must have oversight by an RN per the Nurse Practice Act [WAC 246-840-705](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-705)
7. Document the **four (4) continuous hours of skilled nursing** from the Skilled Nursing Task Log (SNTL) as required for program eligibility and in the comment box on the *Treatment* screen or *Indicators* screen in CARE.
8. Provide the [SNTL](http://forms.dshs.wa.lcl/formDetails.aspx?ID=8368) forms to the PDN provider. You must review the completed SNTLs to determine the number of PDN hours the client requires.
9. The SNTL, medical provider’s plan of care, client medical record, CARE assessment and any additional medical information about client should all align to provide accurate information about the client’s care needs. If there are questions the NCC, PDN provider, and medical provider will work together to ensure plan of care and CARE assessment aligns.

**Resources**

**Related WACs**

|  |  |
| --- | --- |
| [WAC 388-106-1000](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1000) | What is the intent of WAC 388-106-1000 through 388-106-1055? |
| [WAC 388-106-1005](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1005) | What Services may I receive under Private Duty Nursing (PDN)? |
| [WAC 388-106-1010](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1010) | Am I eligible for Medicaid-funded Private Duty Nursing services? |
| [WAC 388-106-1020](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1020) | How do I pay for my PDN services? |
| [WAC 388-106-1025](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1025) | Who can provide my PDN services? |
| [WAC 388-106-1030](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1030) | Are there limitations or other requirements for PDN? |
| [WAC 388-106-1035](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1035) | What requirements must a home health agency meet in order to provide and get paid for my PDN? |
| [WAC 388-106-1040](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1040) *and*  [WAC 246-840-705](https://app.leg.wa.gov/wac/default.aspx?cite=246-840-705) | What requirements must a private duty RN, or LPN under the supervision of an RN, meet in order to provide and get paid for my PDN services? |
| [WAC 388-106-1045](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1045)  [WAC 388-106-1046](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1046)  [WAC 388-106-1047](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1047) | When may I receive Private Duty Nursing (PDN) services in a contracted PDN adult family home (AFH)?  When may an Adult Family Home (AFH) be paid an all-inclusive daily rate for Private Duty Nursing (PDN) services  What is included in the all-inclusive daily rate payment to the Adult Family Home (AFH) providing Private Duty Nursing (PDN) services? |
| [WAC 388-106-1050](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1050) | May I receive other long-term care services in addition to PDN? |
| [WAC 388-106-1055](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-1055) | Can I choose to self-direct my care if I receive PDN services? |
| [WAC 388-440-0001](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-440-0001) | Exceptions to the Rule (ETR) |

**Forms**

[PDN Skilled Nursing Task Log (SNTL)](http://forms.dshs.wa.lcl/formDetails.aspx?ID=8368)

Form 15-594 PDN Care Plan

**Acronyms in this Chapter**

ABP Alternative Benefit Plan

AFH Adult Family Home

ALTSA Aging and Long-Term Support Administration

CARE Comprehensive Assessment and Reporting Evaluation

CFC Community First Choice

CN Categorically Needy

COPES Community Options Program Entry System

DDA Developmental Disabilities Administration

ETR Exception to Rule

FBR Federal Benefit Rate

HCB Waiver Home and Community Based Waiver

HCS Home and Community Services, Aging Long Term Support Administration

IP Individual Provider

MMI Medicaid Medical Institution

MNIL Medically Needy Income Level

MPC Medicaid Personal Care

NF Nursing Facility

PAN Planned Action Notices

PDN Private Duty Nursing

SER Service Episode Records

SIL Special Income Letter

SNTL Skilled Nursing Task Log

**Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Made By** | **Change(s)** | **MB #** |
| 10/2024 | Kaila O’Dell |  |  |
| 12/29/2021 | Kaila O’Dell |  |  |
| 3/4/2019 | Whitney Hightower |  |  |
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