



QUESTIONS AND ANSWERS ABOUT PDN

IS IT POSSIBLE TO APPEAL A PRIOR AUTHORIZATION DECISION?

- You may appeal a prior authorization decision by requesting a fair hearing before an independent administrative hearing officer.
- Before beginning the appeal process, you should discuss the decision with your provider to make sure that the provider submitted all the necessary information in the prior authorization request.
- If additional information or corrections are needed, the provider may submit the prior authorization request for reconsideration.

WHAT IF CHANGES OCCUR IN YOUR NEEDS OR THE FAMILY'S ABILITY TO PROVIDE CARE AFTER THE PDN SERVICES ARE APPROVED?

- If changes occur, inform your PDN provider, who will then notify your physician and Wisconsin Medicaid.
- The Plan of Treatment can be modified and the PA Request may be amended with the approval of the Medicaid consultants.
- The Plan of Treatment must be re-evaluated and signed by your physician every 62 days, even if no changes occur.

ARE THERE LIMITS ON HOW MANY HOURS OF PDN CARE A RECIPIENT MAY RECEIVE?

Yes. PDN only covers the time spent by a licensed nurse performing skilled nursing tasks. If additional health care is authorized, family and PDN care may be supplemented by home health aides and personal care workers. Together, you, your family, and the PDN provider(s) should discuss how these hours will be coordinated.

CAN PDN RECIPIENTS USE THEIR AUTHORIZED HOURS FLEXIBLY?

Yes. You may use your authorized PDN hours flexibly over periods of time up to eight weeks in length. If you choose flexible scheduling, the provider(s) will indicate this preference in the prior authorization request or in an amendment to the existing prior authorization.

Flexible use of PDN hours allows most recipients to accommodate changes in family schedules, unscheduled provider absences, hospitalizations, or other unforeseen needs.

WHAT IF A PROVIDER CANNOT MEET A RECIPIENT'S NEED FOR FLEXIBLE HOURS?

If an agency or individual provider is unable to meet your needs for flexibility, you may wish to work with additional PDN providers to ensure coverage of all the PDN hours authorized. Providers should include a provision regarding flexible time in your service agreement with them.

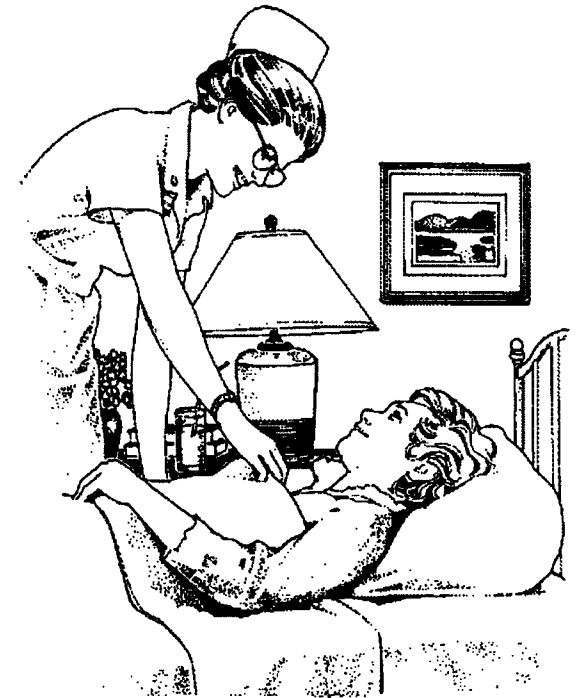
WHERE CAN RECIPIENTS GET MORE INFORMATION OR VOICE ANY CONCERNS THEY MAY HAVE ABOUT THEIR PDN CARE?

You can contact Medicaid Recipient Services by calling 1-800-362-3002 toll-free or 608-221-5720. Medicaid Recipient Services can:

- Answer questions about Medicaid coverage.
- Refer you to Medicaid-certified providers in your area.
- Refer you to state agencies that regulate the performance of home health care professionals.

Wisconsin Department of Health and Family Services
Division of Health Care Financing
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WISCONSIN MEDICAID



Private Duty Nursing

A GUIDE FOR
WISCONSIN MEDICAID RECIPIENTS AND
THEIR FAMILIES



ABOUT WISCONSIN MEDICAID PRIVATE DUTY NURSING

Wisconsin Medicaid covers private duty nursing (PDN) for recipients with medical conditions that require eight or more hours of skilled nursing care in a 24-hour period.

- PDN supplements the care families and other health professionals are able to provide in the home.
- PDN services are generally provided in a recipient's home. However, PDN may also be provided outside the home if the recipient's normal activities, like school or work, require him/her to leave home.
- Recipients may use their authorized daily hours of PDN care flexibly over periods of time up to 8 weeks in length.
- The number of PDN hours covered daily is based on medical need and must be prior authorized by Wisconsin Medicaid medical consultants.
- Only Medicaid-certified home health agencies or independent nurses may provide Medicaid PDN.



GUIDING RECIPIENTS THROUGH THE PROCESS

If it appears that you, the Medicaid recipient, may qualify for PDN services, the PDN provider will work with you and your physician to help you get the care you need.

If you do not require eight or more hours of skilled nursing care in a day, the PDN provider can refer you to providers of part-time intermittent skilled nursing care.

PLAN OF TREATMENT

The PDN provider will work with you and your physician to develop a Plan of Treatment, sometimes called a Plan of Care. A Plan of Treatment includes:

- A medical assessment.
- Medication and treatment orders.
- Treatment goals.
- Methods of care to be used.
- Plan for care coordination by nurses and other health professionals.

FAMILY SUPPORT

The PDN provider will ask questions about your family support needs, including:

- Your family's ability to provide medical care.
- Daily schedules — including hours of work, school, sleep, and care for other family dependents.



GUIDING RECIPIENTS THROUGH THE PROCESS (CONT.)

REQUEST FOR PRIOR AUTHORIZATION

Based on the Plan of Treatment and the family support information, the provider will:

- Prepare a written prior authorization request.
- Obtain a signed statement from you or a responsible family member saying that you or he/she has read both the Plan of Treatment and the Prior Authorization Request.
- Submit the Prior Authorization Request and the Plan of Treatment to the Medicaid medical consultants who will review the request.

APPROVAL OF PDN

Medicaid medical consultants will review a request for prior authorization of PDN services within two weeks after it is received.

- If the information is not complete, the Prior Authorization Request will be returned to the provider.
- If the information is complete, the request will be approved, modified, or denied.
- If the request is modified or denied, you will receive a letter explaining the reason for the decision and what further steps you may take.