

## Private Duty Nursing Checklist

Name: \_\_\_\_\_

Date Faxed/Mailed: \_\_\_\_\_ ( Faxed documents do *not* have to be mailed)

Expected Start Date: \_\_\_\_\_

The following information needs to be to DDM on or before the start date. It is preferred that it is sent 1-2 weeks prior to start date for timely decisions.

### Admission

\*Medicaid #

### Admission Packet

\*Application form - 4 pages

\*Certification Section - Must be complete

Physician signature on Certification

\*Insurance information

Letter of insurance denial, if applicable

\*PAR form

\*485 Plan Of Care

\*If hospitalized at admission, may use discharge orders to include number of nursing hours per day. May add verbal orders if necessary.

\*Assessment

\*If hospitalized at admission, may use H & P consults.

EPSDT Screening form and exam results from physician if routinely requested beyond 16 hours per day.

Acuity Scale if New Applicant

### Recertification/Transfer

DDM needs the following on or before the start date

\*PAR

\*485 Plan Of Care

\*Summary/Assessment

\* Indicates items needed by DDM on or before the start date. Even though the client is "eligible", prior authorization is required for all days on the PAR. DDM has 10 days to review the PAR.

DDM Fax 877-431-9568

DDM Phone PDN Utilization 877-431-1388, extension 327

Review Nurse 615-312-1465, extension 327