

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: MCCP2031		Lead Department: Health Services Business Unit: Care Coordination	
Policy/Procedure Title: Private Duty Nursing under EPSDT		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 09/09/2020		Next Review Date: 02/11/2027 Last Review Date: 02/11/2026	
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Partnership Advantage
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALS	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA		Approval Date: 02/11/2026	

I. RELATED POLICIES:

- A. MCCP2022 – Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- B. MCCP2024 – Whole Child Model for California Children’s Services (CCS)
- C. MPCR12 – Credentialing of Independent and Private Duty Nurses under EPSDT
- D. MCUP3041 – Treatment Authorization Request (TAR) Review Process
- E. MCUP3106 – Waiver Programs
- F. MPUG3011 – Criteria for Home Health Services

II. IMPACTED DEPTS:

- A. Health Services
- B. Provider Relations
- C. Member Services
- D. Claims

III. DEFINITIONS:

- A. California Children’s Services (CCS): A state program for children up to 21 years of age, who have been determined eligible for the CCS program due to the presence of certain diseases or health problems.
- B. DHCS: Department of Health Care Services
- C. EPSDT: Early and Periodic Screening, Diagnostic, and Treatment (*see also Medi-Cal for Kids and Teens below*)
- D. Electronic Visit Verification (EVV): A federally mandated telephone and computer-based application program that electronically verifies in-home service visits for Medicaid-funded personal care services and home health care services for in-home visits by a provider. In California, this is known as CalEVV.
- E. Home Health Agency (HHA): A HHA is a state-licensed public or private organization that provides in-home skilled nursing services.
- F. Individual Nurse Provider (INP): An individually enrolled Medi-Cal provider acting within their scope of practice (Registered Nurse or Licensed Vocational Nurse) to provide private duty nursing services.
- G. Medi-Cal for Kids and Teens: DHCS refers to EPSDT as “Medi-Cal for Kids and Teens” in outreach and education materials. DHCS has developed child-focused and teen-focused brochures that provide an overview of EPSDT, including Covered Services, how to access those services, and the importance of Preventive Care and also a “Medi-Cal for Kids & Teens: Your Medi-Cal Rights” letter that illustrates what to do if Medi-Cal care is denied, delayed, reduced, or stopped, including who to contact, how to file grievances and appeals, and how to access other enrollee assistance resources.
- H. Medical Necessity for EPSDT Services: For individuals under 21 years of age, a service is medically necessary or a medical necessity if the service meets the standards set forth in Section 1396d(r)(5) of

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Title 42 of the United States Code and is necessary to correct or ameliorate defects and physical and mental illnesses that are discovered by screening services

- I. Private Duty Nursing (PDN): Nursing services provided in a member’s home by a Registered Nurse (RN) or Licensed Vocational/Practical Nurse (LVN) for a member who requires more individual and continuous care than what would be available from a visiting nurse.
- J. Whole Child Model (WCM): A comprehensive program for the whole child encompassing providing comprehensive diagnostic and treatment services and care coordination in the areas of primary, specialty, and behavioral health for any pediatric Member with CCS eligible conditions insured by Partnership.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To define Partnership HealthPlan of California’s (Partnership’s) responsibility to provide Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Supplemental Service Benefit for shift nursing and case management assistance to appropriate Members under the age of 21. Under the Federal EPSDT Supplemental Services Program, Federal law [(Title 42, USC, Section 1396(a)(43) and 1396d(r)] requires that state Medicaid plans provide coverage for any service that is medically necessary to correct or ameliorate a defect, physical and mental illness, or a condition for beneficiaries under 21 years of age even if the service or item is not otherwise included in the state’s Medicaid plan. For some Members under the age of 21, Private Duty Nursing (PDN) services may be medically necessary.

