Chapter 25: Private Duty Nursing (PDN)

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

### Ask an Expert

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# Background

## Purpose

Private Duty Nursing (PDN) is a program that provides in-home skilled nursing care to Medicaid clients 18 years of age and over who would otherwise be served in a Medicaid Medical Institution (MMI). 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 institution.
* Support client families, who must assume a portion of the client’s care.

The 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, [Skilled Nursing Task Log](http://forms.dshs.wa.lcl/formDetails.aspx?ID=8368) (SNTL), and other documentation. (In DDA this is the NCC’s responsibility)
* Assist the client with finding a PDN provider and ensure that the provider is contracted.
* Authorize services (i.e. determine the number of hours, consider ETRs, authorize in ProviderOne, and send the PAN).
* Develop the plan of care.
* 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 Community Nurse Consultant determines eligibility

DDA Clients Nursing Care Consultant determines eligibility (clients age 18+)

## Staff Case Management Responsibilities

HCS Clients Community Nurse Consultants (CNC) are responsible for case managing

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 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.  |
| CN MPC  | Client pays toward AFH room and board  | A client cannot receive PDN in any other residential setting. A MPC 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. |

## Functional Eligibility

You must complete a face-to-face CARE assessment annually, with a six-month desk review and any significant change. That assessment and the [Skilled Nursing Task Log](http://forms.dshs.wa.lcl/formDetails.aspx?ID=8368) (SNTL) must verify that the client:

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 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 which can be *safely* provided outside an institution; ***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. Is able to supervise the care provider(s) or has a guardian who supervises care; ***and***
4. 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 a mechanical device.  |
| 1. Complex respiratory support

*Note: Per* [*WAC 246-840-705*](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-705) *LPNs function in an interdependent role with an RN in conducting assessments and developing and changing care plans.* | The client requires **two** of the following treatment needs with a frequency of at least one time in a continuous four-hour period:* 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;

***and***The client’s treatment needs must be assessed and provided by an RN or LPN.***and***The client’s treatment needs cannot be nurse delegated or self-directed. |
| 1. Tracheostomy
 | The client requires sterile suctioning at least one time in a four continuous hour period. |
| 1. Intravenous/parenteral administration of multiple medications
 | The client requires intravenous/parenteral administration on a continuing or frequent basis. |
| 1. Intravenous administration of nutritional substances.
 | The client requires intravenous administration on a continuing or frequent basis. |

## Primary Care Provider Approval

A primary care provider needs to document in the PDN provider’s plan of care the following:

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

# 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; or
* Independent RN provider or an LPN under the supervision of an RN; or
* Adult Family Home that is RN-owned and operated; 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 All-Inclusive Daily Rate contract. To determine if AFH has an appropriately amended contract for PDN, contact the PDN Program Manager

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 an agency, adult family home, or individual nurse wishes to contract with the state to provide PDN services, they should contact the PDN Program Manager. A signed contract **must** be in place before PDN services can begin.

# Authorizing PDN Services

## Authorizing Hours

1. Maximum hours that can be authorized without an ETR depend on the client’s place of residence.
2. Private Home Up to sixteen (16) hours per day
3. AFH Up to eight (8) hours per day *or* the PDN All-Inclusive Daily Rate
4. For clients receiving PDN and personal care you must deduct the PDN hours from the hours that the CARE assessment generates per [WAC 388-106-0130 (6)(e)](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-0130).
5. If the PDN hours exceed the remaining number of hours CARE generates, the client is not eligible for any additional personal care without an ETR.
6. PDN clients who are on a waiver program must receive a monthly personal care service to remain eligible for the waiver.

## Requesting an ETR

1. You may need to request an ETR ([WAC 388-440-0001](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-440-0001)) if:
* The PDN hours exceed the number of personal care hours CARE generates **AND** there is still a need for assistance with personal care tasks; *or*
* A client resides in a private home and requires more than 16 hours of PDN per day; *or*
* A client resides in an AFH with a PDN contract and requires more than 8 hours of PDN per day
1. Submit ETR requests in CARE. Send the [Skilled Nursing Task Logs](http://forms.dshs.wa.lcl/formDetails.aspx?ID=8368) via secure email to privatedutynursing@dshs.wa.gov

## 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 code *without* any modifiers:

**PDN\_DD\_HCS1** (RN) **PDN\_DDA\_HCS2** (LPN)

* 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 (because 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. 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.

## 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 depending on their administrative home.

# 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) to determine the number of PDN hours the client requires.
2. If reauthorizing PDN hours for a subsequent 6-month period, the SNTL must again be completed for a period of *at minimum* 1 week *prior* to completion of the face-to face assessment.
3. Utilize informal supports in conjunction with PDN. You must:
4. Complete a CARE assessment annually with a six-month desk review. 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;
* 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.
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 is receiving; ***and***
		3. Ensure that the physician has reviewed and signed orders and the provider’s plan of care.
3. Update ProviderOne and notify the client in writing regarding the outcome of your determination.
4. If this is the initial determination for PDN, use the [Acknowledgement of Services form, DSHS 14-225](http://forms.dshs.wa.lcl/formDetails.aspx?ID=7215).
5. If this is a reassessment for continuing PDN, use the Planned Action Notice, depending on the client’s DSHS administrative home.

# Developing the Plan of Care

HCS clients CNC develops the Plan of Care.

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 (or family or guardian) and the PDN providers and use the Services Summary Assessment Details **AND** the PDN [Skilled Nursing Task Logs](http://forms.dshs.wa.lcl/formDetails.aspx?ID=8368) (SNTL) to develop the Plan of Care.

When you develop the plan, you must:

1. Consider the client’s quality of life as well as overall cost effectiveness and long-range costs.
2. Consider nursing home care for those clients whose PDN costs will exceed the cost of 16 hours of Private Duty Nursing per day. PDN is an alternative to institutional care and is the program of last resort.
3. Utilize informal supports in the development of the overall plan. Family members may provide skilled care tasks.
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. You can only assign these individuals to work at the same time if you have an approved ETR.
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 be supervised 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 required for program eligibility in the SER 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.

# 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 388106-1005](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) servicesWhat is included in the all-inclusive daily rate payment to the Adult Family Home (AFH) providing Private Duty Nursing (PDN) services? |
| [WAC 388106-1050](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)

## 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

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 Notes & History

|  |  |
| --- | --- |
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