	POLICIES AND PROCEDURES
Policy #: 404-1720	Lead Department: Utilization Management
Title: Private Duty Nursing EPSDT Benefit	
Original Date: 01/08/2019	Date Published: 04/07/2025
Approved by: Utilization Management Work Group (UMWG)	

Purpose:

To define Central California Alliance for Health's (the Alliance's) approval process for private duty nursing (PDN) under Early and Periodic Screening, Diagnosis, & Treatment (EPSDT) Supplemental Services Title 22 Benefit provisions by Medi-Cal Home Health Agencies (HHA) and nurse providers.

Definitions:


California Children's Services (CCS): CCS is a state program for children with certain diseases or health problems. Through this program, children up to 21 years of age can get the health care and services they need for CCS-eligible conditions. CCS also provides medical therapy services that are delivered at public schools through their Medical Therapy Unit (MTU).

Case Management Services: Those services furnished to assist individuals eligible under the Medi-Cal State plan who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, education, and other services in accordance with 42 Code of Federal Regulations (CFR) sections 441.18 and 440.169. The assistance that case managers provide in assisting eligible individuals is set forth in 42 CFR 14 section 440.169(d) and (e), and 22 California Code of Regulations (CCR) section 51184(d), (g) (5) and (h).

Early and Periodic Screening, Diagnosis, & Treatment (EPSDT) services: A benefit of the State's Medi-Cal program that provides comprehensive, preventative, diagnostic, and treatment services to eligible children under the age of 21, as specified in section 1905(r) of the Social Security Act. (42 U.S.C. §§ 1396a(a)(10)(A), 1396a(a)(43), 1396d(a)(4)(B), 1396d(r).) Federal law requires that any service a state is permitted to cover under Medicaid law that is *medically necessary* to correct or ameliorate a defect, physical and mental illness, or condition must be provided to beneficiaries under 21 years of age even if the service or item is not otherwise included in the state's Medicaid plan. The Alliance may authorize EPSDT requests for skilled nursing services, Private Duty Nursing (PDN) also known as shift nursing from a Registered Nurse (RN) or a Licensed Vocational Nurse (LVN) and/or Pediatric Day Health Care (PDHC) services under the EPSDT benefit as defined in California Code of Regulations, Title 22, Section 51184(k)(1)(B).

EPSDT Supplemental Services (SS) include the following:

1. Case Management
2. Mental Health Evaluations & Services
3. Dental and Vision Evaluations & Services
4. Nutritional Evaluations & Services
5. Hearing Screening & Services

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6. Therapy Evaluations & Services - Speech, Physical and Occupational
7. Onsite Lead Investigations
8. Medical Supplies & Equipment
9. Private Duty Nursing (PDN)


Pediatric Day Health Care (PDHC): Pediatric Day Health Care (PDHC) is an EPSDT supplemental skilled nursing service when rendered by a PDHC facility licensed by the Department of Health Care Services (DHCS) Licensing and Certification pursuant to Health and Safety Code, Section 1760. PDHC is a day program of less than 24 hours that is individualized and family-centered, with developmentally appropriate activities of play, learning and social interaction designed to optimize the individual's medical status and developmental functioning so that they can remain within the family.

Private Duty Nursing (PDN): For some Alliance members under age 21, PDN services may be medically necessary. "Private Duty Nursing" means nursing services provided in a Medi-Cal beneficiary's home by a registered nurse or a licensed practical nurse, under the direction of a beneficiary's physician, to a Medi-Cal beneficiary who requires more individual and continuous care than is available from a visiting nurse. (42 CFR. § 440.80.) RNs and LVNs providing PDN services to Alliance members must either be Medi-Cal enrolled as individual providers who offer PDN services independently, or they may offer services through a Medi-Cal enrolled home health agency (HHA). "Individual Nurse Provider" or "INP" means a Medi-Cal enrolled Licensed Vocational Nurse, or Registered Nurse who independently provides Private Duty Nursing services in the home to Medi-Cal beneficiaries. "Home Health Agency" is defined in Health and Safety Code section 1727(a) and used herein, means a public or private organization licensed by the State which provides skilled nursing services as defined in Health and Safety Code section 1727(b), to persons in their place of residence.

Whole Child Model (WCM): The purpose of the WCM program is to incorporate services covered by the CCS Program into Medi-Cal managed care for Medi-Cal-eligible CCS Program members. Managed care plans (MCPs) operating in WCM counties will integrate Medi-Cal managed care and CCS Program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.

