



**AUTHORIZATION FOR PRIVATE DUTY NURSING  
PROVIDED BY A PARENT OR LEGAL GUARDIAN**

*Applies to Medicaid, Child Welfare, and LTC*

Home Health Agency Name \_\_\_\_\_ Date of Request \_\_\_\_\_  
Medicaid Provider Number \_\_\_\_\_ Phone Number \_\_\_\_\_ County \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**This is to certify that**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child's Medicaid Number \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

has been evaluated and approved to receive private duty nursing services in the child's place of residence as outlined in the Florida Medicaid Home Health Services Coverage and Limitations Handbook. The private duty nursing services will be provided by a parent or legal guardian who meets the following criteria:

- 1. Has a valid and unencumbered license as a Registered Nurse (RN) or Licensed Practical Nurse (LPN) in the State of Florida; and
- 2. Employed by a Medicaid enrolled home health agency

Parent or Legal Guardian Name \_\_\_\_\_  
Florida License Number (RN or LPN) \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Phone Number \_\_\_\_\_

I certify that an initial assessment, all subsequent plan of care assessments and the nursing supervisory oversight of care for this child will be completed by a Registered Nurse that is a non-relative registered nurse while the parent or legal guardian is authorized to provide private duty nursing services. I understand that Medicaid will only reimburse a home health agency up to 40 hours per week of private duty nursing services provided by a parent or legal guardian. A non-relative RN or LPN employed by the home health agency must provide all other authorized private duty nursing hours above the 40 hour a week limit.

\_\_\_\_\_  
Home Health Agency Authorized Representative Date

\_\_\_\_\_  
Parent or Legal Guardian Date

\_\_\_\_\_  
Approval by Sunshine Health Representative Date

Submit the form for approval with the request for authorization of services via the secure online portal located at [www.sunshinehealth.com](http://www.sunshinehealth.com) or FAX to Sunshine Health Utilization Management Department **Medical Prior Authorization at 866-534-5978.**

**This signed form will be faxed back to the serving provider and will also be attached to the prior authorization request for services in the member record.**