VI. POLICY / PROCEDURE:

- A. Partnership will cover and ensure the provision of screening, preventive and medically necessary diagnostic health care services and treatment for Members under the age of 21 in accordance with the EPSDT program benefit. For more information on EPSDT services, please see Partnership policy: MCCP2022 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services.
- B. Requests for private duty nursing (PDN) services are authorized through licensed and Medi-Cal certified Home Health Agencies (HHAs) or an individually enrolled Medi-Cal provider known as an Individual Nurse Provider (INP) acting within their scope of practice (Registered nurses and/or Vocational Nurses). INPs must meet Partnership’s credentialing policy guidelines. For more information, see Partnership policy: MPCR12 Credentialing of Independent and Private Duty Nurses Under EPSDT.
- C. Partnership participates in the California Children’s Services (CCS) Whole Child Model (WCM) program. As such, PDN services for CCS eligible conditions are reviewed and approved by Partnership under EPSDT. For more information on the Whole Child Model, see Partnership policy: MCCP2024 Whole Child Model for California Children’s Service (CCS).
- D. Partnership maintains the responsibility to provide comprehensive case management services and authorize all medically necessary covered services for Members accepted into a waiver program. Partnership will coordinate with the appropriate agency and/or program to ensure Members are connected to the appropriate services. For more information, see Partnership policy MCUP3106 Waiver Programs.
- E. **REQUESTS FOR PRIVATE DUTY NURSING:**
Partnership will review and authorize medically necessary shift nursing services for Members under the age of 21 in accordance with CCR, Title 22, section 51340(e) and the following criteria:
 - 1. All requests are subject to prior authorization requirements.
 - 2. The services must be prescribed by the Member’s primary care provider or provider of record for the diagnosed condition(s).
 - 3. Members must have FULL SCOPE Medi-Cal Benefits. In instances where Members have other health coverage or benefits available for shift nursing care, those benefits and resources must be

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utilized first in accordance with Medi-Cal program guidelines.

4. Requests for services are made through licensed and Medi-Cal certified HHAs or a Partnership credentialed INP.
 5. Services must be provided in the home, which has been assessed to be a safe, healthy environment by the requesting home health provider.
 6. Requests for the use of Home Health Aide services must be made through a licensed HHA and are subject to documented physician orders and medical necessity. The Home Health Aide must be an employee of the agency, and as such, is subject to appropriate oversight in the care of the Member.
 7. The family and/or primary caregiver should be proficient in the tasks necessary to care for the Member at home to ensure care is not interrupted should an unforeseen event occur. This proficiency may be satisfied by active participation and training as necessary to safely carry out the plan of care, and by the caregiver(s) providing four (4) or more hours of direct care to the Member per week in order to maintain their skills. In keeping with this requirement, Partnership reserves the right to limit hours based on medical necessity and provider evaluation, inclusive but not limited to skilled nursing care provided by a Home Health Agency (HHA) and/or an Individual Nurse Provider (INP).
 8. The Treatment Authorization Request (TAR) and required documentation must be submitted to Partnership Health Services within 15 days from the date of service, please see Partnership Policy MCUP3041 Treatment Authorization Request (TAR) Review Process for more information. The following documentation is required at the time of the request for shift nursing services:
 - a. Completed TAR form
 - b. Current Nursing Plan of Care
 - c. Current Physician Progress Notes
 - d. Home Safety Assessment
 - e. Emergency Plan
 - f. Report(s) of initial assessment
 - g. Daily notes for Home Health Aid/ RN oversight (when applicable)
 9. Other documentation that may be requested to clarify specific issues and/or medical necessity include, but are not limited to the following:
 - a. Current History and Physical (H&P) with full system review
 - b. Social Worker Assessment
 - c. Regional Center Assessment
 - d. A Needs Assessment completed by an Individual Nurse Consultant
 - e. Staff timesheets
 - f. Evidence or denial or exhaustion of any shift nursing benefit from other health coverage, if applicable.
 10. Upon receipt of the TAR with supporting documentation for medical necessity, Partnership may authorize initial requests for shift nursing services for up to 90 days. Subsequent authorizations will be 180 days or as appropriate.
- F. Electronic Visit Verification (EVV) Requirements:
1. Effective January 1, 2023, as per [APL 22-014](#), EVV requirements must be implemented for all Medi-Cal personal care services and home health care services that are delivered during in-home visits by a provider, which includes visits that begin in the community and end in the home, or vice versa.
 2. Please refer to policy MPUG3011 Home Health Services for further information on EVV requirements.
- G. Case Management
1. Partnership is responsible for providing case management services to our Members. "Case Management Services" means 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

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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 section 440.169(d) and (e), and 22 California Code of Regulations (CCR) section 51184(d), (g) (5) and (h).

