

Parental Real-Time Reporting of Failure to Provide Private Duty Nursing (PDN) Services

This form is to be completed by the Plan Care Coordinator upon notification by a parent or guardian that a provider failed to provide any authorized PDN hours to an enrollee. The completed form must be sent directly to the Care Coordinator's Supervisor in real-time, and a copy must be provided via secure email to the Agency for Health Care Administration at PDFamilies@ahca.myflorida.com and the Court Monitor in Case No.: 12-60460-CV-MIDDLEBROOKS/Hunt at fittonconsult@gmail.com.

ENROLLEE INFORMATION
Enrollee's Full Name (Last, First): _____
Enrollee Medicaid Identification Number: _____ Date of Birth: _____
Parent/Guardian Name (Last, First): _____
Parent/Guardian Telephone Number: _____ County of Residence: _____
CARE COORDINATOR INFORMATION
Care Coordinator Name (Last, First): _____
Care Coordinator Telephone Number: _____
Care Coordinator Supervisor Name (Last, First): _____
Care Coordinator Supervisor Telephone Number: _____
PROVIDER INFORMATION
Provider Name (Home Health Agency, Independent RN, or Independent LPN): _____
Provider Telephone Number: _____
ISSUE
Date(s) and Hour(s) of Missed PDN Services: _____ _____ _____
Reason/Issue Summary: _____ _____ _____ _____ _____ _____
Person Reporting Failure: _____ Relationship to Enrollee: _____
Date Person Reported Failure: _____
Date Care Coordinator Notified: _____

Keep this completed form in the enrollee's record and ensure an accompanying note is made.