

AUTHORIZATION FOR PRIVATE DUTY NURSING PROVIDED BY A PARENT OR LEGAL GUARDIAN

Home Health Agency Name _____ Date of Request _____

Medicaid Provider Number _____ Phone Number (____) _____ County _____

Street Address _____

City _____ State _____ Zip Code _____

This is to certify that

Child's Name _____ Date of Birth _____

Child's Medicaid Number _____

Street Address _____

City _____ State _____ Zip Code _____

has been evaluated and approved to receive private duty nursing services in the child's place of residence as outlined in the Florida Medicaid Home Health Services Coverage and Limitations Handbook. The private duty nursing services will be provided by a parent or legal guardian who meets the following criteria:

1. Has a valid license as a Registered Nurse (RN) or Licensed Practical Nurse (LPN) in the State of Florida; and
2. Employed by a Medicaid enrolled home health agency

Parent or Legal Guardian Name _____

Florida License Number (RN or LPN) _____ Expiration Date _____

Phone Number (____) _____

I certify that an initial assessment and all subsequent plan of care assessments for this child will be completed by a Registered Nurse that is not a household member while the parent or legal guardian is authorized to provide private duty nursing services. I understand that Medicaid will only reimburse a home health agency up to 40 hours per week of private duty nursing services provided by a parent or legal guardian. A non-relative RN or LPN employed by the home health agency must provide all other authorized private duty nursing hours above the 40 hour a week limit.

Home Health Agency Authorized Representative	Date
--	------

Parent or Legal Guardian	Date
--------------------------	------

Approval by Medicaid Representative	Date
-------------------------------------	------

Submit the form for approval to:
 Bureau of Medicaid Services, MS #20
 Quality Improvement and Rules Coordination Section
 2727 Mahan Drive
 Tallahassee, FL 32308

This form must be filed in the child's medical record

AHCA Form 5000-3541, February 2013 (incorporated by reference in Rule 59G-4.130, F.A.C.)