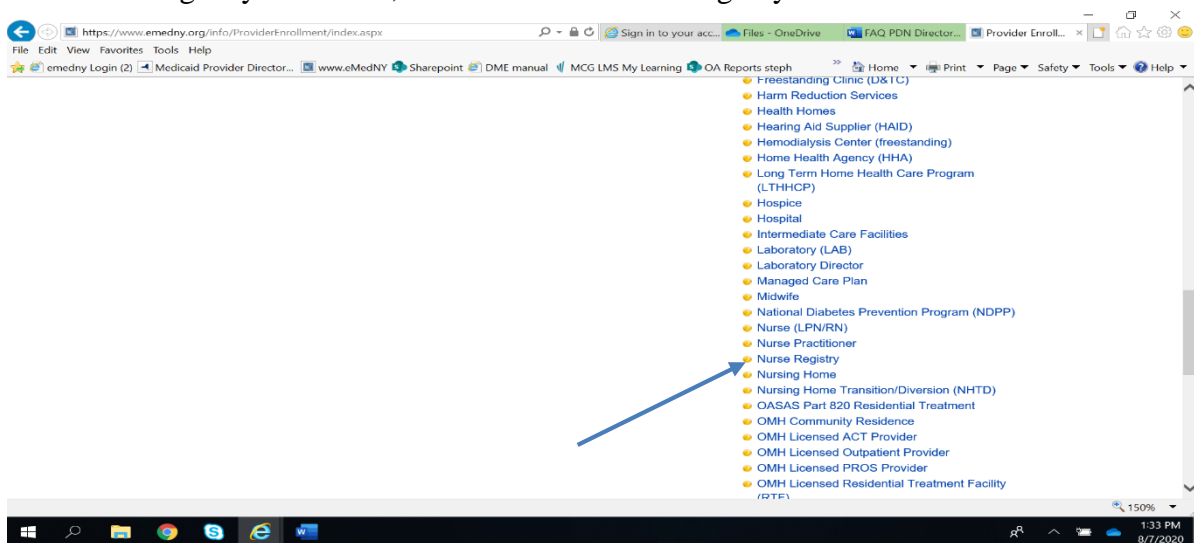


# Enrollment Instructions for the Medically Fragile Children's Private Duty Nursing Directory for a Nurse Registry (Agency)

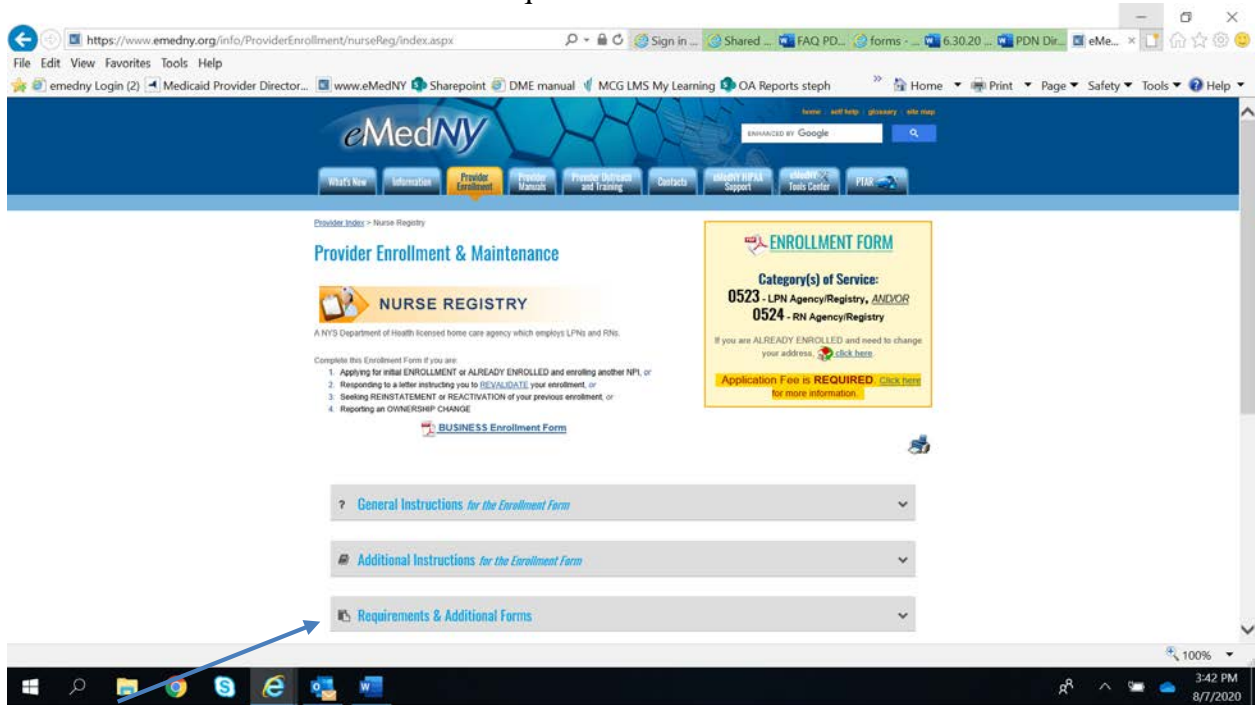
1. Go to the eMedNY website at: [www.emedny.org](http://www.emedny.org)
2. Go to the 3<sup>rd</sup> tab over "Provider Enrollment"
3. Go to the Blue Box labeled "Provider List Filter"



