DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES

Montana Medicaid Pediatric Complex Care Assistance Service Private Duty Nursing Availability Form

Why is this form needed?
Before Pediatric Complex Care Assistance (PCCA) hours can be approved, families must show they have tried to find private duty nursing (PDN) services and that no PDN agency is currently able to meet their child's needs. The quality improvement organization, Mountain Pacific, has reviewed the request and identified tasks that PDN may complete. This form helps document your efforts to find PDN services so we can understand whether PDN is currently available for your child.

Who completes this form?
The parent, guardian, or kinship caregiver who is applying for PCCA services completes the form on behalf of the child.

When is this form required?
The PDN Availability Form must be completed in the following situations:

- When you submit an initial PCCA prior authorization request.
- Every six months after the initial request, as long as no new tasks have been added.
- Anytime a new task is added to the request.

What must you do to complete this form?
You must contact all Medicaid PDN agencies in your area to ask whether they can provide the nursing hours your child needs. If your area has fewer than three PDN agencies, please also reach out to any regional or statewide agencies.

Section A: Child and Case Information

Child's Name:

Medicaid ID: Date of Birth:

City/County of Residence:

Primary Diagnosis/Condition (e.g., severe cerebral palsy):

Physician ordering PCCA:

What care (e.g., airway maintenance, bowel care, suctioning, etc.) will you provide for your child through PCCA?

Requested Days/Times for PCCA Service:

Section B: Summary of PDN Need

Why does your child need private duty nursing? (example: skilled nursing assessment, airway monitoring, seizures, feeding tubes, etc.)

What schedule of PDN hours does your child need (Example: overnight care 10 p.m. – 6:00 a.m., seven days a week, or 6 a.m. – 9 a.m., Monday through Friday).

Section C: PDN Agency Outreach Log

Please list each PDN agency you've contacted. Complete a full entry for each agency. Write down whom you contacted, how you contacted them, what they told you, and any follow-up they suggested. Enter the contact information for each PDN agency below.

Agency 1

Agency Name | Phone or email

Contact Person and Role | Date(s) Contacted

Method of Contact (check all that apply) ☐ Phone ☐ Email ☐ In Person

What the Agency Told You (their response)

Next Steps (if any)

Follow-Up Date (if necessary)

Agency 2

Agency Name | Phone or email

Contact Person and Role | Date(s) Contacted

Method of Contact (check all that apply) ☐ Phone ☐ Email ☐ In Person

What the Agency Told You (their response)

Next Steps (if any)

Follow-Up Date (if necessary)

Agency 3

Agency Name | Phone or email

Contact Person and Role | Date(s) Contacted

Method of Contact (check all that apply) ☐ Phone ☐ Email ☐ In Person

What the Agency Told You (their response)

Next Steps (if any)

Follow-Up Date (if necessary)

Agency 4

Agency Name | Phone or email

Contact Person and Role | Date(s) Contacted

Method of Contact (check all that apply) ☐ Phone ☐ Email ☐ In Person

What the Agency Told You (their response)

Next Steps (if any)

Follow-Up Date (if necessary)

Section D: PDN Availability Summary

Check all that apply, and provide a short explanation

☐ No PDN agencies provide services in my area.

Explanation:

☐ PDN agencies serve my area, but they cannot cover the hours or days my child needs.

Explanation/What They Told You

☐ PDN agencies are full or not accepting new clients.

Explanation:

☐ PDN agencies cannot begin services within the required timeframe or on the start date.

Explanation:

☐ Other

Explanation:

Parent/Guardian Attestation

By signing below, I confirm that

- the information I provided in this form is true and can be verified if needed,
- I have contacted the PDN agencies listed above and was unable to secure the nursing hours my child requires,
- because PDN services are unavailable, I am requesting that PCCA services be approved to help meet my child's needs, and
- I understand that I must use PDN hours if they become available and my PCCA hours will end.

Parent/Guardian Name

Signature

Date