

Vermont Medicaid Policy for Parents and Guardians as Providers of Nursing Services

Coverage Policy

- (1) Reimbursement for specialized nursing services may be provided to eligible Medicaid beneficiaries by their parent or legal guardian under the following conditions:
 - (a) The parent or legal guardian:
 - (i) Is a Registered Nurse licensed to work in Vermont.
 - (ii) Is directly enrolled with Vermont Medicaid and adheres to all provider enrollment requirements.
 - (b) The beneficiary is eligible for nursing services under Vermont Medicaid according to Rule 7412, High Tech Nursing Services.
 - (c) Nursing services provided by a parent or legal guardian may not exceed 12 hours per day, up to a maximum of 40 hours per week. Any authorized hours beyond 40 hours per week may be provided through a home health agency or another nurse enrolled with Vermont Medicaid.
 - (d) Families, parents, and legal guardians must adhere to the Medicaid requirements for family-managed nursing services.

Oversight

- (1) A Registered Nurse from the State will routinely visit the home and conduct case reviews in order to ensure appropriate delivery of services.
- (2) Nurses must maintain clinical documentation of services provided in accordance with the family-managed program manual.

Limitations

- (1) Reimbursement will not be made for any services that parents or legal guardians are legally obligated to provide. Nothing in this policy exempts the parent or legal guardian from their responsibilities as a primary caregiver.
- (2) Services are limited to nursing care, as authorized by Vermont Medicaid.
- (3) Nursing services provided by a parent or legal guardian may not be provided in place of services covered by liable third-party insurers, including Medicare.
- (4) A parent or legal guardian may not provide services if:
 - (a) It has been determined by the physician or Medicaid that the nursing services provided by the parent or legal guardian is unsafe, or
 - (b) The parent or legal guardian does not deliver medically necessary services in accordance with the needs assessment conducted by the Medicaid-authorized clinical provider.