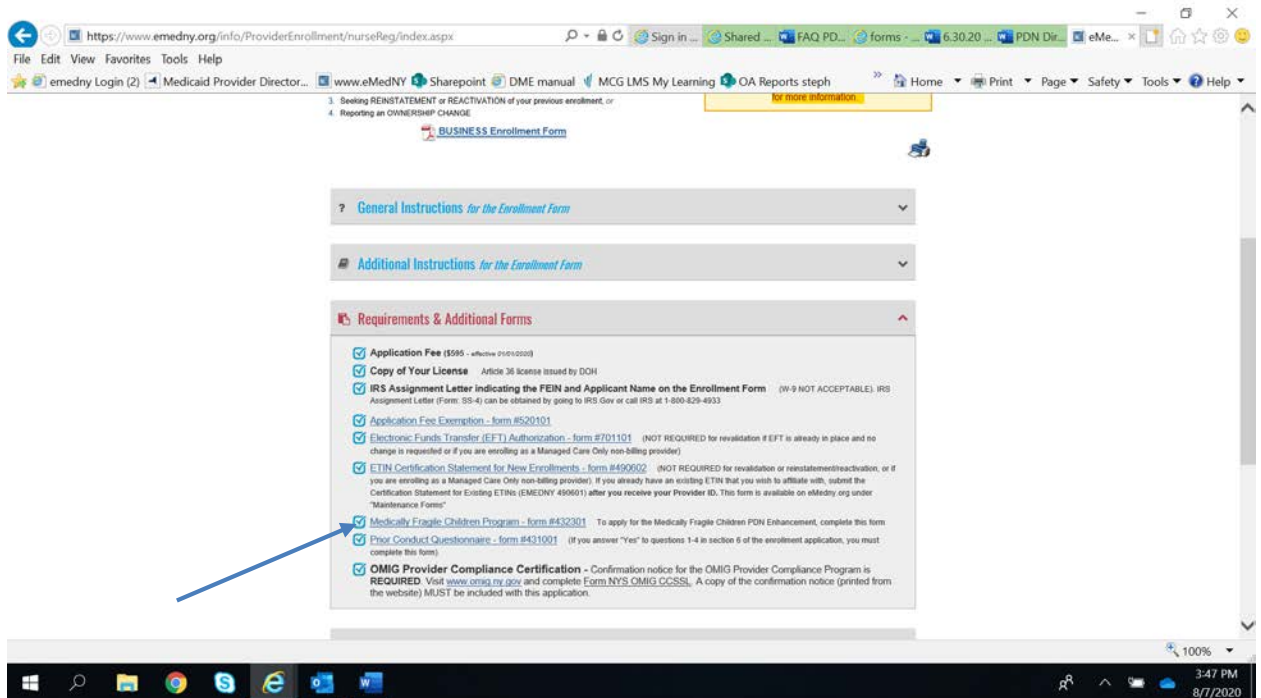
4. For Agency Providers, click into the "Nurse Registry" link



5. Click into the 3<sup>rd</sup> box down “Requirements and Additional Forms”



6. Go to the 7<sup>th</sup> check box down labeled “Medically Fragile Children Program- Form # \_\_\_\_\_. This link will go to the Explanation of the Medically Fragile Children’s Program and the corresponding forms.



7. Explanation of the Private Duty Nursing Program for Medically Fragile Children
8. Explanation of the Private Duty Nursing Medically Fragile Children Training and Experience Enhancement.

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO Governor      HOWARD A. ZUCKER, M.D., J.D. Commissioner      LISA J. PINO, M.A., J.D. Executive Deputy Commissioner

**PRIVATE DUTY NURSING PROGRAM FOR MEDICALLY FRAGILE CHILDREN**

The Medically Fragile Children's Private Duty Nursing Program consists of two components with corresponding financial enhancements for provider participation. The provider can choose to enroll in one or both programs. Re-enrollment into each of these programs will be necessary during a provider's routine Provider Enrollment Revalidation Process, which occurs every five years.

**Private Duty Nursing Medically Fragile Children Training and Experience**

The Medicaid program will reimburse providers of pediatric continuous private duty nursing services an enhanced rate of thirty percent (30%) added-on to the approved standard hourly rate.<sup>1</sup> Both Licensed Home Care Services Agency (LHCSA) and independently enrolled nurse providers are eligible to receive the enhanced rate. LHCSA providers must only use the increased rate amount to recruit and retain qualified registered and licensed practical nurses to service these cases on behalf of their agency.

