471-000-97 Instructions for Completing Form HHS-100. "Private-Duty Nursing Notes"

Use: Form HHS-100 may be used by Private-Duty RN/LPN providers to document services provided to a Medicaid client at the time of each visit. If this form is not used, any other form may be used that contains all data elements contained on Form HHS-100:

- Time visit began and time visit completed
- Date of visit
- Client's name and Medicaid number
- Provider's name and Provider number
- Description of skilled nursing services provided
- Description of client assessment/teaching/client response to the skilled services
- Indication whether physician was contacted, and if so, describe the outcome
- Provider's signature

Number Prepared: Form HHS-100 is prepared by the provider and retained in the client's record by the provider.

Completion: Form HHS-100 is completed by the Private-Duty RN/LPN provider at the time of each skilled nursing visit to a Medicaid client for which the provider intends to bill Medicaid.

Enter the date of the visit.
Enter the time visit began and again at the time that the visit ends.
Enter the client's name and Medicaid number.
Enter the provider's name and Medicaid provider number.
Enter a complete description of the skilled nursing service provided to the client in column 1.
Enter a complete description of the client assessment/teaching provided/client response, etc.
Indicate whether the client's physician was notified. If so, indicate the nature and outcome of the contact.
Provider must sign the form.

Retention: Form HHS-100 must be retained for 6 years for audit purposes.

To view printable form click here: Private Duty Nursing Notes

Private-Duty Nursing Notes

Time in	Time out
A.M. P.M.	A.M. P.M.

Date: _____

Client Name: _____ Client #: _____

Provider's Name: _____ Provider #: _____

Medication given / Treatments / Care Provided	Assessment / Teaching / Client Response

MD Notification: ❑ NO ❑ YES

Next Planned Visit Date: _____

Nurse Signature: _____

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(Previous version 8/01 should NOT be used)