Rules of
Department of Social Services
Division 70—Division of Medical Services
Chapter 95—Private Duty Nursing Care Under the
Healthy Children and Youth Program

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Title 13—DEPARTMENT OF
SOCIAL SERVICES
Division 70—Division of
Medical Services
Chapter 95—Private Duty Nursing Care
Under the Healthy Children and Youth Program

13 CSR 70-95.010 Private Duty Nursing

PURPOSE: This rule establishes the basis for
Medicaid enrollment and reimbursement of
providers of private duty nursing care for
children under Missouri’s Healthy Children
and Youth Program.

(1) Service Definition. Private duty nursing is
the provision of individual and continuous
care (in contrast to part-time or intermittent
care) provided according to an individual
plan of care approved by a physician, by
licensed nurses acting within the scope of the
Missouri Nurse Practice Act. Services within
the Medicaid private duty nursing program
include:
   (A) Shift care by a registered nurse (RN); and
   (B) Shift care by a licensed practical nurse
(LP(N).

(2) Persons Eligible for Private Duty Nursing
Care. Medicaid-eligible children under the
age of twenty-one (21) may be eligible for
private duty nursing care under the Healthy
Children and Youth Program (HCY) when
there is a medical need for a constant level of
care, exceeding the family’s ability to inde-
pendently care for the child at home on a
long-term basis without the assistance of at
least a four (4)-hour shift of home nursing
care per day. Private duty nursing services for
children are prior authorized by the Bureau of
Special Health Care Needs of the Department
of Health and Senior Services.

(3) Criteria for Providers of Private Duty
Nursing Care for Children.
   (A) A provider of private duty nursing care
must have a valid Medicaid Private Duty
Nursing Provider Agreement in effect with
the Department of Social Services, Division
of Medical Services. To enroll, the applicant
must either submit a written proposal, or be
a Medicare-certified and Medicaid-enrolled
home health agency, or be accredited by Joint
Commission for Accreditation of Health
Organization (JCAHO), or be accredited by
Community Health Accreditation Program
(CHAPS). The written proposal (required by
agencies who are not Medicare certified, or
accredited by JCAHO or CHAPS), must
describe the agency and its service delivery
system, assure understanding of and compli-
ance with the standards of the Private Duty
Nursing Care Program and document the
agency’s administrative and fiscal ability to
provide the services in accordance with these
standards. Proposals will be reviewed by
qualified medical staff or designees of the
Department of Social Services (DSS).
   (B) All applicants to provide Medicaid pri-
ivate duty nursing care, enrolling on the basis of
a written proposal, may be subject to on-
site reviews, performed at the discretion of the
department, by DSS staff or designees
prior to enrollment. These reviews will mon-
itor compliance with the administrative
requirements of the program and service
delivery.
   (C) On-site reviews to monitor compliance
with these standards will be conducted at the
discretion of the department subsequent to
Medicaid enrollment, when Medicaid has
reimbursed for services.
   (D) Agencies found to be out of compli-
ance with the standards set forth in this rule
may have a penalty imposed. Penalties may
be as follows:
      1. The agency will be required to submit
         a written plan of correction, with a follow-up
         monitoring by DSS staff within ninety (90)
days;
      2. New prior authorization requests will
         not be approved for a specified period of
time; and
      3. The Medicaid provider enrollment
         agreement will be terminated.

