



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 12 No. 101

November 2002

**TO:** Providers of Early and Periodic Screening, Diagnosis and Treatment/Private Duty Nursing (EPSDT/PDN) Services - **For Action**  
Health Maintenance Organizations - **For Information Only**

**SUBJECT:** Documentation Requirements for EPSDT/PDN Services

**EFFECTIVE:** EPSDT/PDN services requested on or after December 1, 2002

**PURPOSE:** To notify providers of EPSDT/PDN Services of documentation requirements for continuing prior authorized EPSDT/PDN services.

**BACKGROUND:** In accordance with the New Jersey Administrative Code (N.J.A.C.) 10:60-5.6(b), EPSDT/PDN providers are required to submit to the Division of Medical Assistance and Health Services (DMAHS), every two (2) months, comprehensive clinical summaries reflecting beneficiaries' medical status and need for ongoing services. Division staff shall review the submitted clinical data and may conduct on-site home visits before re-authorizing PDN services.

**ACTION:** EPSDT/PDN providers shall submit to DMAHS comprehensive clinical summaries for those beneficiaries receiving EPSDT/PDN services on or after December 1, 2002. Initial summaries for these beneficiaries shall be submitted to DMAHS by **no later than December 15, 2002**. Subsequent clinical summaries shall be submitted to DMAHS **every two (2) months thereafter**.

Summaries shall contain specific documentation pertaining to the severity of illness and intensity of ongoing services provided. Summaries shall include the following medical record information:

- Detailed written documentation, including any changes in clinical status;
- Specific procedures and interventions required, including frequency, dates and times;
- Hospitalization, if any, with a copy of hospital discharge summary;
- Clinical outcomes at end of two (2) month reporting period;
- Names and telephone numbers of all beneficiary's health care providers specialists; and

- Parent/legal guardian's authorization for disclosure and furnishing medical and other health related information from beneficiary's health care providers to DMAHS.

Please submit the clinical summaries to:

New Jersey Department of Human Services  
Division of Medical Assistance and Health Services  
Office of Utilization Management  
Mail Code 17  
P.O. Box 712  
Trenton, New Jersey 08625-0712

If you have any questions regarding this Newsletter, please contact the DMAHS Child Health Unit at (609) 588-2718.

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