

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Aimee Khaled

Phone Number:

Initial ☐

Public Comment ☒

Final ☐

Brief description of policy:

The purpose of this policy is to remove existing limits to the private duty nursing (PDN) benefit and services. These updates bring MDHHS policy into alignment with Centers for Medicare & Medicaid Services (CMS) guidance for PDN under Early and Periodic Screening, Diagnosis and Treatment (EPSDT). This policy addresses three existing limitations to PDN for EPSDT beneficiaries: the 16-hour limit per day of PDN services, the requirement that the primary caregivers provide 8 hours of care per day, and the use of other services or programs to meet the beneficiary's needs. This policy adds requirement that PDN providers provide skills training and complete a skills checklist with the identified caregivers annually.

Reason for policy (problem being addressed):

To come into compliance with federal regulations. Under federal law and regulations (42 U.S.C. § 1396d[r]; 42 CFR § 441.50 et seq.), children under age 21 are entitled to medically necessary services without limitation based on service amount, duration, or cost.

Budget implication:

☒ budget neutral

☐ will cost MDHHS \$, and (select one) budgeted in current appropriation

☐ will save MDHHS \$

Is this policy change mandated per federal requirements?

Yes

Does policy have operational implications on other parts of MDHHS?

Yes. The policy updates the prior authorization process. It allows the beneficiary or parent/legal guardian to use the services of another entity or individual, other publicly funded programs, or other resources for hourly care to meet the needs of the beneficiary.

Does policy have operational implications on other departments?

No

Summary of input:

☐ controversial (Explain)

☒ acceptable to most/all groups

☐ limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, please provide status: <input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied Date: Approval Date:	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Submission Date:
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**DRAFT FOR PUBLIC
COMMENT**

**Michigan Department of
Health and Human Services**

Project Number: 2538-PDN

Date: August 13, 2025

Comments Due: September 17, 2025

Proposed Effective Date: November 1, 2025

Direct Comments To: Aimee Khaled, LMSW

Address:

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Policy Subject: Updates to the Private Duty Nursing Benefit for Early and Periodic Screening, Diagnosis and Treatment

Affected Programs: Medicaid

Distribution: Private Duty Nursing Providers

Summary: The purpose of this policy is to remove existing limits to the private duty nursing (PDN) benefit and services. These updates bring Michigan Department of Health and Human Services (MDHHS) policy into alignment with Centers for Medicare & Medicaid Services (CMS) guidance for PDN under Early and Periodic Screening, Diagnosis and Treatment (EPSDT). This policy addresses three existing limitations to PDN for EPSDT beneficiaries: the 16-hour limit per day of PDN services, the requirement that the primary caregivers provide 8 hours of care per day, and the use of other services or programs to meet the beneficiary's needs. This policy adds requirement that PDN providers provide skills training and complete a skills checklist with the identified caregivers annually.

Purpose: To come into compliance with federal regulations. Under federal law and regulations (42 USC §1396d[r]; 42 CFR §441.50 et seq.), children under age 21 are entitled to medically necessary services without limitation based on service amount, duration, or cost.

Cost Implications: Budget neutral

Potential Hearings & Appeal Issues: With the removal of hard limits to PDN for EPSDT beneficiaries, there may be an increase in beneficiary requests for Medicaid Fair Hearing.

State Plan Amendment Required: Yes ☐ No ☒
If yes, date submitted:

Public Notice Required: Yes ☐ No ☒
Submitted date:

Tribal Notification: Yes ☐ No ☒ - **Date:**

THIS SECTION COMPLETED BY RECEIVER

☐ **Approved**

☐ **No Comments**

☐ **See Comments Below**

☐ **Disapproved**

☐ **See Comments in Text**

Signature:	Phone Number
Signature Printed:	
Bureau/Administration <i>(please print)</i>	Date

Comment001

Revised 6/16

Proposed Policy Draft

Michigan Department of Health and Human Services
Health Services

Distribution: Private Duty Nursing Providers

Issued: October 1, 2025 (proposed)

Subject: Updates to the Private Duty Nursing Benefit for Early and Periodic Screening, Diagnosis and Treatment

Effective: November 1, 2025 (proposed)

Programs Affected: Medicaid

The purpose of this policy is to remove existing limits to the Private Duty Nursing (PDN) benefit and services. These updates bring Michigan Department of Health and Human Services (MDHHS) policy into alignment with Centers for Medicare & Medicaid Services (CMS) guidance for PDN under Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Under federal law and regulations (42 U.S.C. § 1396d[r]; 42 CFR § 441.50 et seq.), children under age 21 are entitled to medically necessary services without limitation based on service amount, duration, or cost. Service authorization decisions must not rely on generalized policies or pre-set limits but must reflect the child's specific, individual medical needs. This policy addresses three existing limitations to PDN for EPSDT beneficiaries: the 16-hour limit per day of PDN services, the requirement that the primary caregivers provide 8 hours of care per day, and the use of other services or programs to meet the beneficiary's needs. This policy requires that the PDN provider annually conduct a skills review and training, individualized to the beneficiary, with the identified caregivers.

