

Private Duty Nursing (PDN) Service Authorization Request (SAR) Treatment Authorization Help Tool

This document is for provider's reference only

For each SAR, please:

1. Specify the CCS eligible condition for which PDN is being requested.
2. Submit all required documents in **Table 1**.
3. If the patient has private insurance, the documents in **Table 2** must be submitted annually to CCS for financial eligibility review. Providers must ensure that clients submit the additional required documents in **Table 2** to complete the SAR.

Table 1: Submit with all SARs¹

Initial SAR	SAR Reauthorization	Required Documents	Explanation
		Plan of Care (POC)/prescription	Signed by a CCS-paneled MD/NP authorized to care for the CCS-eligible condition for which PDN is medically necessary
		Nursing assessment within 30 days	Signed by PDN RN supervisor
		Documentation of face-to-face encounter Time frame: 30 days prior to 60 days after date on POC	Documentation must include: <ul style="list-style-type: none"> • Last visit date • Supportive clinical documentation for home health services • Signature of CCS-paneled MD/NP authorized to provide care of the CCS-eligible condition for which PDN care is medically necessary
		Individualized Education Plan (IEP)	If applicable and readily available since some IEPs include PDN services at school
		Discharge summary	If applicable, for example if client was hospitalized
		Skilled nursing notes	Notes must document care provided relevant to the CCS-eligible condition, please include: <ul style="list-style-type: none"> • Notes from consecutive days or sampled from sequential days/weeks over a 7-day minimum period of time that are representative of a standard period of home care • Highlight, bookmark, or separate out relevant sections
		RN patient assessment within 60 days	Assessment must include: <ul style="list-style-type: none"> • RN signature (handwritten or electronic) on the last page • Supervisor narrative (e.g., "skilled nurse was observed competently providing services . . .")

¹ <https://www.dhcs.ca.gov/services/ccs/Documents/CCS-InfoNotice-18-03-PND.pdf>

Table 2: Additional Required Documents to complete annual CCS financial eligibility review*

Initial SAR or SAR Reauthorization	Additional Required Documents	Explanation
	Explanation Of Coverage (EOC)	Include section on home health/PDN services
	Explanation Of Benefits (EOB)	This document is provided by the insurance company after adjudicating a PDN request
	Insurance Disclaimer	This document explains whether insurance is an HMO or PPO insurance plan, and should indicate what is/is not covered (hours of coverage, etc.) for PDN services
	Financial verification documents (income), if applicable	Applicable only for families who do not qualify for Medi-Cal Contact CCS Financial Eligibility Unit by calling 800-288-4584 prompts #1, #2, #3

*Private insurance coverage for PDN services must be exhausted for that calendar year *prior* to submitting a SAR

For more information, please contact CCS Financial Eligibility Unit by calling 800-288-4584