Effective 01/01/2022, pharmacy services billed as pharmacy claims are carved out to fee-for-service under Medi-Cal Rx. Medi-Cal Rx is responsible for formulary management, prior authorization, and claims processing.

Current pharmacy policy embodied in CCS Numbered Letters will be integrated into Medi-Cal Rx policy to ensure continuity of services to support the WCM program. Authorized Prescription Drugs CCS-eligible members transitioning into the Alliance are allowed continued use of any currently prescribed drug that is part of their therapy for the CCS-eligible condition. The CCS-eligible member must be allowed to use the

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prescribed drug until the Alliance and the prescribing physician agree that the particular drug is no longer medically necessary or is no longer prescribed by the county CCS program provider.


Procedures (PDN):

Providers must submit the authorization request to the Alliance for all the PDN services related to a CCS Program eligible medical condition. Providers shall submit the following medical documentation:

- Plan of Treatment (POT) signed by a physician (within 30 days from initial start of care service date)
- Nursing Assessment (within 30 days from initial start of care service date)
- Medical information supporting the nursing services requested, i.e. medication record, discharge summary notes, and treatment notes
- Using Medi-Cal codes G0300 for direct skilled nursing of a Licensed Practical Nurse (LPN) in the home health/hospice setting each 15 minutes, G0299 for Direct Skilled Nursing of a Registered Nurse (RN) in the home health/hospice setting each 15 minutes, and G0162 Skilled Services By A Registered Nurse (RN) For Management And Evaluation Of The Plan Of Care; Each 15 Minutes.
- Other information, as specified by the Alliance

PDN decisions will be made on the basis of Medical Necessity on a case-by-case basis, using MCG Care Guidelines PDN-2001 Private Duty Nursing with acuity grid or the following criteria which are considerations only.

1. Beneficiaries with tracheotomies receiving Continuous Positive Airway Pressure (CPAP), Bi-level Positive Airway Pressure (BiPAP), or other positive pressure mechanical ventilation: 12 to 16 hours per day.
2. Beneficiaries receiving mechanical ventilation, but without tracheotomies, including children with CPAP or BiPAP administered by face mask; and beneficiaries receiving negative pressure mechanical ventilation: 8 to 12 hours per day.
3. Beneficiaries with parenteral nutrition: 8 to 12 hours per day: the medical fragility of the child especially regarding their fluid and nutrition status, and age of the child are important determinants in this category.
4. Beneficiaries with severe respiratory disorders who are receiving home oxygen therapy, continuous pulse oximetry, and who require frequent adjustments of their oxygen therapy and frequent assessments of their respiratory status: 4 to 12 hours per day.
5. Beneficiaries may receive up to 2 to 3 days of 22-hour shift care after hospitalization when the family/caregiver(s) need training in home care changes, or when supportive nursing care is needed due to caregiver illness or temporary incapacity.

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The actual number of hours and level of nursing care (RN, LVN) authorized requires clinical judgment, which considers both the categories described above and the following factors:

1. Medical fragility, including but not limited to, severity and liability of the condition, diagnosis and age;
2. Skilled nursing needs and the frequency of such needs, including, but not limited to, suctioning of the airway, tracheotomy care, injections, assessment of the beneficiary's condition, indwelling central venous catheter care, initiation and discontinuation of parenteral nutrition solution;
3. Social and family conditions, including, but not limited to, the number of parents and/or adult care givers in the home; the number of other children in the home; the number of children in the home with special needs; competency of the parents and care givers; and support of the family from extended family, friends and organizations;
4. The time a beneficiary is under the care or supervision of another party (e.g., in the school or day care). Generally the number of hours the beneficiary is under the care and supervision of another party is subtracted (in whole or in part) from the number of hours that would otherwise have been authorized for the beneficiary.

Required Documentation:


Initial Request (90 days):

1. Treatment Authorization Request (TAR).
2. Plan of Treatment (POT) signed by the physician (within 30 working days).
3. Nursing Assessment (within 30 calendar days).
4. Medical information supporting the nursing services requested, i.e. medication record, history and physical (H&P) within three (3) months, hospital discharge summary and treatment notes.

Re-authorization Request (180 days):

1. Treatment Authorization Request (TAR).
2. Plan of Treatment (POT) signed by the physician (within 30 working days).
3. 60 day summary on condition needs and response to services/ intervention.
4. Medical documentation supporting the skilled nursing services within the last 60 days, example: five (5) days of nursing notes.
5. Additional information supporting the nursing services requested, i.e. medication record, hospital discharge summary if applicable and treatment notes.

