

Bulletin Number: MSA 06-29

Distribution: Private Duty Nursing

Issued: May 1, 2006

Subject: Accreditation

Effective: As Indicated

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

THIS BULLETIN SHOULD BE SHARED WITH THE PRIVATE DUTY NURSING AGENCY'S ADMINISTRATOR TO ENSURE HE/SHE IS INFORMED OF THE FOLLOWING REMINDER.

ACCREDITATION

As published in Medicaid policy, private duty nursing agencies that were enrolled without accreditation must be accredited five (5) years after the date of their Medicaid enrollment. For most private duty nursing agencies that enrolled without accreditation, the five (5) years will end in the year 2007. Accreditation requirements must be met by the provider's Medicaid enrollment end-date. If the accreditation requirements are not met, reimbursement cannot be made beyond the Medicaid end-date.

For private duty nursing agencies with a Medicaid enrollment end-date after 2007 that are not accredited, accreditation must be obtained by December 31, 2007. If the accreditation requirements are not met, reimbursement cannot be made beyond the Medicaid end-date.

Proof of accreditation must be mailed to Michigan Department of Community Health, Provider Enrollment Unit, P.O. Box 30238, Lansing, Michigan 48909. Along with the proof of accreditation, the provider must include a cover letter. The cover letter must include the statement that the accreditation is for a private duty nursing agency and the provider's Medicaid billing ID Number for the location (office) that has been accredited.

NOTE: Agencies providing private duty nursing that do not wish to become accredited will need to develop a plan to transition the beneficiary to an accredited agency, or to a RN or LPN enrolled in Medicaid as a private duty nursing provider.

Transition planning must begin at least 90 days prior to the agency's disenrollment from Medicaid, and must be done cooperatively with the beneficiary and his family. At least one (1) full calendar month prior to the effective date of transfer, the disenrolling agency must provide the beneficiary/family and the authorizing entity with written notice of the private duty nursing provider that will assume responsibility for services, the name and telephone number of the nurse who will assume supervisory responsibility, and the effective date of the transfer. The disenrolling agency must provide services through the last day of the month of transfer, except when the Medicaid disenrollment date is not the last day of the month.

Private duty nursing agencies are not permitted to avoid the above accreditation requirements by individually enrolling RNs or LPNs in the Medicaid Program.

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, appearing to read "Susan Moran". The signature is fluid and cursive, with a long horizontal stroke at the end.

Susan Moran, Acting Deputy Director
Medical Services Administration