

**DATE:** June 1, 2026

ALL PLAN LETTER 26-009

SUPERSEDES ALL PLAN LETTER 20-012

**TO:** ALL MEDI-CAL MANAGED CARE PLANS

**SUBJECT:** PRIVATE DUTY NURSING CASE MANAGEMENT RESPONSIBILITIES FOR  
MEDI-CAL ELIGIBLE MEMBERS UNDER THE AGE OF 21

**PURPOSE:**

The purpose of this All Plan Letter (APL) is to clarify Medi-Cal managed care plan (MCP) obligations to provide case management services to Members under the age of 21 for whom Private Duty Nursing (PDN) services have been authorized pursuant to the federally mandated Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) available under Medi-Cal.

**BACKGROUND:**

EPSDT benefits are Medically Necessary comprehensive and preventive health care services provided to Members less than 21 years of age in accordance with requirements set forth in 42 United States Code (USC) sections 1396a(a)(43) and 1396d(a)(4)(B) and (r), 42 Code of Federal Regulations (CFR) section 441.50 et seq., and as required by Welfare & Institutions (W&I) sections 14059.5(b) and 14132(v).<sup>1,2,3,4,5</sup> Such services may also be Medically Necessary to correct or ameliorate defects and physical

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<sup>1</sup> 42 USC, section 1396a is available at:

[https://uscode.house.gov/view.xhtml?req=\(title:42%20section:1396a%20edition:prelim](https://uscode.house.gov/view.xhtml?req=(title:42%20section:1396a%20edition:prelim)

<sup>2</sup> 42 USC, section 1396d is available at:

[https://uscode.house.gov/view.xhtml?req=\(title:42%20section:1396d%20edition:prelim](https://uscode.house.gov/view.xhtml?req=(title:42%20section:1396d%20edition:prelim)

<sup>3</sup> 42 CFR section 441.50 is available at: <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441#441.50>

<sup>4</sup> W&I section 14059.5 is available at:

[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?lawCode=WIC&sectionNum=14059.5](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=14059.5).

<sup>5</sup> W&I section 14132(v) is available at:

[https://leginfo.legislature.ca.gov/faces/codes\\_displaySection.xhtml?sectionNum=14132.&lawCode=WIC](https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=14132.&lawCode=WIC)



or Behavioral Health conditions. Under the EPSDT benefit, states are required to provide any Medicaid-covered service listed within the categories of mandatory and optional services, regardless of whether such services are covered under California's Medicaid State Plan, to Members who are eligible for EPSDT services when the services are determined to be Medically Necessary to correct or ameliorate defects and physical and mental illnesses or conditions.

MCPs are contractually required to provide and cover all Medically Necessary Medi-Cal covered services, unless those services are not included as a covered benefit under the MCP Contract with the Department of Health Care Services (DHCS). Even for those carved-out, Medi-Cal covered services, MCPs must provide case management to ensure the provision of Medically Necessary services, whether those services are delivered within or outside of the MCP's Provider Network. Members may decline case management services without impact to their authorized PDN services. Comprehensive case and care management for Medically Necessary services, including Targeted Case Management, Enhanced Care Management and Complex Care Management, is described in the MCP Contract.<sup>6</sup> Further, the MCP Contract sets forth requirements for services for Children with Special Health Care Needs, which include case management and coordination of care.<sup>7</sup>

For some Members under age 21, PDN services may be Medically Necessary. PDN services are nursing services provided to a Member by a registered nurse (RN) or licensed vocational nurse (LVN) acting within their scope of licensing authority, under the direction of the Member's physician or nurse practitioner.<sup>8</sup> For Members enrolled in the California Children's Services (CCS) Program, services would be provided under the direction of the Member's CCS paneled physician, CCS paneled nurse practitioner, or CCS paneled physician assistant with a co-signature of a CCS paneled physician. These services are for Members who require more individual and continuous care than what would be available from a visiting nurse.<sup>9</sup> RNs and LVNs providing PDN services to MCP Members must either be Medi-Cal enrolled as an Individual Nurse Provider (INP) who offer PDN services independently, or they may offer services through a Medi-Cal

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<sup>6</sup> 2024 MCP Contract, Exhibit A, Attachment III, Subsection 4.3.7 and Section 4.3.11 (Care Management Programs and Targeted Case Management Services). The MCP Contract is available at: <https://www.dhcs.ca.gov/provgovpart/Pages/MMCDBoilerplateContracts.aspx>.

<sup>7</sup> 2024 MCP Contract, Exhibit A, Attachment III, Subsection 4.3.9 (Other Population Health Requirements for Children).

<sup>8</sup> See Health and Safety Code section 1743.2.

<sup>9</sup> See 42 CFR section 440.80. The CFR is searchable at: <https://www.ecfr.gov/>.

enrolled home health agency (HHA).<sup>10</sup> An HHA is a state-licensed public or private organization that provides in-home skilled nursing services.<sup>11</sup>

**POLICY:**

MCPs must cover case management to assist Members less than 21 years of age in gaining access to all Medical Necessary medical, Behavioral Health, dental, social, educational, and other services, as defined in 42 USC sections 1396d(a), 1396d(r), and 1396n(g)(2), and W&I section 14059.5(b), and the MCP Contract.<sup>12</sup> This requirement pertains to Members under the age of 21 who have had PDN services authorized by a program outside of the MCP as outlined below. MCPs must cover case management, and must also arrange for the provision of all authorized PDN services, whether or not the MCP is financially responsible for the PDN services.<sup>13</sup>

In specific cases, a Member may be authorized to receive PDN services through a program outside of Medi-Cal managed care, such as CCS. MCPs not participating in the Whole Child Model (WCM) Program must authorize and provide Medically Necessary PDN services when:

- A Member's CCS Program eligibility is pending confirmation;
- A Member with an established CCS- Eligible Condition has only received authorization for a portion of the PDN hours from CCS; in such cases, MCPs must authorize the remaining hours if they are Medically Necessary to correct or ameliorate the Member's condition. MCPs can view the status of service authorization requests through the CMS Net Provider Electronic Data Interchange (PEDI). If CCS denies all or part PDN hours, the notice of action (NOA) informs the Provider and family to resubmit the request to the Member's MCP and include the NOA with their request;
- A Member is not enrolled in CCS, making the MCP responsible for providing all Medically Necessary Covered Services; or

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<sup>10</sup> For more information about Provider enrollment, see APL 22-013, "Provider Credentialing / Recredentialing and Screening / Enrollment," or any superseding APL. APLs are available at: <https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>.

