



**NORTH DAKOTA MEDICAID PRIVATE DUTY NURSING
PARENT/GUARDIAN ATTESTATION**
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 197 (1-2025)

This form is to document the time that a parent/guardian is unavailable to provide family care services for a member needing Private Duty Nursing Services (PDN).

North Dakota Medicaid authorizes hours for Private Duty Nursing (PDN) for the following circumstances:

- Hours determined medical necessary.
- Hours that parent/guardian(s) work and travel to work.
- Hours that parent/guardian(s) attend school and travel to school.
- Additional hours for sleep may be allocated for up to 8 hours per 24-hour period when the child/ward's condition and care plan requires intensive nursing interventions and monitoring.

Parent/Guardian(s) is responsible for notifying the PDN agency of their work/school schedule. The PDN agency must document and provide this information in the Plan of Care and Service Authorization request in addition to the parent/guardian attestation form. Parent/Guardian(s) and the PDN facility are responsible for using these hours in accordance with the ND Medicaid policy.

Hours considered not medically necessary:

- Respite.
- Hours while child/ward is at school or in other supervised settings.

Total authorized hours for PDN may be used by family to meet the family's needs, but must not exceed the amount of PDN hours authorized.

I understand my responsibility to notify my PDN agency about changes to my work or school schedule or the care needs of my child/ward.

I understand that using PDN hours authorized by North Dakota Medicaid for non-approved use may be considered abuse of the program and may not be covered by North Dakota Medicaid. If services are not covered under North Dakota Medicaid, I will be responsible for paying the bill.

Member Receiving PDN Service	ND Medicaid ID Number
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Parent/Guardian Name	Parent/Guardian Signature	Date
Parent/Guardian Name	Parent/Guardian Signature	Date

This form is to be submitted with each Private Duty Nursing Service Authorization Request or Reauthorization Request.