(4) Administrative Requirements for Private
Duty Providers.
   (A) The provider shall immediately notify
the provider enrollment unit of the Division
of Medical Services of any change in loca-
tion, telephone number, administrative or
corporate status. A thirty (30)-day written
notice to the Division of Medical Services
will be required of the provider prior to the
voluntary termination of the provider agree-
ment.
   (B) The provider shall maintain bonding,
personal and property liability, and medical
malpractice insurance coverage on all
employees involved in delivering nurse ser-
vice in the home.
   (C) The provider must have the capability
to provide nursing staff outside of regular
business hours, on weekends and on holidays
to provide services in accordance with the
plan of care authorized by the Bureau of Spe-
cial Health Care Needs for each client.
   (D) The provider must have a policy for
responding to emergency situations. Services
reimbursed by Medicaid may not exceed the
prior authorization approved by the Bureau of
Special Health Care Needs, therefore, any
emergency situation resulting in service
delivery beyond the limits of the prior au-
thorization must be reported in writing to the
Bureau of Special Health Care Needs within
seventy-two (72) hours.
   (E) The provider shall have a written state-
ment of the recipient’s Bill of Rights, which
shall be given to the caretaker (if the recipi-
ent is a minor) at the time the service is ini-
tiated. At a minimum, the statement should
say that the recipient has the right to the fol-
lowing:
      A. Be treated with respect and dignity;
      B. Have all personal and medical in-
formation kept confidential;
      C. Have direction over the services pro-
vided, to the degree possible, within the ser-
vice plan approved by the Bureau of Special
Health Care Needs;
      D. Know the provider’s established
grievance procedure and how to make a com-
plaint about the service and receive coopera-
tion to reach a resolution, without fear of
retribution;
      E. Receive services without regard to
race, creed, color, age, sex or national origin;
and
      F. Receive a copy of this Bill of Rights.
   (F) The provider shall have a written griev-
ance policy which shall be provided to
each recipient or caretaker upon initiation of
services. The grievance policy must also
include the phone number of the Bureau of
Special Health Care Needs and the Division
of Medical Services, recipient services unit.
   (G) The provider must report all instances
of possible child abuse or neglect to the Child
Abuse and Neglect (CA/N) Hotline, 1-800-
392-3738. Any suspected abuse or neglect by
a caretaker, including private duty nursing
staff, must be reported according to
210.110–210.189, RSMo, the Child Abuse
Law. Failure to report by a mandatory
reporter (private duty nursing staff would be
considered mandatory reporters) is a viola-
tion of 210.115, RSMo and could be subject
to prosecution.
   (H) The provider must maintain Missouri
Corporate Good Standing status with the
Office of the Missouri Secretary of State.

(5) Qualification Requirements for Private
Duty Nursing Direct Care Staff and Supervi-
sors.
   (A) For nursing staff, the provider agency
shall show evidence in the personnel record
that the employee’s licensure status with the
Missouri Board of Nursing is current.
   (B) Upon initial employment, the provider
shall document that at least two (2) employ-
ment or personal references (not to include

relatives) were contacted prior to that employee delivering direct care services.

(C) The provider will be responsible for assuring and documenting that the nurse’s health permits performance of the required activities and does not pose a health hazard. Service delivery shall be prohibited when the employee has a communicable condition. Before contact with clients, all employees who will be delivering services in the home must pass a health assessment or physical examination, including tuberculosis (TB) testing, conducted by a physician or a nurse. Self assessment will not be accepted for LPN and RN staff. Health assessments or physical exams shall be repeated at two (2)-year intervals and the results shall be maintained on-site by the provider. Annual TB testing is required, with documentation to be maintained by the provider.

(6) Requirements for Training for Private Duty Staff.

(A) All direct care staff (LPNs and RNs) must have at least four (4) hours of orientation training prior to service provision. Orientation training should include general information about the Medicaid Private Duty Nursing Program, the HCY program, relationship of the provider agency with the Division of Medical Services and the Bureau of Special Health Care Needs, the prior authorization process, child abuse/neglect indicators and reporting, recipient rights, recipient grievance procedures, internal agency policy and a review of universal precaution procedures as defined by the Center for Disease Control.

(B) Prior to delivering services, LPNs must demonstrate competency in each task required by the plan of care. The competency demonstration must be conducted by an RN and must be documented in the LPN’s personnel file.

(C) All direct care staff must have certification in either cardiopulmonary resuscitation (CPR) or basic certified life-support (BCL).

