

Questions and Answers

Q1. Will non-medical therapeutic leave allow me to go out of state with my nurse(s)?

A1. If the proposed therapeutic leave is included in the treatment plan and approved by the physician, the beneficiary's nurse(s) will be allowed to go out of state with the beneficiary if allowed by the individual PDN agency's internal policies and is carried out in accordance with applicable NC Board of Nursing regulations.

Q2. How does a Community Alternatives Program for Children (CAP/C) case manager request PDN?

A2. The CAP/C case manager provides the beneficiary/family with a list of PDN agencies that serve their area. The beneficiary/family selects a PDN agency to provide nursing services and the case manager makes a referral to that PDN agency. The identified PDN agency is then responsible for submitting a prior authorization (PA) request to Medicaid.

Q3. When a CAP/C case manager adds PDN to the CAP/C plan of care, is any additional PA required for the PDN agency?

A3. PDN services are authorized by Medicaid separately from CAP/C waiver services as PDN and CAP/C are different programs. However, if Nurse Respite is included in the CAP/C plan of care, the agency will be provided a service authorization and no additional PA is necessary. Respite is a CAP/C waiver service and is not available through the PDN program.

Q4. When will the requirement for submitting reauthorization requests change from 30 calendar days to 15 business days?

A4. This is a proposed change to the PDN policies. Our goal is to have the policies finalized in the summer of 2020.

Q5. Will the lesser timeframe for submitting reauthorization requests result in more frequent requests for additional information as some physicians are slow in returning a signed CMS-485?

A5. By proposing a shorter timeframe (15 business days) for submission of PDN reauthorization requests, agencies would be afforded more time to gather and submit required information to Medicaid. This should decrease the volume of requests for additional information.

Q6. How long do PDN consultants have to approve a PA request once it has been uploaded? Should it be approved before the previous PA expires?

A6. PDN consultants have 15 business days to review a PA request. Agencies should be diligent in ensuring that all required documentation is submitted with the PA request to facilitate a timely review determination. PDN policies currently require that reauthorization requests be submitted 30 calendar days prior to the expiration of the current PA period.

Q7. If the consultant voids a PA, should they notify the agency? If so, how would they be notified?

A7. PA requests are only voided by PDN consultants when a duplicate PA request has been entered. The PDN agency is notified by trackable email.

Q8. Who should we contact if we have PA requests that aren't being approved timely?

A8. If a PA is submitted with missing or incomplete documentation, a Request for Additional Information (RAI) notice will be available in the agency's NC Tracks NPI-specific mailbox. Please be sure to monitor your NC Tracks mailbox. After verifying that all required documents are available in NC Tracks, providers should send an email to Medicaid.homecareservice@dhhs.nc.gov. All PDN nurse consultants and PDN program managers receive emails sent to this address to ensure that your inquiry is addressed timely. At a minimum, include the beneficiary's name, PA number, and the date the PA request was submitted in the email.

Q9. What if a beneficiary needs more hours than is provided by private insurance? How is that handled?

A9. The beneficiary's PDN provider submits a PA request to Medicaid and reports the number of weekly hours that have been authorized through private insurance. The hours requested through State Plan PDN are then approved based on medical necessity.

Q10. Will beneficiaries/families be notified that additional documents are needed also? Sometimes families can get the documents faster than the case manager or PDN agency can.

A10. PDN providers are notified electronically through NC Tracks when documents are missing or incomplete. It is the PDN provider's responsibility to obtain the necessary documentation.

Q11. If a patient's caregiver has emergency surgery and needs extra nursing hours to help during recovery should CAP/C respite be used, or should a PA request be submitted for an increase in PDN hours?

A11. A PA request can be submitted to PDN for a short-term increase in PDN services. Currently, a short-term increase in PDN services is limited to a maximum of 4 weeks. The amount and duration of the short-term increase that can be authorized is based on medical necessity.

Q12. With the proposed PDN policy change related to the PDN provider's relationship to a beneficiary, does this mean that aunts, uncles and/or cousins cannot provide the nursing services? Does this also apply for CAP/C nurse respite?

A12. The proposed language for the PDN policies states that Medicaid will not cover PDN if:

- PDN is provided by the beneficiary's near relative (spouse, child, parent, grandparent, grandchild, or sibling, including corresponding step- and in-law relationships); or
- PDN is provided by an individual whose primary private residence is same as the beneficiary's primary private residence; or
- The PDN provider employs, is owned by, or has a financial relationship to the beneficiary's immediate relative (spouse, child, parent, grandparent, grandchild, or sibling, including corresponding step- and in-law relationships); or
- PDN is provided by an individual who is legally responsible for the beneficiary

Please refer to the Community Alternatives Program for Children (CAP/C), Clinical Coverage Policy 3K-1, located at: https://files.nc.gov/ncdma/documents/files/3K-1_4.pdf for additional information related to the requirements of the CAP/C waiver program.

Q13. If a child requires an LPN/RN for PDN, is CAP/C respite also required to be staffed by a nurse?

A13. Yes, if a child requires skilled nursing services, CAP/C respite must also be staffed by a nurse to ensure the child's health, safety and well-being.

Q14. Would Medicaid agree to allow reimbursement for PDN services that are provided on the same day as an inpatient discharge?

A14. Medicaid will take this request into consideration.