Updates to Limitation of PDN Services

This policy removes the 16 hours-per-day limitation for fee-for-service PDN services for beneficiaries under 21 years of age. PDN services will continue to require prior authorization (PA) before the start of service. PAs will require documentation that clearly distinguishes the need for skilled care provided by a licensed nurse versus unskilled support and considers the availability of natural caregivers. The family caregivers are trained by hospital staff to provide care prior to the beneficiary discharging to home, and their availability and skills must be taken into account. Licensed nursing care required beyond the skills or capacity of the caregiver(s) must be documented in the PA request. The determination of authorized hours will be based on an individual assessment of the beneficiary's medical condition and care needs.

The prescribing physician must document and medically justify the number of hours requested with the PA request (MSA-0732 – Private Duty Nursing Prior Authorization – Request for Services). When reviewing the PA, the Program Review Division (PRD) may request additional information if the documentation does not support the amount of hours requested. Every

beneficiary will have the authorized hours determined on a case-by-case basis and will be evaluated based on individual needs. The PA form will identify the documentation required for the requested hours. The PA form will include a checklist to indicate the beneficiary's specific care needs; items checked must also be supported in the documentation.

PRD will take into consideration the beneficiary's family situation and resources. For example:

- Availability of Caregivers Living in the Home
 - Two or more caregivers and both work or are in school full time or part time
 - Two or more caregivers and one works or is in school full time or part time
 - Two or more caregivers and neither works nor is in school full time or part time
 - One caregiver who works or is in school full time or part time
 - One caregiver who does not work or is not a student
- Health Status of the Caregiver(s)
 - Significant health issues
 - Some health issues
- School
 - Beneficiary attends school 25 or more hours per week on average

Exception Process for an Increase in PDN Services

The exception process will now follow the PA process to request an increase in PDN services. All requests for an increase in services must include documentation to support the increase in services and the length of time the increase is needed (if applicable). If the increase in services is denied, beneficiaries, or their legal representative, retain the right to appeal a partial denial of hours.

Parent/Legal Guardian's Caregiving Responsibility

There must be a parent or legal guardian who resides with a beneficiary under the age of 18. The parent/legal guardian is legally responsible for the beneficiary and must remain significantly involved in the beneficiary's care. MDHHS will continue to take into consideration parent/legal guardian's work, school attendance, health issues, and other responsibilities when reviewing PA requests. Commitment by the parent(s)/legal guardian and community are necessary to meet the beneficiary's overall needs and ultimately remain safely at home.

Caregiver Training

Caregivers are trained by hospital staff to provide care to the beneficiary prior to the beneficiary discharging from the hospital. The completed training checklist must be submitted with the initial PA request. Following this initial hospital skill training, the PDN provider must conduct a skills review and training, individualized to the beneficiary, with the identified caregivers annually and with any significant change in condition that alters provision of care. The annual skills checklist is not a fully inclusive list and PDN providers or caregivers may add additional skills that are relevant to the beneficiary's needs. The list can be found on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Private Duty Nurse.

The Use of Other Services or Programs

The beneficiary or parent/legal guardian may use the services of another entity or individual (e.g., in school, in day/childcare, in work program), other publicly-funded programs (e.g., MDHHS Home Help Program), or other resources for hourly care (e.g., private health insurance, trusts, bequests, private pay) to meet the needs of the beneficiary. The entity must be appropriately trained for the care or services provided. The services and hours to be provided must be included in the documentation submitted with the PA requests and included in the plan of care. Respite is not a covered Medicaid service for beneficiaries receiving PDN services.

PDN hours cannot be used during concurrent hours with other direct care services. If the beneficiary receives services from PDN and other Medicaid programs (e.g., MDHHS Home Help Program), there must be coordination between providers for the delivery of services and documentation in the plan of care to verify there is no duplication of services. All services must be included when submitting a PA request, including type of service provided and number of hours per day.

PDN cannot be used to replace the Local School District or Intermediate School District's responsibility for services or when the child would typically be in school/on the school bus but for the parent's choice to home-school the child.