

## PDN Eligibility Determination Worksheet

**Note:** This worksheet is used by a registered nurse assigned by the CMHSP or PIHP to assess a Medicaid beneficiary's initial eligibility, or at least annually, a re-evaluation of eligibility for private duty nursing. Applicable policies are found in the Medicaid Provider Manual 1) in the Private Duty Nursing Chapter for beneficiaries under age 21; or, 2) in the Mental Health and Substance Abuse Chapter in Section 15 Habilitation Supports Waiver for beneficiaries 21 and older.

**A. IDENTIFYING INFORMATION**      Initial       Redetermination

Name \_\_\_\_\_      Medicaid ID# \_\_\_\_\_      DOB \_\_\_\_\_

Address \_\_\_\_\_      City, Zip \_\_\_\_\_      CWP    or    HSW (circle one)

PIHP (if applicable) \_\_\_\_\_      CMH \_\_\_\_\_      Date of Assessment by RN \_\_\_\_\_

**B. PERTINENT MEDICAL HISTORY AND INFORMATION** (include recent hospitalizations or episodes of medical instability in past six months)

**C. STATUS**

Is beneficiary currently receiving PDN?    Yes     No

If yes, what is current intensity of care (applicable for state plan PDN svcs up to age 21) and # of hours authorized/month \_\_\_\_\_

**D. FINDINGS OF ASSESSMENT** Please complete the table on the next page

**E. SUMMARY AND RECOMMENDATIONS**

Based on this assessment and the applicable Medicaid policy requirements, i.e., Private Duty Nursing for people under 21 or HSW for people 21 and older, does this person meet Medical Criteria III?    Yes       No

If yes, please describe the continuous skilled nursing interventions (attach an additional sheet if necessary).

For persons under 21, what is the Intensity of Care Category recommendation?    High       Medium       Low

\_\_\_\_\_  
RN

\_\_\_\_\_  
Date

	<b>Used? Y/N</b>	<b>When is it Used? e.g., am, pm, mn shift</b>	<b>How Often is it Used?</b>	<b>Interventions</b>	<b>Source of Info</b>	<b>Does this Require Skilled Nursing?</b>	<b>Justification</b>
Vent							
Trach							
Suctioning Specify Oral or Deep							
Oxygen							
Pulse Oximeter							
Apnea Monitor							
TPN							
Feeding Tube Specify							
Other							
Other							