

Bulletin Number: MSA 06-06

Distribution: Private Duty Nursing

Issued: February 1, 2006

Subject: Change in Program that Authorizes Private Duty Nursing for Non-Waiver Beneficiaries OR Beneficiaries Not Currently Receiving Services Through a Waiver

Effective: March 1, 2006

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS)

Under current Medicaid policy and procedures, requests for private duty nursing for children who have Medicaid Fee-For-Service or Medicaid/CSHCS coverage, and are not receiving services through a waiver program, are authorized by the Michigan Department of Community Health, Bureau of Family, Maternal, and Child Health, Children's Special Health Care Services (CSHCS).

Effective March 1, 2006, requests for private duty nursing services for the above will be reviewed and prior authorized as appropriate by the Program Review Division, Bureau of Medicaid Financial Management and Administrative Services, Medical Services Administration. This change affects all requests for authorization, initial or continued.

The above change does not affect Medicaid policy and procedures for authorization for private duty nursing for beneficiaries enrolled in and receiving case management services from the Children's Waiver, Habilitation Supports Waiver, or MI Choice Waiver.

For initial and continued requests for authorization for private duty nursing for children who have Medicaid Fee-For-Service or Medicaid/CSHCS coverage, and who are not receiving services through a waiver program, the provider must continue to complete and provide the information requested on the Prior Authorization for Private Duty Nursing (PDN) form (MSA-0732). Information on the MSA-0732 is contained in the Michigan Medicaid Provider Manual, Private Duty Nursing Chapter, Prior Authorization subsection.

Initial and continued authorization requests are to be faxed to the Program Review Division at (517) 241-0743.

The telephone number for the Program Review Division is 1-800-622-0276.

The address for the Program Review Division is:

Michigan Department of Community Health
Medical Services Administration
Bureau of Medicaid Financial Management
Program Review Division
P.O. Box 30170
400 S. Pine Street
Lansing, Michigan 48909

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Paul Reinhart". The signature is written in a cursive style with a large, prominent initial "P".

Paul Reinhart, Director
Medical Services Administration