



PROVIDER QUICK TIPS

#259

Documentation for Shift Nursing (SN) and Home Health Aide (HHA) Prior Authorization and Program Exception Requests in the Fee-for-Service (FFS) Delivery System

The purpose of this banner page is to inform Medical Assistance Fee-for-Service providers of the recommended documentation needed to support the review of authorization requests for private duty/shift nursing and home health aide (HHA) service hours provided to children under the age of 21.

Prior authorization is required for all private duty/shift nursing and HHA services requested for children under the age of 21. Agencies submitting requests for prior authorization of private duty/shift nursing and HHA service hours should consider the following recommended documentation (when applicable) as a guide to help FFS clinical staff complete reviews faster.

- Signed MA 97 form - this should occur when the recipient is at the doctor's office
Please note: The prescriber that signs and dates the plan of care and the MA 97 form must be the same.
- Letter of medical necessity (not greater than 6 months old)
- Social letter/Social History – including agency contact information
- Pediatric clinical and functional assessment
- Work Letters/Proof of Employment – From Parent's/Caregiver's employer; including work schedule (not greater than 1 year old)
- Medication logs
- School calendar
- Plan of care (485) signed by the prescriber
- Seizure logs if applicable
- 2 weeks of nurse or HHA notes for continuation of care (not greater than 2 months old)

Requests for emergency situations should be submitted to the department for review at the end of the calendar month in which the event occurred or within 30 days from the emergency event, showing proof of medical necessity. Failure to do so may result in services/claims being denied.

Thank you for your service to our Medical Assistance beneficiaries.
We value your participation.
Check the Department's website often at: www.dhs.pa.gov



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New requests can be mailed (regular mail, not certified) or faxed to the following:

Outpatient PA 1150 Waiver Services
PO Box 8188
Harrisburg, PA 17105-8188
717-265-8291 (FAX)

Agencies can submit requests up to 60 days in advance of the current authorization's end date. Any changes to the child's condition or environment should be reported to the Department immediately.