

## Verification of School Nursing

Member Name: \_\_\_\_\_ MID#: \_\_\_\_\_

Agency Name: \_\_\_\_\_ NPI#: \_\_\_\_\_

School System: \_\_\_\_\_

The child named above is a member of Private Duty Nursing (PDN) services.

**Section A: Providing agency to complete this section***Please circle the appropriate option below.***Yes No** The member has an Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), 504 Plan, or Individual Health Plan (IHP).**Yes No** Nursing services provided at school are billed to Medicaid by the LEA as outlined in the DMA LEA Policy 10C.**Yes No** The member is attending a private school, per parent preference, and the beneficiary needs medically necessary service during school hours.

Nursing hours provided at school: \_\_\_\_\_

Mode of transportation to/from school: \_\_\_\_\_

**\*Note:** The NC LTSS-485 may include up to 60 hours every calendar year for sick days, adverse weather days, and/or scheduled school closings. Any hours above this limit must be submitted on a change request form as short term intensive services, and be approved by a DMA Nurse Consultant. A parent/caregiver signed notification explaining any unscheduled school absences is required for PDN agency reimbursement of hours worked in the home.

Signature of agency representative: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B: Parent/Caregiver to complete this section**

Missed school hours:

Date: \_\_\_\_\_ Reason for absence: \_\_\_\_\_

Date: \_\_\_\_\_ Reason for absence: \_\_\_\_\_

Date: \_\_\_\_\_ Reason for absence: \_\_\_\_\_

Date: \_\_\_\_\_ Reason for absence: \_\_\_\_\_

Date: \_\_\_\_\_ Reason for absence: \_\_\_\_\_

Date: \_\_\_\_\_ Reason for absence: \_\_\_\_\_

Date: \_\_\_\_\_ Reason for absence: \_\_\_\_\_

Date: \_\_\_\_\_ Reason for absence: \_\_\_\_\_

Date: \_\_\_\_\_ Reason for absence: \_\_\_\_\_

Date: \_\_\_\_\_ Reason for absence: \_\_\_\_\_

Signature of parent/caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Note:** A current school calendar and this completed form shall be Faxed to UHC C&S NC LTSS UM TEAM at 1-888-724-8986 as an attachment to the Prior Approval request.