Q: PDN PA's and certification period extensions

A: Prior to the transition to PDN, CAP/C beneficiaries were assigned a Continued Need Review (CNR) date. CAP/C beneficiaries who have transitioned to PDN will have their recertification dates extended. ***This extension will have an end date one day prior to the beneficiary's birthdate.*** Please see examples below for details.

- *March – September birthdays*:
  o These birthdates will have extensions ending in 2018, one day prior to the beneficiary's birthdate.
  o *Example***:** Birthdate is 4/17/12. Recertification date extended until 4/16/18.

- *October – December birthdays*:
  o These birthdates will have extensions ending in 2017, one day prior to the beneficiary's birthdate.
  o *Example*: Birthdate is 11/10/10. Recertification date extended until 11/9/17.

- *January – February birthdays*:
  o These birthdates will have extensions ending in 2018, one day prior to the beneficiary's birthdate.
  o Example: Birthdate is 1/21/14. Recertification date extended until 1/20/18.

- ***Please upload and attach the following document to the PA that has been extended in NCTracks. This is required every 60 days, and should include the following documents:***
  o Home Health Certification and Plan of Care Form CMS-485

  NOTE: A provider entered PA has been requested to be entered after the initial PA for the following reasons: 1.) Several providers are having issues uploading documents to the DMA-created PA. 2.) We need to confirm NPI numbers and assigned hours/week. Please be sure to create a new PA with a 485 attached for the April/May certification period.

Q: What are the documents needed for an initial PDN service review?

A: Although many details are entered on the CSRA page in NCTracks, the following documents are required before a complete review of a PA can be completed:

- PDN Prior Approval Referral Form DMA-3061
- NC DMA Physician's Request Form DMA-3075 OR a physician signed letter of medical necessity
- Home Health Certification and Plan of Care Form CMS-485
- Verification of Employment Form/Employment Attestation Form (if applicable)
- Any supporting clinical documentation such as H&P, hospital/nursing notes, etc.

Q: What documents are needed for PDN reauthorization for CAP/C to PDN transition beneficiaries?

A: Every 60 days, until the day before the beneficiary's date of birth, the following documents shall be uploaded to the existing PA:

- Home Health Certification and Plan of Care Form CMS-485

Q: How do I submit an attachment for my PA?

A: *To upload in NCTracks*: Complete a PA search using your PA confirmation number. On the Attachment tab, click Upload and select the document type. You may upload up to 9 file attachments, or a file size up to 25MB. It is preferred all the documents are uploaded as one attachment. Please do not create a new PA to upload additional documents for a specific certification period. One PA should be created per certification period.

Q: What does my prior approval status mean?

A: Please see the table below:

Prior Approval Status

A - Approved	This indicates that your PA request has been approved. A letter was sent regarding this approval.
D - Denied	This status indicates that your PA has been denied. A letter was sent with the reason for denial and appeal rights for the recipients.
P - Pending	This status indicates your PA has been reviewed by DMA, but additional information/documentation is needed.
S - Suspended	This status indicates that your PA is new and being reviewed by a clinical specialist for a decision.
T - Terminated	This status indicates that your PA request was approved at one point. However, additional information was received that resulted in the termination of the PA with new effective and end dates.
V - Void	Void means that the request is either a duplicate of an existing request, the provider or recipient details on the request were incomplete, or the submitted procedure code is not on file. *Please review all your PA's to see if you have an approved PA to replace a voided PA. This may occur if a duplicate PA was completed.

Q: If I upload a new referral or change of service request, should I notify the PDN office?

A: Yes. All new referrals and change of service requests should be uploaded to NCTracks. PDN staff cannot differentiate these submissions from reauthorizations in the que.

Q: Should case managers upload changes in beneficiary status into NCTracks?

A: No – case managers should not enter/upload any PDN information into NCTracks.

Please direct any change requests to the providing PDN agency. The providing agency is responsible for uploading change requests into NCTracks.

Q: Will hospitals have the capability to submit a PA prior to discharge to a providing agency?

A: No. The providing agency will submit the PA to NCTracks.

Q: Why am I having payment issues with CAP/C to PDN transition beneficiaries?

