**R414. Health and Human Services, Integrated Healthcare.**

**R414-40. Private Duty Nursing Services.**

**R414-40-1. Introduction and Authority.**

(1) This rule outlines eligibility, access requirements, coverage, limitations, and reimbursement for private duty nursing. This rule is authorized by Sections 26B-1-213 and 26B-3-108.

(2) Private duty nursing services are an optional Title XIX program authorized by 42 U.S.C. Sec. 1396 et seq., 42 U.S.C. Sec. 1396d(a)(8), and 42 CFR 440.80.

**R414-40-2. Member Eligibility Requirements.**

Early and Periodic Screening, Diagnostic and Treatment (ESPDT) eligible children under 21 years of age and who are either in transition from the hospital to the home or who are ventilator dependent are eligible for private duty nursing services. The member must require more than four hours of continuous skilled nursing care a day.

**R414-40-3. Program Access Requirements.**

(1) Only a licensed home health agency enrolled as a Medicaid provider may be reimbursed for private duty nursing services.

(2) A member shall have a written physician order establishing the need for private duty nursing services. The private duty nursing provider shall develop a care plan consistent with the member's diagnosis, severity of illness, and intensity of services. If medically necessary nursing services require four hours or fewer of skilled nursing, the service is covered under the home health program.

(3) Private duty nursing is only available if a parent, guardian, or primary caregiver is committed to and capable of performing the medical skills necessary to ensure safe, quality care.

(4)(a) The home health agency shall verify that the hospital has provided specialized training for the caregiver before patient discharge to enable the caregiver to provide hands-on care in the home.

(b) The private duty nurse shall initially supervise the caregiver who provides this care to ensure that training has been assimilated to ensure safe, quality patient care.

**R414-40-4. Service Coverage for Private Duty Nursing.**

(1) Private duty nursing services are a limited benefit that is provided with the expectation that the member's need for private duty nursing services will decrease over time.

(2) Medicaid covers medically necessary and appropriate private duty nursing services for a limited time to provide skilled nursing care in the home. Medicaid covers private duty nursing services while the agency trains the member's caregivers to provide the necessary care. Once the caregivers have been given sufficient training for the member's needs, the private duty nursing services end. A member, however, who still requires more than four hours of ongoing skilled nursing services may receive private duty nursing services as provided in this rule.

(3) The number of private duty nursing (PDN) hours that a member may receive is based on how the member scores on the PDN Acuity Grid. The PDN provider shall provide supporting documentation to justify the member's score. The PDN Acuity Grid must reflect the average daily care given by the nurse during the previous certification period.

(4) After informing the member's family or similar representatives who live with the member and in coordination and consultation with the physician, the private duty nurse shall attempt to wean the member from a device or service and identify new problems.

(5) Medicaid does not cover the following as private duty nursing services:

(a) custodial or sitter care to ensure the patient is compliant with treatment;

(b) respite care;

(c) monitoring behavioral or eating disorders; and

(d) observation or monitoring medical conditions that do not require skilled nursing care.

(6) Medicaid does not cover private duty nursing services if the services are available from another funding source, agency, or program.

**R414-40-5. Reimbursement of Services.**

(1) Medicaid reimburses nursing services in accordance with the Utah Medicaid State Plan, Attachment 4.19-B.

(2) A private duty nurse caring for two members in the same place of residence shall bill with the UN modifier.

(3) A provider may not charge the Department a fee that exceeds the provider's usual and customary charges for the provider's private pay patients.

**KEY: Medicaid**

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**Authorizing, and Implemented or Interpreted Law: 26B-1-213; 26B-3-108**