



BlueCare Tennessee is an Independent Licensee of the BlueCross BlueShield Association.

| MCO Name | Phone Number | Fax Number |
|--------------------|----------------|-------------------------------|
| BlueCare Tennessee | 1-888-423-0131 | (423) 535-5254 |
| UnitedHealthcare | 1-800-690-1606 | 1-800-743-6829 |
| Amerigroup | 1-800-454-3730 | 1-877-297-5003/1-866-920-6003 |

Private Duty Nursing Home Plan of Care Agreement

Member Name: _____ Agency Name: _____

Private Duty Nursing (PDN) care under Medicaid is to help people who need more care than they would get from home health care visits. This type of care is for people who can safely be cared for in their home. PDN care also helps people get ready to care for a person on their own. PDN care does not replace care from family members or others in the home. After a person turns 21, they can only get PDN for certain conditions and for certain amounts of time. At that point, family members may need to help with care for the person.

People who sign up for Medicaid must follow Medicaid rules. Their families must follow the rules too.

PDN Home Health Agency – Member/Caregiver Agreement

The people who sign this form agree to the following:

1. Goals for PDN care include:
 - a. Teach and help member care for themselves
 - b. Teach and help the member’s family or others to provide care for the member
 - c. Member and their family living independently based on medical conditions
 - d. Member, family and caregivers work with nurses to learn how to care for the member
 - e. PDN hours based on medical need over time
2. PDN care does not replace care from family members or others in the home.
3. The family or caregivers will give backup care to the PDN when needed.
4. The Managed Care Organization (MCO) _____ and Home Health Agency _____ will help get care for member when backup care or PDN cannot.
5. Medicaid PDN will not provide the following:
 - a. Non-medical services (Examples: sitter, driver, respite care, general housekeeping, family meal prep or family laundry)
 - b. Services when the member is in the hospital or nursing home
 - c. Services if the member does not qualify for Medicaid or PDN
 - d. Services to observe and monitor behavioral or eating disorders or medical conditions that do not require skilled nursing care
 - e. Services that cannot be provided in a safe, complete and effective manner by home health staff (Examples: Uncontained weapons, uncontained animals, infestation of contagious pests like scabies and/or bedbugs, threatening or abusive language/behavior towards home health providers or MCO staff members)

Primary Caregiver Signature: _____

Agency Responsibilities

All Home Health Agency and family contact should be for member care only. Staff and family should not share personal data. Examples include: social media, personal cell phone numbers, change of schedules, off-duty work and loan requests

The Home Health Agency will:

1. List the names for the backup caregiver(s) _____

2. Receive all doctor's orders for the member
3. Put all doctor's orders on the Medication Administration Record (MAR) – common nursing duties do not have to be on the MAR
4. Follow all orders from the member's doctors
5. Give the home health staff their schedules and inform the member/member's caregiver of unplanned schedule changes as soon as possible before the impacted shifts
6. Provide licensed, qualified and trained staff
7. Handle all discipline for their staff
8. For Missed Shifts
 - Tell the member/caregiver of missed visit as soon as they are aware
 - Try to find staff for the shift before calling the family
 - Call the family as soon as possible if no staff is available
 - Call MCO staff if there is a safety concern
 - Report all missed shifts to the MCO within three calendar days or as soon as the agency is aware
 - Report all missed shifts by faxing the Home Health Action Report (Missed Visit form)
9. Notify MCO Case Management and fax information to the MCO office if services of Home Health Agency staff are declined for reasons other than quality of care, such as: discrimination/prejudice based on race, age, gender, size, color of hair, national origin or staff will not do work that is not part of their job
10. Inform the member and caregivers about effects of refusing services for reasons other than quality of care
11. Instruct staff to call 911 in any emergency
12. Not threaten members, caregivers or family
13. Have a staff supervisor make on-site visits at least once a month
14. Contact the member/member caregiver/family at least every 60 days to review and update the member's plan of care
15. Work with member/caregiver and member's doctor to manage care
16. Work with member/caregiver in setting goals for independence
17. Direct qualified staff to train the member/caregivers so they can provide backup care
18. Re-evaluate member at least two weeks before the end of the member's approved services and notify doctor of member's condition so doctor can make new orders and update goals
19. Direct staff to report any new issues that impact members to the home health agency, which will then inform MCO if new issue is not handled within five business days
20. Inform the MCO if they receive quality of care concerns from agency staff or the member/caregivers

Member (or Legal Guardian) Responsibilities

All Home Health Agency and family contact should be for member care only. Staff and family should not share personal data. Examples include: social media, personal cell phone numbers, change of schedules, off-duty work and loan requests

The Member/Legal Guardian/Caregiver/Family will:

1. Have a backup plan (required to receive PDN)
2. Tell the Home Health Agency if the backup plan changes
3. Get training from the Home Health Agency so they can give care if the member's nurse misses a shift
4. Not discipline or fire Home Health Agency staff, because they are employees of the agency, not the member
5. Report staff quality of care concerns to the Home Health Agency
6. Report problems with the staff to the Home Health Agency first
7. Call the MCO if the problem is not handled by the Home Health Agency within five business days
8. Be responsible for declining services for reasons other than quality of care
9. Not decline Home Health Agency services, other than quality of care, for reasons, such as: discrimination/prejudice based on race, age, gender, size, color of hair, national origin or if staff will not do work that is not part of their job
10. Accept results of declining care, which could mean serving as backup caregiver or loss of home health agency services

By signing this form, I state that:

I understand all the conditions for PDN and agree to follow them for the member to get this care. I have a list of the conditions for private duty nursing. I have a copy of the home plan of care agreement letter. I had the chance to ask questions about anything on this form.

Signature:

Member Name or Legal Guardian (Print): _____

Member Name or Legal Guardian (Sign): _____

Date: _____

Qualified Primary Caregiver: _____

Date: _____

Home Health Staff and Title: _____

Date: _____

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Home Plan of Care Agreement

Member Name: _____ Agency Name: _____

What service will be provided?

Hands-on care services from Home Health Aides, Skilled Nurses or Private Duty Nurses. Services DO NOT include: laundry, cleaning, shopping, walking the dog, etc. Services for hands-on care, as well as help around the house, are available for approved members with a CHOICES or ECF CHOICES Plan of Care.

Service approved for this member:

- Home Health Aide Private Duty Nursing
 Skilled Nurse Visits HCBS services (Attendant Care/Personal Care Services)

I understand that Home Health Aides and Nurses will not do tasks that are not part of their job. If I ask them to do these kinds of tasks, they will refuse. They will report these incidents to my insurance company.

Member/Representative Signature: _____ Date: _____

Is there a backup plan in place? Yes No

I have a backup caregiver. This person can help if the Home Health Agency cannot find someone to cover my shift. If so, initial here. _____

Provide details of the backup plan here:

I understand that the agency may not be able to send a home care worker sometimes. I have a backup plan if that happens. If I do not have a backup plan, I can ask to have a higher level of care provided until the agency can find someone to come to my house to provide my care.

Member/Representative Signature: _____ Date: _____

_____ (MCO NAME) is willing to provide the member the home health care their doctor has ordered. The member should not decline services from this agency for reasons other than quality of care concerns. If the member declines services for other than quality of care concerns, it will be up to the member to find a home health agency in the member's MCO network to provide their care. It will also be up to the member to get a new order if needed.

Member (or Legal Guardian)/Caregiver: _____

Date: _____

Home Health Agency Staff Name and Title: _____

Date: _____