(7) Requirements for Supervision of Private Duty Nursing Staff.

(A) Each agency shall employ an RN, with three (3) years’ experience, to act as supervisor to all other nursing staff. One (1) year of experience must either be in supervisory position or in the field of pediatric nursing. The RN supervisor will be responsible for case conferences with staff nurses and documenting the conferences, assuring the competency of staff, training and orientation and evaluation of direct care staff.

(B) All nursing staff providing direct care shall have an annual performance evaluation completed by an RN supervisor, maintained in the personnel record. The evaluation must be based on a minimum of two (2) on-site visits with the staff person present.

(C) Frequency of Supervisory Visits.

1. Recipients of private duty nursing care shall have a personal visit by a supervisory RN at least once every sixty (60) days if the recipient is authorized for LPN service. Supervisory visits by an RN will not be separately reimbursed.

2. Patients who have received RN shift care through the Private Duty Nurse Program or intermittent visits by an RN under the home health program (if those services were provided by a facility affiliated with the private duty provider) are not required to have a separate supervisory visit.

3. Supervisory visits, or explanation of why there are no separate supervisory visits for the month (that is, RN shifts were delivered) are to be documented in the recipient record.

(8) Requirements for the Contents of Medical Records. Appropriate medical records for each Medicaid recipient served must be maintained at the private duty nursing agency. Records should be kept confidential and access should be limited to private duty nursing staff and representatives of the Departments of Social Services and Health and Senior Services.

(A) Medical records shall contain the following:

1. Identifying information about the recipient, such as name, birthdate, Medicaid number, caretaker and emergency contact person;

2. All forms or correspondence to and from the Bureau of Special Health Care Needs regarding the services which have been prior authorized;

3. Signed physician orders prior to service delivery which must be updated each time the prior authorization is due for approval by the Bureau of Special Health Care Needs;

4. Consent from the child’s legal custodian for treatment prior to service delivery;

5. The plan of care, documenting the amount, duration and scope of the service. The level of care indicated in the plan of care (RN or LPN) must be based on acceptable standards of nursing practice. Reimbursement is based on the prior authorization approved by the Bureau of Special Health Care Needs, with that prior authorization based upon the plan of care, specifying the number of hours and the skill level of the service, for periods of up to six (6) months;

6. Weekly documentation of all services provided and any supervisory visits;

7. Documentation of the LPN’s competency demonstration before an RN when the plan of care includes the services of an LPN as required in subsection (6)(C); and

8. Documentation that a copy of the recipient’s Bill of Rights was given to the recipient, parent or guardian.

(9) Reimbursement.

(A) Payment will be made in accordance with the fee per unit of service as defined and determined by the Division of Medical Services.

1. A unit of service is fifteen (15) minutes.

2. The fee per unit of service will be based on the determination by the state agency of the reasonable cost of providing the covered services on a statewide basis and within the mandatory maximum payment limitations.

3. Payment will be made on the lower of the established rate per service unit or the provider’s billed charges. The charge billed to Medicaid may not be more than a provider’s ordinary charge to the general public for the same services.

(B) Conditions for Reimbursement.

1. Services will be authorized by the Bureau of Special Health Care Needs prior to delivery, in accordance with a private duty nursing care plan, specifying the amount, duration and scope of services. The prior authorization will be the basis for reimbursement.

(10) Medicaid Private Duty Nursing Provider Manual. A private duty nursing provider manual shall be produced by the Division of Medical Services and shall be distributed to all private duty nursing providers participating in the Missouri Medicaid Program. The manual shall contain information about Medicaid eligibility, third party liability, procedures for requesting prior authorization, claim filing instructions, instructions for filing adjustments, reimbursement methodology and current Medicaid maximum rates of reimbursement for services, benefits and limitations of services and other applicable information about the program.

Chapter 95—Private Duty Nursing Care Under the Healthy Children and Youth Program