Washington State Department of Social & Health Services
Transforming lives

AGING AND LONG-TERM SERVICES ADMINISTRATION (ALTSA)

Private Duty Nursing (PDN) Care Plan

Client Information

CLIENT'S NAME	DATE OF BIRTH	SEX ☐ Male ☐ Female ☐ Other
CLIENT'S ADDRESS		PROVIDERONE NUMBER
CLIENT'S EMAIL ADDRESS		CLIENT'S PHONE NUMBER (WITH AREA CODE)

Private Duty Nurse / Home Health Agency

NAME AND TITLE OF PDN	PROVIDERONE NUMBER
PHYSICIAN'S NAME AND ADDRESS	
ADDITIONAL NAMES OF PHYSICIANS AND SPECIALTY (IF MULTIPLE PROVIDERS)	

Client's Medical Information

PRINCIPAL DIAGNOSIS	OTHER PERTINENT DIAGNOSIS		
PROGNOSIS FOR RECEIVING PRIVATE DUTY NURSING ☐ Poor ☐ Guarded ☐ Fair ☐ Good ☐ Excellent	HEIGHT	WEIGHT	CODE STATUS
CURRENT MEDICAL ORDERS AND FREQUENCY OF TREATMENTS			
SUMMARY OF LAST NURSING ASSESSMENT / VISIT			
CLIENT GOALS (PERSON CENTERED CARE PLAN)			
ALLERGIES (INCLUDING MEDICATION ALLERGIES)			
SPECIAL NUTRITIONAL REQUIREMENTS			
PAST MEDICAL HISTORY			
ADDITIONAL INFORMATION			

MENTAL STATUS

☐ Oriented ☐ Forgetful ☐ Disoriented ☐ Agitated
☐ Comatose ☐ Depressed ☐ Lethargic ☐ Other:

FUNCTIONAL LIMITATIONS

☐ Amputation ☐ Paralysis ☐ Legally Blind
☐ Bowel / Bladder (incontinence) ☐ Endurance ☐ Dyspnea with minimal exertion
☐ Contracture ☐ Ambulation ☐ Other:
☐ Hearing ☐ Speech

Medications and Medical Equipment Information

NEW / CHANGED	MEDICATION NAME	DOSE	FREQUENCY	ROUTE
☐ ☐				
☐ ☐				
☐ ☐				
☐ ☐				
☐ ☐				
☐ ☐				

HOME MEDICAL EQUIPMENT AND SUPPLIES INFORMATION AND USE

MEDICAL SUPPLIER CONTACT INFORMATION	ADDITIONAL NOTES

Rehabilitation Goals

CLIENT ASSESSMENT NOTES

GOALS / REHABILIATION POTENTIAL / DISCHARGE PLANS

ORDERS AND RECOMMENDED TREATMENT (SPECIFY AMOUNT / FREQUENCY / DURATION)

ADDITIONAL INFORMATION

Signatures

I certify / recertify that this patient is confined to his / her home and needs skilled nursing or home health per WAC 388-106-1010. The patient is under my care, and I have authorized services on this plan of care and will periodically review the plan.

Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

PDN'S SIGNATURE	DATE	CERTIFICATION PERIOD
		From:
PRIMARY CARE PROVIDER'S SIGNATURE	DATE	To:

Privacy Act Statement

Sections 1812, 1814, 1815, 1816, 1861 and 1862 of the Social Security Act authorize collection of this information. The primary use of this information is to process and pay Medicare benefits to or on behalf of eligible individuals. Disclosure of this information may be made to: Peer Review Organizations and Quality Review Organizations in connection with their review of claims, or in connection with studies or other review activities, conducted pursuant to Part B of Title XI of the Social Security Act; State Licensing Boards for review of unethical practices or nonprofessional conduct; A congressional office from the record of an individual in response to an inquiry from the congressional office at the request of that individual.

Where the individual's identification number is his/her Social Security Number (SSN), collection of this information is authorized by Executive Order 9397. Furnishing the information on this form, including the SSN, is voluntary, but failure to do so may result in disapproval of the request for payment of Medicare benefits.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0357. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Mailstop N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

WAC Resource

This section applies to providers, as defined under WAC 182-500-0085 and under WAC 182-538-050. Providers must:

(1) Maintain documentation in the client's medical or health care records to verify the level, type, and extent of services provided to each client to fully justify the services and billing, including, but not limited to:
   (a) Client's name and date of birth;
   (b) Dates of services;
   (c) Name and title of person performing the service;
   (d) Chief complaint or reason for each visit;
   (e) Pertinent past and present medical history;
   (f) Pertinent findings on examination at each visit;
   (g) Medication(s) or treatment prescribed and/or administered;
   (h) Name and title of individual prescribing or administering medication(s);
   (i) Equipment and/or supplies prescribed or provided;
   (j) Name and title of individual prescribing or providing equipment and/or supplies;
   (k) Detailed description of treatment provided;
   (l) Subjective and objective findings;
   (m) Clinical assessment and diagnosis;
   (n) Recommendations for additional treatments, procedures, or consultations;
   (o) Radiographs (X-rays), diagnostic tests and results;
   (p) Plan of treatment and/or care, and outcome;
   (q) Specific claims and payments received for services;
   (r) Correspondence pertaining to client dismissal or termination of health care practitioner / patient relationship;
   (s) Advance directives, when required under WAC **182-501-0125**;
   (t) Patient treatment agreements (examples: Opioid agreement, medication and treatment compliance agreements); and
   (u) Informed consent documentation.

(2) Keep legible, accurate, and complete charts and records;

(3) Meet any additional record requirements of the department of health (DOH);

(4) Assure charts are authenticated by the person who gave the order, provided the care, or performed the observation, examination, assessment, treatment or other service to which the entry pertains;

(5) Make charts and records available to the medicaid agency, its contractors or designees, and the United States Department of Health and Human Services (DHHS) upon request, for six years from the date of service or longer if required specifically by federal or state law or regulation. The agency does not separately reimburse for copying of health care records, reports, client charts and/or radiographs, and related copying expenses; and

(6) Permit the agency, DHHS, and its agents or designated contractors, access to its physical facilities and its records to enable the agency and DHHS to conduct audits, inspections, or reviews without prior announcement.