PDN Case Management (CM) Responsibilities: The Alliance is required to provide CM Services as set forth in its Medi-Cal contract to all plan enrolled Medi-Cal beneficiaries who are EPSDT eligible and for whom Medi-Cal Private Duty Nursing services have been approved, including, upon a plan member's

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request, Case Management Services to arrange for all approved Private Duty Nursing services desired by the plan member, even when the Alliance is not financially responsible for paying for the approved Private Duty Nursing services. Medi-Cal Private Duty Nursing services include Private Duty Nursing services approved by the California Children's Services Program (CCS).

The Alliance shall use one or more Home Health Agencies, Individual Nurse Providers, or any combination thereof, in providing Case Management Services as set forth in the Medi-Cal contract to plan enrolled EPSDT eligible Medi-Cal beneficiaries approved to receive Private Duty Nursing services, including, upon that member's request, Case Management Services to arrange for all approved Private Duty Nursing services desired by the member, even when the Alliance is not financially responsible for paying for the approved Private Duty Nursing services.


When the Alliance has approved an enrolled EPSDT eligible Medi-Cal beneficiary to receive Private Duty Nursing services, under either CCS or Medi-Cal, Alliance has primary responsibility to provide Case Management for approved Private Duty Nursing services. The Alliance's obligations to plan enrolled EPSDT eligible Medi-Cal beneficiaries approved to receive Private Duty Nursing services who request Case Management Services for their approved Private Duty Nursing services include, but are not limited to:

- Providing the member with information about the number of PDN hours the member is approved to receive;
- Contacting enrolled HHAs and enrolled individual nurse providers to seek approved PDN services on behalf of the member;
- Identifying and assisting potentially eligible Home Health Agencies and Individual Nurse Providers with navigating the process of enrolling to be a Medi-Cal provider;
- Working with Home Health Agencies and enrolled Individual Nurse Providers to jointly provide Private Duty Nursing services to the member as needed.

Members may choose not to use all approved PDN service hours, and the Alliance will respect the member's choice. The Alliance Pediatric Complex Case Management staff must document instances when a member chooses not to use approved PDN services. When arranging for the member to receive authorized PDN services, the Alliance must document all efforts to locate and collaborate with providers of PDN services and with other entities, such as CCS.

When CCS has approved a CCS participant who is an EPSDT eligible Medi-Cal beneficiary to receive Private Duty Nursing services for treatment of a CCS condition, the CCS Program has primary responsibility to provide Case Management for approved Private Duty Nursing services.

EPSDT eligible members, or their authorized representative, aged 12 to under 21 will receive informational materials in youth designed content within the required timeframe.

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Regardless of which Medi-Cal program entity has primary responsibility for providing Case Management for the approved Private Duty Nursing services, an EPSDT eligible Medi-Cal beneficiary approved to receive Medi-Cal Private Duty Nursing services, and/or their personal representative, may contact any Medi-Cal program entity that the beneficiary is enrolled in (which may be the Alliance, CCS, or the Home and Community Based Alternatives Waiver Agency) to request Case management for Private Duty Nursing services. The contacted Medi-Cal program entity must then provide Case Management Services as described above to the beneficiary and work collaboratively with the Medi-Cal program entity primarily responsible for Case Management.


Procedures (PDHC): Pediatric Day Health Care (PDHC): PDHC is a covered benefit under the Medi-Cal program and does not include inpatient long-term care or family respite care. Pediatric day health care services may be provided at any time of the day and on any day of the week, so long as the total number of authorized hours is not exceeded. PDHC services may be covered for up to 23 hours per calendar day.

