

# BULLETIN

Michigan Medicaid Policy (MMP) | Health Services

**Bulletin Number:** MMP 25-45

**Distribution:** Private Duty Nursing Providers

**Issued:** September 30, 2025

**Subject:** Updates to the Private Duty Nursing Benefit for Early and Periodic Screening, Diagnosis and Treatment

**Effective:** November 1, 2025

**Programs Affected:** Medicaid

The purpose of this policy is to remove existing limits to the Private Duty Nursing (PDN) benefit and services. These updates bring Michigan Department of Health and Human Services (MDHHS) policy into alignment with Centers for Medicare & Medicaid Services (CMS) guidance for PDN under Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Under federal law and regulations (42 U.S.C. § 1396d[r]; 42 CFR § 441.50 et seq.), children under age 21 are entitled to medically necessary services without limitation based on service amount, duration, or cost. Service authorization decisions must not rely on generalized policies or pre-set limits but must reflect the child's specific, individual medical needs. This policy addresses three existing limitations to PDN for EPSDT beneficiaries: the 16-hour limit per day of PDN services, the requirement that the primary caregivers provide 8 hours of care per day, and the use of other services or programs to meet the beneficiary's needs.

## Updates to Limitation of PDN Services

This policy removes the 16 hours-per-day limitation for Fee-for-Service PDN services for beneficiaries under 21 years of age. PDN services will continue to require prior authorization (PA) before the start of service. PAs will require documentation that clearly distinguishes the need for skilled care provided by a licensed nurse versus unskilled support and considers the availability of caregivers. The family caregivers are trained by hospital staff to provide care prior to the beneficiary discharging to home, and their availability and skills must be taken into account. Licensed nursing care required beyond the skills or capacity of the caregiver(s) must be documented in the PA request. The determination of authorized hours will be based on an individual assessment of the beneficiary's medical condition and care needs.

The prescribing physician must document and medically justify the number of hours requested with the PA request (MSA-0732 – Private Duty Nursing Prior Authorization – Request for Services). When reviewing the PA, the Program Review Division (PRD) may request additional information if the documentation does not support the amount of hours requested. Every beneficiary will have the authorized hours determined on a case-by-case basis and will be evaluated based on individual needs. MSA-0732 identifies the documentation required for the requested hours. MSA—0732 also includes a checklist to indicate the beneficiary's specific care needs; items checked must also be supported in the documentation.

PRD will take into consideration the beneficiary's family situation and resources. For example:

- Availability of Caregivers Living in the Home
  - Two or more caregivers and both work or are in school full -time or part-time
  - Two or more caregivers and one works or is in school full-time or part-time
  - Two or more caregivers and neither works nor is in school full-time or part-time
  - One caregiver who works or is in school full-time or part-time
  - One caregiver who does not work or is not a student
- Health Status of the Caregiver(s)
  - Significant health issues
  - Some health issues
- School
  - Beneficiary attends school 25 or more hours per week on average

### **Exception Process for an Increase in PDN Services**

The exception process will now follow the PA process to request an increase in PDN services. All requests for an increase in services must include documentation to support the increase in services and the length of time the increase is needed (if applicable). If the increase in services is denied, beneficiaries, or their legal representative, retain the right to appeal a partial denial of hours.

### **Parent/Legal Guardian's Caregiving Responsibility**

There must be a parent or legal guardian who resides with a beneficiary under the age of 18. The parent/legal guardian is legally responsible for the beneficiary and must remain significantly involved in the beneficiary's care. MDHHS will continue to take into consideration parent/legal guardian's work, school attendance, health issues, and other responsibilities when reviewing PA requests. Commitment by the parent(s)/legal guardian and community are necessary to meet the beneficiary's overall needs and ultimately remain safely at home.

### **The Use of Other Services or Programs**

The beneficiary or parent/legal guardian may use the services of another entity or individual (e.g., in school, in day/childcare, in work program), other publicly-funded programs (e.g., MDHHS Home Help Program), or other resources for hourly care (e.g., private health insurance, trusts, bequests, private pay) to meet the needs of the beneficiary. The entity must be appropriately trained for the care or services provided. The services and hours to be provided must be included in the documentation submitted with the PA requests and included in the plan of care. Respite is not a covered Medicaid service for beneficiaries receiving PDN services.

PDN hours cannot be used during concurrent hours with other direct care services. If the beneficiary receives services from PDN and other Medicaid programs (e.g., MDHHS Home Help Program), there must be coordination between providers for the delivery of services and documentation in the plan of care to verify there is no duplication of services. All services must be included when submitting a PA request, including type of service provided and number of hours per day.

PDN cannot be used to replace the Local School District or Intermediate School District's responsibility for services or when the child would typically be in school/on the school bus but for the parent's choice to home-school the child.

### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

### **Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 800-292-2550. Atypical Providers may phone toll-free 800-979-4662.

An electronic copy of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

### **Approved**



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Health Services