

High-Tech Nursing Program - Agreement for Care

About the Program. The Medicaid High-Tech Nursing (HTN) program helps patients whose health needs go beyond the care that can be given through regular home health nursing visits. This type of care helps family members or other caregivers care for their loved one on their own. HTN is not intended to replace care given by family members or others in the home. Medicaid is a voluntary program. This means that when the patient signed up for Medicaid, the patient or family member agreed to be a part of Medicaid and follow Medicaid's rules.

By signing this form you, the qualified caregivers, agree:

1. That the goal of HTN is to help you, family members or other caregivers, get ready to care for the patient on your own or to move him or her to another type of care to match the patient's needs.
2. That the number of HTN hours will be reduced to match the patient's medical needs over time.
3. That it is the school system's responsibility to provide nursing support during the day (if applicable), and that this has already been established.
4. That HTN does not replace the care given by family or other caregivers in the home.
5. To work with the nursing staff to learn how to care for the patient on your own.
6. That the following services are NOT COVERED by HTN:
 - a. Services that can be provided in a safe, complete and effective manner by home health.
 - b. Services for the convenience of the patient, family or caregiver, such as the services of a sitter or driver.
 - c. Custodial, sitter or unskilled respite services of any kind.
 - d. Services when the patient is in the hospital or a nursing home
 - e. Services at any time the patient does not qualify for Medicaid or for private duty nursing
 - f. Services for behavioral or eating disorders, for observation or for monitoring medical conditions which do not require skilled nursing care.

I have been given a copy of the rules for HTN and I have had the chance to ask questions about anything on this form and about private duty nursing under Medicaid. By signing this form, I state that I understand all of the rules for High-Tech nursing and agree to follow them in order for the patient to get this care.

Signed:

Client/Patient (if applicable) _____ Date _____

Qualified primary Caregiver _____ Date _____

Qualified Secondary Caregiver _____ Date _____

Home Health Agency Case Manager _____ Date _____

Physician _____ Date _____