



NC Department of Health and Human Services
Private Duty Nursing (PDN)
Quarterly Stakeholder Session

Long-Term Services and Supports

December 13, 2019

Agenda

- **Welcome and Introductions**
- **Managed Care Update**
- **Quality Initiatives**
- **PDN and CAP/C Respite**
- **Proposed PDN Policy Revisions**
- **Timeline**
- **Q & A**



Managed Care Update

Managed Care Update

- **General Assembly adjourned without providing required new spending and program authority for transition to managed care**
- **Managed care implementation and open enrollment suspended**
- **NC Medicaid is continuing to operate under current fee-for-service model (Medicaid Direct)**

Quality Improvement Initiatives

- **CMS-485 audit**
- **Third party insurance**
- **Requests for
Additional Information**

CMS-485 Audit

- **PDN Clinical Coverage policies 3G-1 and 3G-2 require that CMS-485s be uploaded to NCTracks every 60 days**
- **Audit initiated for claims submitted Nov. 1, 2017 – April 30, 2019**
- **Results**
 - **Documentation reviewed for 191 PDN cases**
 - **All required CMS-485s were noted in 70% of cases**



Third Party Insurance

- **Medicaid is the payer of last resort**
- **Private health insurance coverage for nursing services or denial documentation for the prior approval period must be submitted to Medicaid**
- **Monitoring for compliance with this requirement has been initiated**



Requests for Additional Information

- Issued by PDN Consultant when documents required by policy are missing or incomplete
- Information due within 10 business days from date of letter
- Reminder call or email made at 5 business days



Requests for Additional Information (cont'd)

- **If information not received by business day 10, PDN services will only be authorized for 30 days – final chance for agency to correct deficiency**
- **Formal notification of agency non-compliance with PDN policy and referral to OCPI**
- **In-person meeting required for recurrent non-compliance**



PDN and CAP/C Respite

- Respite intended to provide temporary support to primary unpaid caregiver(s) while ensuring beneficiary's needs are still met
- Caregiver determines need for respite
- Not used to supplement weekly authorized PDN hours
- Submit prior approval request to PDN if additional hours needed (emergency, short-term intensive, ongoing)
- Coordinate with CAP/C case manager



Proposed PDN Clinical Coverage Policy 3G-1 and 3G-2 Revisions


Proposed PDN 3G-1 and 3G-2 Policy Revisions

- **Reauthorization process timeline**
- **Short-Term Increase**
- **Emergency Change timeline**
- **Change in Service Providers**
- **Missed Shift Hours**
- **Provider to Beneficiary Relationship**
- **Therapeutic Leave**

Reauthorization Process Timeline

Prior approval timeline for reauthorization requests adjusted to offer a more utilized timeframe and still allow for due process

Proposed PDN 3G-1 and 3G-2 Policy Revisions



- **Current reauthorization timeline**

“at least 30 calendar days”

- **Proposed reauthorization timeline**

“at least 15 business days”

Note: This change would make it consistent with a more utilized timeframe for preparation of required documentation and due process.

Short-Term Increase in PDN Services

Covered when one of the following is met:

- **Caregiver training needed on new technology**
- **Acute, temporary change in condition**
- **Family emergency, additional support needed**
- **Beneficiary out of school, used up allotted hours**

Proposed PDN 3G-1 and 3G-2 Policy Revisions

- **Current allowable short-term increase in hours**

“a maximum of 4 calendar weeks”

- **Proposed allowable short-term increase in hours**

“a maximum of 6 calendar weeks”

Note: This change would be consistent with research suggesting 6 weeks is a more utilized recovery period from a variety of procedures.

Emergency Change in PDN Services

Sudden changes in the amount, scope, frequency or duration of services are based on true emergent medical necessity of the beneficiary or their primary caregiver

Proposed PDN 3G-1 and 3G-2 Policy Revisions

- **Current emergency change timeline**

**Physician-signed order
“within 15 business days”**

- **Proposed emergency change timeline**

**Physician-signed order
“within 5 business days”**


Note: This change would be consistent with reporting other changes within the policy.

Changing service providers

Transfer of care

The new PDN service provider shall facilitate the change by coordinating the transfer of care with the beneficiary's attending physician, the current PDN service provider, and others who are involved in the beneficiary's care.

Proposed PDN 3G-1 and 3G-2 Policy Revisions



- **Current transfer of care process**

- 1) **Within 5 business days of request**
- 2) **No provisional review**
- 3) **No continuation review**

- **Proposed transfer of care process**

- 1) **Within 5 business days PRIOR to anticipated transfer**
- 2) **Initial provisional approval for 30 calendar days only**
- 3) **Continuation for remainder of 180-day period**

Note: This change would decrease administrative burden for the provider and provide clarification on the information needed for the transfer.

Missed Shift Hours

Reporting structure for shift hours that are missed within the preceding 180-day period

Proposed PDN 3G-1 and 3G-2 Policy Revisions



- **Current missed shift hours process**

- No requirement for reporting of missed shift hours

- **Proposed missed shift hours process**

- PDN providers disclose missed shifts in past 180 days and/or upon termination
- Provide report to beneficiary or legal guardian upon request

Provider to Beneficiary Relationship

Clarification on the relationship of provider to beneficiary, and who may be employed to provide services

Proposed PDN 3G-1 and 3G-2 Policy Revisions



- **Current provider/
beneficiary relationship**

- No immediate relative
- No legally responsible person who lives with beneficiary
- PDN nurse cannot live with beneficiary in any capacity

- **Proposed provider/
beneficiary relationship**

- No immediate relative
- No one who shares primary private residence
- No PDN provider who is employed by, owned by or has financial relationship to immediate relative
- No one who is legally responsible for beneficiary

Therapeutic Leave

Addition of 14 days per calendar year of physician-ordered, non-medical therapeutic leave

Proposed PDN 3G-1 and 3G-2 Policy Revisions



- **Current therapeutic leave**

- No therapeutic leave

- **Proposed therapeutic leave**

- 14 days of attending physician-*ordered* non-medical leave per calendar year
- Leave defined as non-medical
- Cannot exceed approved hours
- Beneficiary cleared for travel (requiring nurse) by physician
- Documentation of necessity for nurse to accompany

Timeline

- **March 2020**
Proposed PDN policy revisions to Physician Advisory Group
- **April 1 – May 15, 2020**
45-day public comment period
- **June 1, 2020**
Final posting



Q & A

Mark your calendars!

**Spring PDN Stakeholder
session scheduled for**

**Friday
March 27, 2020
2-3:30 p.m.**



Additional Questions

Please email additional PDN-related questions to:

Medicaid.homecareservice@dhhs.nc.gov

- **Current PDN policy links:**

https://files.nc.gov/ncdma/documents/files/3G-1_1.pdf

https://files.nc.gov/ncdma/documents/files/3G-2_0.pdf

- **PDN website:**

<https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/private-duty-nursing-pdn>



THANK YOU