In order to receive reimbursement for the enhanced rate, nursing providers must certify on the enclosed form that the nurse providing the services is trained and experienced to care for the medically fragile pediatric population in a community setting.<sup>2</sup>

The attached Certification of Nurse Training and Experience form must be completed, executed and submitted to the Medicaid program through eMedNY in order to process the increased rate authorization. Upon approval of this certification, a new Specialty Code, 579 – Medically Fragile Children, will be added to your Medicaid provider enrollment file. Code 579 authorizes reimbursement of continuous nursing services claims for all children under age 21 at the enhanced rate for eligible service dates. Any provider of private duty nursing services who does not submit the attached certification will not be reimbursed at the enhanced rate. To enroll in

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9. Explanation of the Private Duty Nursing (PDN) Medically Fragile Children's (MFC) Provider Directory

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO Governor      HOWARD A. ZUCKER, M.D., J.D. Commissioner      LISA J. PINO, M.A., J.D. Executive Deputy Commissioner

**Private Duty Nursing (PDN) Medically Fragile Children's (MFC) Provider Directory**

The Fee-for-Service Medicaid program will pay providers of private duty nursing services who service Medically Fragile Children, an enhanced fee for enrollment in the MFC PDN Provider Directory. The purpose of the directory is to ensure adequate access to PDN services by promoting the availability and ensuring delivery of PDN Services for medically fragile members.<sup>3</sup> The enhanced fee will be implemented over a period of three years effective October 1, 2020. Licensed Home Care Services Agency (LHCSA) and independently enrolled nurse providers are eligible to receive the increased fee for participation in the Directory. The PDN MFC Provider Directory will be available to the public and will be updated on a weekly basis. The attached form must be accurately completed, signed, and submitted to the Medicaid program through eMedNY in order to process the increased fee authorization.

Approval for participation in the Directory will authorize enhanced reimbursement for continuous nursing services provided to members up to the age of 23. Providers of private duty nursing services who does not submit the attached certification will not be reimbursed at the enhanced fee. Participation in the directory indicates the willingness to accept inquiries for providing care to medically fragile children. These inquiries will be received from family members or representatives, discharge planners and case managers that are managing the member's care. Directory participants are expected to respond to all inquiries received. To enroll in this Program, please complete Section Two of the application.

If you have any questions regarding this notice, please contact the eMedNY Call Center at 1-800-343-9000. Thank you for your continued support of our efforts to ensure delivery of high-quality nursing services for pediatric Medicaid enrollees living in the community.

<sup>1</sup> Section 367-r(1-a) of the New York Social Services Law (SSL) authorizes the Medicaid program to reimburse

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## 10. Complete Section One for the Certification of Training and Experience for Medically Fragile Children. Fill in ALL sections, sign and date form.

eMedNY  
PO Box 4610  
Rensselaer, NY 12144-4610

**SECTION ONE: Certification of Nurse Training and Experience for Medically Fragile Children**

**A LICENSED HOME CARE SERVICE AGENCY (LHCSA) ENROLLING OR REVALIDATING IN NY MEDICAID AS A NURSE REGISTRY:**

Agency's Name: \_\_\_\_\_

Agency's NYS License Number: \_\_\_\_\_

Medicaid Provider Identification Number (if enrolled): \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

I certify on behalf of the LHCSA Medicaid provider, that the Licensed Practical Nurse(s) LPNs, and the Registered Nurse(s) RNs, for which an enhanced Medicaid reimbursement rate is claimed, has satisfactorily completed the training and experience to provide nursing services to medically fragile children. The LHCSA maintains on file, documentation of the LPNs and RNs training and experience in the care of pediatric medically fragile patients.

Agency Representative's Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

## 11. To participate in the PDN Provider Directory, Complete Section 2, sign, date and mail to eMedNY per the instructions.

eMedNY  
PO Box 4610  
Rensselaer, NY 12144-4610

**SECTION TWO: Private Duty Nursing Provider Directory**

**A LICENSED HOME CARE SERVICE AGENCY (LHCSA) ENROLLING OR REVALIDATING IN NY MEDICAID AS A NURSE REGISTRY:**

Agency's Name: \_\_\_\_\_

Agency's NYS License Number: \_\_\_\_\_

Medicaid Provider Identification Number (if enrolled): \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

I agree to participate in the Private Duty Nursing (PDN) Provider Directory for the purpose of promoting the availability and ensuring delivery of fee for service nursing services to medically fragile children and individuals up to the age of 23. This directory is available to the public and will be updated weekly. I acknowledge that the information provided above is accurate and I will immediately notify the NY Medicaid program if there are changes to my address, phone number or email address. Approval for participation in the Directory will authorize enhanced reimbursement of continuous nursing services for members up to the age of 23 receiving continuous nursing services. Participation in the directory indicates the willingness to accept inquiries to provide care to medically fragile children and subject to availability, provide services. These requests will be received from a family member or a representative designated by the family, a discharge planner, and/or case manager. Directory participants are expected to respond to all inquiries.

Agency Representative's Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Agency Representative's Signature (required): \_\_\_\_\_