

APPENDIX D-4C

TECHNOLOGY ASSISTED (TA) WAIVER FOR ADULTS
PRIVATE DUTY NURSING – AGREEMENT FOR CARE

Private duty nursing under Medicaid’ TA Waiver for Adults is set up to help patients whose health needs go beyond the care that can be given through home health. This type of care is set up to help family members or other caregivers get ready to care for the patient on their own. Private duty nursing is not intended to replace care given by family members or others in the home.

Medicaid is a voluntary program. This means that when the patient signed up for Medicaid, the patient or family member agreed to be a part of Medicaid and follow Medicaid’s rules.

By signing this form you, the qualified caregiver, agree:

1. That the goal of private duty nursing care is to help you, family members or other caregivers get ready to care for the patient on your own or to move him or her to another type of care to match the patient’s medical needs.
2. That the number of private duty nursing hours will be reduced to match the patient’s medical needs over time.
3. That private duty nursing does not replace the care given by family or other caregivers in the home.
4. To work with the nursing staff to learn how to care for the patient on your own.
5. That the following services are NOT COVERED by Medicaid private duty nursing under the TA Waiver for Adults:
 - A. Services that can be provided in a safe, complete and effective manner by home health.
 - B. Services for the convenience of the patient, family or caregiver, such as the services of a sitter or driver.
 - C. Custodial, sitter or respite services of any kind.
 - D. Services when the patient is in the hospital or a nursing home
 - E. Services at any time the patient does not qualify for Medicaid or for private duty nursing
 - F. Services for behavioral or eating disorders, for observation or for monitoring medical conditions which do not require skilled nursing care.

I have been given a copy of the rules for private duty nursing and I have had the chance to ask questions about anything on this form and about private duty nursing under the Medicaid waiver. By signing this form, I am saying that I understand all of the rules for private duty nursing under the TA Waiver for Adults and agree to follow them in order for the patient to get this care.

Signed:

Patient/Client (if applicable) _____ Date_____

Qualified Caregiver _____ Date_____

Case Manager _____ Date_____

Private Duty Nursing Agency _____ Date_____

Other Direct Service Provider (if applicable) _____ Date_____

Physician _____ Date_____

DATE : _____