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. Within 2 business days of receiving notification from the parent/guardian, the completed form must be sent directly to the Care Coordinator's Supervisor, and a copy must be provided via secure email to the Agency for Health Care Administration at PDNFamilies@ahca.myflorida.com.

Plan Name: ____

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: _________

Enrollee's Current Plan Approved PDN hours: ____________________________________

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Enrollee's Medical Diagnosis(es): ____

Enrollee's Nutritional Status: ____

Enrollee's Functional Status:____

Other Services and Supports Being Provided: ____

Durable Medical Equipment:____

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):

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Provider Telephone Number: ______________________

ISSUE

Date(s) and Hour(s) of Missed PDN Services: ____

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Caregiver able to provide missed service: ☐Yes ☐No

Alternative Services in place: ☐Yes ☐No

Person Reporting Failure: _____________________________ Relationship to Enrollee: ____________

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Date Person Reported Failure: ___________ Source: ☐via email ☐in person ☐phone call

Date Care Coordinator Notified: __________________________

Reason/Issue Summary:

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