2. "EPSDT services" means Early and Periodic Screening, Diagnostic and Treatment 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).)
3. "Home Health Agency" as 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.
4. "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.
5. "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
6. Partnership is required to provide Case Management 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 request, Case Management Services to arrange for all approved Private Duty Nursing services desired by the plan Member, even when the Partnership 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 under the California Children's Services Program (CCS).
7. When Partnership has approved a plan-enrolled EPSDT-eligible Medi-Cal beneficiary to receive Private Duty Nursing services, under either CCS or Medi-Cal, Partnership has primary responsibility to provide Case Management for approved Private Duty Nursing services.
8. 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 Managed Care Plan, 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 herein to the beneficiary and work collaboratively with the Medi-Cal program entity primarily responsible for Case Management.
9. Partnership 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 Plan is not financially responsible for paying for the approved Private Duty Nursing services.
10. Partnership Members, their parents/caregivers and/or their representatives may contact Partnership directly to request PDN services or support in obtaining PDN services.
11. Partnership'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:
 - a. Providing the Member information about the number of Private Duty Nursing hours that they are approved to receive

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- b. Contacting enrolled Home Health Agencies and enrolled and Individual Nurse Providers to seek approved Private Duty Nursing services on the Member's behalf
- c. Identifying and assisting potentially eligible Home Health Agencies and Individual Nurse Providers with navigating the process or navigating to become a Medi-Cal provider
- d. Working with Home Health Agencies and enrolled Individual Nurse Providers to jointly provide Private Duty Nursing services to the Member as needed.
- e. Documentation of the Member/parent/caregiver's request for case management assistance and all efforts to locate, collaborate with providers for PDN services
- f. If applicable, documentation of the Member/parent/caregiver's decline of case management assistance, including the Member's desire to not utilize all of the approved PDN hours.

VII. REFERENCES:

- A. Title 42 United States Code (USC) Sections 1396, 1396d(a) and (r), 1396s(c)(2)(B)(i)
- B. Title 42 Code of Federal Regulations (CFR) Sections 441.18 and 440.169
- C. Title 22 California Code of Regulation (CCR) Sections 51184(d), (g)(5) and (h); 51340(e)
- D. Health and Safety Code sections 1727(a) and (b)
- E. Welfare and Institutions Code (WIC) Section 14132(v)
- F. Mental Health Parity and Addiction Equity Act
- G. Social Security Act Section 1905(r)
- H. Department of Health Care Services (DHCS) All Plan [Letter \(APL\) 23-005: Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21](#) (03/16/2023)
- I. DHCS [APL 20-012: Private Duty Nursing Case Management Responsibilities for Medi-Cal Eligible Members Under the Age of 21](#) (05/15/2020).
- J. DHCS [APL 22-014 Electronic Visit Verification Implementation Requirements](#) (07/21/2022)
- K. National Committee for Quality Assurance (NCQA) Health Plan Standards 2026. Quality Management and Improvement 3 Continuity and Coordination of Care

VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES: 10/14/20; 02/10/21; 02/09/22; 02/08/23; 02/14/24; 02/12/25; 02/11/26

PREVIOUSLY APPLIED TO:

Medi-Cal (CP100205; MCCP2005: 04/18/2001 to 02/13/2019 when Archived)
04/17/02; 08/20/03; 04/20/05; 01/18/06; 01/16/08; 09/19/12; 01/20/16; 09/21/16; 08/16/17 to 02/13/2019

Please reference MCCP2022 for coverage of services between 02/13/2019 and 09/09/2020

Medi-Cal (UP100365; MCUP3065; MCCP2022) 03/16/2005 to 09/09/2020)
08/16/17; *06/13/18; 02/13/19; 11/13/19; 02/12/20; 09/09/20

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership’s authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.