To be eligible for PDHC services, recipients must be under 21 years of age and meet all of the following conditions (*Health and Safety Code*, Section 1760.2, and *California Code of Regulations* [CCR], Title 22, Sections 51184 and 51340.1):

- The child must be medically fragile, as defined in *Health and Safety Code*, Section 1760.2(b), with an acute or chronic health problem that requires skilled nursing care and therapeutic intervention during all or part of the day
- The child must reside with parent(s), foster parent(s) or legal guardian(s)
- The child may not reside in any 24-hour inpatient facility
- PDHC providers must be licensed and certified by the State of California and must meet the applicable regulatory requirements

PDHC facilities must render the following services as prescribed by the child's primary physician and specified in the individual plan of care

- Medical services (may be rendered by child's attending/primary physician and/or PDHC staff physician)
- Nutrition services (includes a minimum of one meal per day, between meal nourishment and consultative services by the facility dietitian)
- Nursing services (includes Registered Nurse, Licensed Vocational Nurse, Certified Nursing Assistant and all unlicensed personnel)
- Pharmacy services (includes prescription and nonprescription medications and Total Parenteral Nutrition [TPN] supplied to the facility and administered per orders of the child's primary physician)
- Socialization activities; Developmentally appropriate activities

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- Physical therapy; Occupational therapy; Speech therapy
- Developmental services; Educational services; Psychological services
- Instructions for parents, foster parents or legal guardians
- Comprehensive case management, if not otherwise available for the child
- PDHC services do not include respite care.

All PDHC services require authorization for each request. A specified number of hours may be authorized for a period of up to three months for the initial request and up to six months for subsequent requests.

Documentation that must be submitted with the initial request includes all of the following:

- Medical necessity for skilled nursing services and therapeutic intervention as defined under the EPSDT benefit,
- An individual plan of care, signed by the child's attending/primary physician, that includes the medical condition(s) of the child; prescribed intervention(s), including specific types and frequency of interventions; and the goal(s) of each intervention
- Additional information as requested by the Alliance, provided as part of the plan of care or as separate documentation
- Continuing or reauthorization requests must be accompanied by an updated plan of care describing the child's progress toward achieving the goals set during the previous authorization period

References:

Alliance Policies:

404-1719 - Home Health Care

405-1113 - Care Management Complex Case Management

Impacted Departments:

Claims

Member Services

Provider Services


Regulatory:

California Health and Safety Code, Sections 1743 -1743.37, 1760

California Welfare and Institutions Code, Section 14132.10 (a) Title 42, Code of Federal Regulations (CFR) Sections 441.18 and 440.169.

Title 22 California Code of Regulations (CCR) Sections 51340, 51340.1, and 51184

CCS N.L.: 04-0520: Early and Periodic Screening, Diagnostic, and Treatment –Private Duty Nursing Case Management Services

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CCS Numbered Letter 01-0114: EPSDT – Private Nursing and Pediatric Day HealthCare

Legislative:

- Senate Bill, SB-586 Whole Child Model – Children’s Services
- Assembly Bills, AB-2340 Medi-Cal: EPSDT Services: informational materials

Contractual (Previous Contract):

Contractual (2024 Contract):

DHCS All Plan Letter:

- APL 20-012 – Private Duty Nursing Case Management Responsibilities for Medi-Cal Eligible Members Under the Age Of 21
- APL 18-023 – California Children’s Services Whole Child Model Program
- APL 20-020 – Medi-Cal Pharmacy Benefit to Medi-Cal RX
- APL 18-007 –Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21
- APL 23-005 - Network Service Area Confirmation Process

NCQA:

Supersedes:

Other References:

- Aid Code Master List
- http://www.dhcs.ca.gov/services/MH/Documents/MedCCC/Library/10_28_2013_SD%20II%20Aid%20Code%20Master%20Chart%20for%20MHS-DMC.pdf
- [DHCS Early and Periodic Screening, Diagnostic, and Treatment.](https://www.dhcs.ca.gov/services/Pages/EPSDT-Skilled-Nursing-Services.aspx)
- <https://www.dhcs.ca.gov/services/Pages/EPSDT-Skilled-Nursing-Services.aspx>

Attachments:

Lines of Business This Policy Applies To

- ☐ DSNP
- ☒ Medi-Cal
- ☐ Alliance Care IHSS

LOB Effective Dates


(01/01/2026 – present)

(01/01/1996 – present)

(07/01/2005 – present)

Revision History:

Reviewed Date	Revised Date	Changes Made By	Approved By
08/18/2020	08/11/2020	Tammy Brass, RN UM/ CCM Manager	UMWG
12/09/2020	12/09/2020	Tammy Brass, RN UM/CCM Manager	UMWG

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10/19/2021		Kat Reddell, Compliance Specialist II	<i>Medi-Cal Rx</i>
5/23/2023		Carissa Grepo, RN UM Manager	UMWG
9/9/2024	9/9/2024	Carissa Grepo, RN UM Manager, Prior Auth	UMWG
12/15/2024	12/15/2024	Regulatory Reporting Supervisor	UMWG