Individual Nurse Agreement

The individual nurse provider(s) has been informed prior to enrolling as a Private Duty Nurse or EPSDT Supplemental Service Provider of the following items prior to receiving the packet for enrollment so that he/she may determine whether or not they want to follow through with the process:

A. The nurse provider must possess the knowledge and abilities related to the overall care of the beneficiary including use of specialized equipment such as ventilators, phrenic nerve pacers, CPAP, Bi-PAP, etc. Partnership HealthPlan of California (Partnership) has no jurisdiction in the area of qualifications of the nurse, however an EPSDT nursing supplemental service provider must be licensed and practice accordingly under his/her nurse practice act B. Currently no other requirements exist in this area (P&P Code, Division 2, Chapter 6, Section 2732.05).

B. The nurse is responsible for the development and periodic updates of the Plan of Treatment (POT). This is a nursing responsibility since the contents serve as the orders for nursing care to be rendered and should be beneficiary specific. CCR, Title 22, Sections 51337, 74697 and 74701 provides specific information that is to be included on the POT and the receipt of orders for treatments and medications.

C. There should be a home evaluation of safety, which addresses adequate space for beneficiary and equipment; pest infestations, refuse collection, adequacy of utilities and emergency equipment as warranted.

D. The identified nurse documents patient care in accordance with professional standards.

E. A confidential medical record will be maintained at the bedside.

F. The identified nurses for each case have the responsibility for providing the required documentation to Partnership for initial and subsequent authorization of services requested (TARs), and to Provider Enrollment to process the EPSDT Supplemental Services provider number. The nurse is responsible for submission of ongoing, periodic submission of TARs as determined by Partnership for nursing services rendered and a time lag may be experienced in the reimbursement process.

G. The use of a RN hired by the family to work on the case as a coordinator is a beneficiary's/family's choice. The coordinator is not the supervisor since the nurses are not in his/her employee. Because of this, the coordinator does not have the ability to discipline the nurse in question. This identified RN would be similar in nature to a supervising nurse of a Home Health Agency and would be paid by Medi-Cal under the same conditions. Any suspicious or negligent activity on behalf of any nurse(s) on the case should be reported to the appropriate nursing board. The identification of a RN coordinator is not a Partnership requirement nor is it prohibited by regulation.

H. For RNs acting as a coordinator, their responsibilities primarily involve reviewing the overall case, assessing the beneficiary and his/her response to the POT, identification of problems with a plan for resolution, follow-up and coordinating the care provided. This information is to be provided to the Partnership Special Programs Liaison in a written report for each visit made to the beneficiary.

I. The coordinator with multiple nurses on the case needs to make sure that they are not acting like a home health agency, which is against the law, since they are not licensed as such.

J. Partnership's Role – Partnership staff may make home visits to evaluate the overall home nursing program but issues with staffing or quality of care will be the responsibility of the physician and /or the family. The staff person assigned to the case will carefully review the POT, with assistance from the Director of Care Coordination, Director of Utilization Management, or the Chief Medical Officer and request modifications as warranted.

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Individual Nurse Provider Name	Signature	Date