<sup>11</sup> See Health and Safety Code section 1727.

<sup>12</sup> 2024 MCP Contract, Exhibit A, Attachment III, Subsection 5.3.4 (Services for Members Less Than 21 Years of Age).

<sup>13</sup> Acceptance of available PDN services is at the Member's discretion. Members are not required to use all authorized PDN service hours.

- CCS denies authorization for a Medically Necessary service unrelated to the CCS-Eligible Condition, such as PDN that is Medically Necessary under EPSDT to correct or ameliorate the Member's condition.

For MCPs participating in the WCM Program, PDN services for CCS-Eligible Conditions are carved into the MCP Contract, thus the MCP must authorize Medically Necessary PDN services for both CCS-Eligible Conditions and under EPSDT.

#### PDN Case Management Responsibilities

Regardless of who authorizes PDN services for a Member under the age of 21, the MCP remains primarily responsible for providing case management to arrange for all authorized PDN service hours. MCPs must use one or more Medi-Cal enrolled HHAs or INPs, or any combination thereof, to meet the Member's authorized PDN service needs.

When an eligible Member under the age of 21 is authorized for PDN services, the MCP obligations include, but are not limited to:

- Providing the Member with information about the number of PDN hours the Member is authorized to receive;
- Contacting enrolled HHAs and enrolled INPs to seek authorized PDN services on behalf of the Member;
- Identifying potentially eligible HHAs and INPs and assisting them with navigating the process of enrolling to become a Medi-Cal Provider; and
- Working with enrolled HHAs and enrolled INPs to jointly provide PDN services to the Member.

Members or their authorized representatives may choose not to use all authorized PDN service hours, and MCPs are permitted to respect the Member's choice. MCPs must document in the Member's records instances when a Member chooses not to use authorized PDN services. When arranging for the Member to receive authorized PDN services, MCPs must document all efforts to locate and collaborate with Providers of PDN services and with other entities, such as CCS and other health coverage.

#### CCS Liaison

The CCS Liaison is the primary point of contact for the coordination of services between the MCP and county CCS Program. The CCS Liaison ensures the appropriate communication and Care Coordination are ongoing between the MCP and County CCS Program, facilitates quarterly meetings, and provides updates to the County CCS

Program as appropriate.<sup>14,15</sup> MCPs must ensure the designated CCS Liaison is familiar with policy outlined in this APL.

### Monitoring & Oversight

DHCS will audit MCP compliance with the PDN services case management policy outlined in this APL and the case management requirements set forth in the MCP's Contract with DHCS. If the MCP fails to comply with the requirements of this APL or the case management requirements in the MCP's Contract, DHCS may require a corrective action plan (CAP) and/or assess monetary penalties as provided for in the MCP Contract and any applicable state or federal statutes and regulations.<sup>16</sup>

MCPs must review their contractually required policies and procedures (P&Ps) to determine if amendments are needed to comply with this APL. If the requirements contained in this APL, including any updates or revisions to this APL, necessitate a change in an MCP's contractually required P&Ps, the MCP must submit its updated P&Ps to the Managed Care Operations Division (MCP Submission Portal)<sup>17</sup> within 90 calendar days of the release of this APL. If an MCP determines that no changes to its P&Ps are necessary, the MCP must attach an attestation to the Portal within 90 calendar days of the release of this APL, stating that the MCP's P&Ps have been reviewed and no changes are necessary. The attestation must include the title of this APL as well as the applicable APL release date in the subject line.

MCPs are responsible for ensuring that their Subcontractors, Downstream Subcontractors, and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters. These requirements must be communicated by each MCP to all Subcontractors, Downstream Subcontractors, and Network Providers. DHCS may impose enforcement actions, including CAPs, as well as administrative and/or monetary sanctions for non-compliance. MCPs should review their Network Provider Subcontractor Agreements, and/or Downstream Subcontractor Agreements, to ensure compliance with this APL. For additional information regarding enforcement actions, see

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<sup>14</sup> More information on the CCS Program can be found at:

<https://www.dhcs.ca.gov/services/ccs/Pages/ProgramOverview.aspx>

<sup>15</sup> CCS Program publications can be found at:

<https://www.dhcs.ca.gov/formsandpubs/publications/Pages/CCSPubs.aspx>

<sup>16</sup> For more information on corrective action, see APL 25-007, "Enforcement Actions: Corrective Action Plans, Administrative and Monetary Sanctions or any superseding APL.

<sup>17</sup> The MCP Submission Portal can be found at:

<https://cadhcs.sharepoint.com/sites/MCOD-MCPSubmissionPortal/SitePages/Home.aspx>.

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APL 25-007, and any subsequent iterations on this topic. Any failure to meet the requirements of this APL may result in enforcement actions.

If you have any questions regarding this APL, please contact your MCO Contract Manager.

Sincerely,

Original Signed by Dennis Hsieh

Dennis Hsieh

Chief, Managed Care Quality and Monitoring Division