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Governor

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Commissioner



Maine Department of Health and Human Services  
MaineCare Services  
Authorization Review  
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## Request for Approval for Special Circumstances Nursing, Under Age 21 Years

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

MaineCare ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relative's Name: \_\_\_\_\_ Licensure: [ ] RN [ ] LPN [ ] Other

In accordance with MaineCare Benefits Manual Chapter 11, Section 96.04-1. F “Special circumstances nursing” allows a relative, including a spouse or the parent of a minor child, to be paid to provide nursing services to the Member under this section. To qualify for this coverage, the Member’s relative must meet the requirements in (1) and (2) below.

1. The relative must: (all the following are required)	Yes	No
a. meet all licensing, training, reporting and other requirements otherwise specified in the Section: and		
b. be employed by a licensed home health agency; and		
c. abide by the requirement that an independent nurse or physician must conduct any required assessments and/or develop the plan of care; and		
d. implement the Member’s authorized plan of care; and		
e. if applicable, expect to continue non-reimbursed family caregiver responsibilities; and		
f. pass a criminal background check. The family nurse provider must not have any criminal convictions, except for Class D and Class E convictions over ten (10) years old that did not involve as a victim of the act a patient, client, or resident of a health care entity; or any specific documented findings by the State Survey Agency of abuse, neglect, or misappropriation of property of a resident, client, or patient.		
2. The relative must: (one of the following is required)		
a. have resigned from full-time or part-time employment specifically to provide PDN services to the member; or		
b. have changed from full-time employment to part-time employment resulting in less compensation in order to provide PDN services to the Member; or		
c. have taken a leave of absence without pay from employment to provide PDN services to the Member; or		
d. have incurred substantial expenses by providing PDN services to the Member; or		
e. be needed to provide an adequate number of qualified nurses to meet the Member’s plan of care because of labor conditions or intermittent hours of care.		

Please send request for Members under the age of 21 through the MIHMS portal or fax to 1-866-598-3963. Requests are reviewed and approved by Health Care Management, part of the Office of MaineCare Services.

Approval for Special Circumstances Nursing for the above-named member is contingent upon receipt of the following information:

- Member's Plan of Care
- Confirmation of licensure by the Maine State Board of Nursing
- Criminal background check
- Evidence that applicant is employed by a licensed home health agency and that agency training has been completed
- Evidence to support Requirement #2, such as a signed statement from the applicant

Licensed Home Health Agency: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Agency phone number: \_\_\_\_\_ Date: \_\_\_\_\_

Approval by Office of MaineCare Services:             Yes    No, reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_