

PDN Policy 3G-2 Verification of School Nursing Form Instructions

PDN Policy 3G-2 was revised effective 11/1/17. Attachment I, Verification of School Nursing form, was created.

- The providing agency shall complete the details at the top of the form as well as Section A.

Verification of School Nursing

Beneficiary Name: _____ MID#: _____

Agency Name: _____ NPI#: _____

School System: _____

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

Section A: Providing agency to complete this section
Please circle the appropriate option below.

Yes No The beneficiary 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 beneficiary 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: _____

- Section A Notes:
 - The statement ‘*The member has an Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), 504 Plan, or Individual Health Plan (IHP).*’ is typically answered ‘**Yes**’. If the answer is ‘**No**’, please detail the reasoning for this on your signed NC LTSS-485.
 - The statement ‘*Nursing services provided at school are billed to Medicaid by the LEA as outlined in the DMA LEA Policy 10C.*’ is typically answered ‘**Yes**’. If the answer is ‘**No**’, please detail the reasoning for this on your signed NC LTSS-485.

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- The statement *'The Member is attending a private school, per parent preference, and the member needs medically necessary service during school hours.'* is typically answered **'No'**. If the answer is **'Yes'**, please include private school details on your signed NC LTSS-485.
 - In the *'Nursing hours provided at school'* section, please enter the number of hours nursing services are provided in the school.
NOTE: These hours are part of the 112 hours/week PDN limit.
 - In the *'Mode of transportation to/from school'* section, please enter how the child is transported to and from school. **NOTE:** Per PDN Policy 3G-2, the nurse may not transport the member.
- Section B shall be completed by the member's parent/caregiver or by the providing agency and the parent/caregiver.
 For example, the providing agency could track the dates and reasons for missed school hours and the parent/caregiver could confirm these dates and reasons with their signature on the form.

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: _____

- Final Notes:
 - The Verification of School Nursing form shall be faxed to UHC C&S NC LTSS Case Manger with reauthorization documentation for PA approval every 6 months.
 - A school calendar shall also accompany this document.

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- All details on the Verification of School Nursing form should also be included on the signed NC LTSS-485. **NOTE:** Per PDN Policy update, the signed 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 via a short term intensive request (please include dates, hours needed, and signature of MD).