A: To submit claims for PDN, providing agencies must have a current PA approved and active in NCTracks.

Q: When did the reimbursement rate of $9.90 begin for CAP/C beneficiaries?

A: The reimbursement rate of $9.90 became effective with PA certification dates of 2/17/2017 – 2/28/2017. To locate your initial PDN start date, log in to NCTracks and complete a PA search using the beneficiary's name or Medicaid ID number.

Q: How will PDN handle skilled nursing coverage for school breaks/illness?

A: If any nursing hours are approved for school coverage, these hours are reported to DMA, but are kept separate from the allotted PDN home hours. The funding of nursing services in schools is the responsibility of state and local education agencies.

If a beneficiary does not attend school for any reason, the hours that would have been rendered at the school may be provided at the home. To be reimbursed for these hours, the PDN service agency shall notify DMA of the temporary modification of the beneficiary's schedule and submit the following:

- Notification explaining the absence that has been signed and dated by the beneficiary's caregiver OR
- School calendar or official notice for any school-related holidays/closures.

Q: How will PDN handle congregate care?

A: Congregate care services are available through PDN. System changes are currently being implemented to align the billing codes and modifiers within NCTracks.

Q: How is respite care handled in PDN?

A: Respite care remains a CAP/C waiver service. Please contact your CAP/C case manager for any questions concerning respite care.

Q: Can a PDN providing agency provide care or increase hours before receiving authorization from DMA?

A: No. A PDN authorization must be approved prior to initiating care or increasing hours. Emergency changes are approved on a case by case basis.

Note: If emergency nursing services are initiated outside of normal business hours, this must be reported to DMA the next business day. A written request must provide specific information regarding the change in the beneficiary's or primary caregiver's medical condition, and a documented verbal order must be included. A physician signed order must be provided to DMA within 15 business days of the initiation of emergency nursing services.

Q: Does PDN allow multiple providing agencies to treat a beneficiary?

A: Yes. This is known as a split case. The approved PDN hours are divided among the multiple providing agencies. Each agency shall enter a PA into NCTracks, and upload and attach the following documents:

- PDN Prior Approval Referral Form DMA-3061
- NC DMA Physician's Request Form DMA-3075 OR a physician signed letter of medical necessity
- Home Health Certification and Plan of Care Form CMS-485

Q: How is Short Term Intensive (STI) handled with PDN? Is there a maximum length of time?

A: A short-term increase in PDN services is limited to a maximum of 4 calendar weeks. The number of hours and duration of the short-term increase are based on medical necessity and the approval of DMA. A doctor's note and supporting clinical documentation must be submitted to DMA for consideration.

Note: Short-term increases may also be approved due to family emergencies, primary caregiver medical issues, and/or need for additional support/training for the back-up caregiver.

Q: How does a primary caretaker transfer care to another PDN service provider?

A: Once the caretaker chooses a new PDN service provider, that provider will facilitate the change by coordinating the transfer of care with the beneficiary's attending physician, the current PDN service provider, and any others involved with the beneficiary's care.

In NCTracks, the current PDN service provider must upload the following documents to the beneficiary's current PA:

- Signed and dated statement indicating the last date of service and
- Physician's order of termination

Once reviewed by PDN, the PA for the former service provider will be end dated. A new PA must be submitted by the new PDN service provider.

Q: Can portions of an hour be authorized for PDN (for example, 20.5 hours)?

A: No. Portions of an hour will be rounded up to the next whole hour (for example, 20.5 hours would become 21 hours).

Q: What will happen to CAP/C beneficiaries who will be turning 21 years old?

A: Beneficiaries who will be turning 21 years old will be evaluated for PDN services based on the 3G-1 Private Duty Nursing for Beneficiaries Age 21 and Older policy.

Q: Does EPSDT apply to the cap on hours?

A: EPSDT applies to all services and change requests for beneficiaries under the age of 21.

Q: What is the deadline for accreditation for unaccredited home health agencies?

A: All agencies must have received accreditation by February 2018.

Q: What is the service week for PDN?

A: The service week begins at 12:01 AM Sunday and ends at 12:00 AM Saturday.