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To all beneficiaries enrolled in a Prepaid Health Plan (PHP): for questions about benefits and services available on or after implementation, please contact your PHP.

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This clinical coverage policy has an effective date of November 15, 2020; however, until the end of the public health emergency, the temporary coverage and reimbursement flexibilities enabled by NC Medicaid through a series of COVID-19 Special Medicaid Bulletins will remain in effect.

Related Clinical Coverage Policies

Refer to https://medicaid.ncdhhs.gov/~~http://dma.ncdhhs.gov/~~ for the related coverage policies listed below:

- 3A, *Home Health Service*
- 3G-2, P*rivate Duty Nursing for Beneficiaries under 21 Years of Age*
- 3D, *Hospice*
- 3H-1, *Home Infusion Therapy*
- 3K-1, *Community Alternatives Program for Children (CAP/C)*
- ~~*5A, Durable Medical Equipment*~~
- 5A-1, *Physical Rehabilitation Equipment and Supplies*
- 5A-2, *Respiratory Equipment and Supplies*
- 5A-3, *Nursing Equipment and Supplies*
- 8P, *NC Innovations*
- 10C, *Local Education Agencies (LEAs)*
- 10D, *Independent Practitioners Respiratory Therapy Services*

1.0 Description of the Procedure, Product, or Service

~~**Private Duty Nursing**~~

Private Duty Nursing (PDN) is substantial, complex, and continuous skilled nursing service that is considered supplemental to the care provided to a beneficiary by the beneficiary's family, foster parents, and delegated caregivers, as applicable. PDN is skilled nursing services provided for beneficiaries who require more individual and continuous care than what is available from a home health service visit. ~~the level of care that would routinely be provided by the nursing staff of a hospital or skilled nursing facility; or that requires more continuous care than is available through home health services.~~ PDN must shall be medically necessary for the beneficiary to be covered by NC Medicaid.

PDN services are provided:

a. ~~Only~~ Primarily in the beneficiary's private primary residence;
b. Under the direction of a written individualized plan of care;
c. As authorized by the beneficiary's ~~primary~~ attending physician; and
d. ~~PDN services must be rendered~~ ~~b~~By a registered nurse (RN) or licensed practical nurse (LPN) who is licensed by the North Carolina Board of Nursing (NCBON) and employed by a state licensed and accredited home care agency.

1.1 Definitions

1.1.1 Skilled Nursing

For this policy, nursing services as defined by 10A NCAC 13J.1102 is referred to as "skilled nursing."

Skilled nursing is defined as the assessment, judgment, intervention, and evaluation of interventions by a licensed registered nurse (RN), or a licensed practical nurse (LPN) under the supervision of the RN, and in accordance with the plan of care, in the amount, frequency and duration as outlined in Section 3.4. Skilled nursing includes:

a. Assessing the patient's physical and mental health, including the patient's reaction to illnesses and treatment regimens;
b. Recording and reporting the results of the nursing assessment;
c. Planning, initiating, delivering, and evaluating appropriate nursing acts.
d. Collaborating with other health care providers in determining the appropriate health care for a patient but, subject to the provisions of G.S. 90-18.2, not prescribing a medical treatment regimen or making a medical diagnosis, except under supervision of a licensed physician;
e. Implementing the treatment and pharmaceutical regimen prescribed by any person authorized by State law to prescribe the regimen.
f. Providing teaching and counseling about the patient's health.
g. Reporting and recording the plan for care, nursing care given, and the patient's response to that care.
h. Providing for the maintenance of safe and effective nursing care, whether rendered directly or indirectly.

Skilled nursing does not include ~~those~~ tasks that can be delegated to unlicensed personnel according to 21 NCAC 36.

1.1.2 Nursing Care Activities

Activities as defined by 21 NCAC 36 .0401. For this policy, Nursing Care Activities are referred to as "tasks."

1.1.3 Substantial

Substantial means there is a need for interrelated nursing assessments and interventions. Interventions not requiring an assessment or judgment by a licensed nurse are not considered substantial.

1.1.4 Complex

Complex means scheduled, hands-on nursing interventions. Observation in case an intervention is required is not considered complex skilled nursing and is not covered by Medicaid as medically necessary PDN services.

1.1.5 Continuous

Continuous means skilled nursing assessments requiring interventions are performed at least every two (2) ~~or three (3)~~ hours during the period Medicaid-covered PDN services are provided.

1.1.6 Significant Change in Condition

Significant change means a change in the beneficiary's status that is not self-limiting, impacts more than one (1) area of functional health status, and requires multidisciplinary review or a revision of the plan of care according to program requirements specified in **Sections 3.0** and **4.0** of this policy.

1.1.7 Primary and Secondary Caregivers

a. A **fully available** primary caregiver is ~~one who~~ a trained, informal caregiver who lives with the beneficiary, is not employed and who is physically and cognitively able to provide care.
b. A **partially available** primary caregiver is ~~one who~~ a trained, informal caregiver who lives with the beneficiary and has verified employment or who has been determined by the Social Security Administration to be unable to work due to a disability and the nature of the disability is one that limits the ability of that person to provide care to the PDN beneficiary.
c. A **secondary caregiver** is a trained, informal caregiver who is available for instances when the primary informal caregiver is unavailable due to illness, emergency or need for respite.

Note: All parents, guardians, or persons otherwise legally responsible for the beneficiary residing in the home, even on a part-time basis, are expected to serve as a trained, informal caregiver.

2.0 Eligibility Requirements

2.1 Provisions

2.1.1 General

(*The term "General" found throughout this policy applies to all Medicaid and NCHC policies*)

a. An eligible beneficiary shall be enrolled in either:
   1. the NC Medicaid Program *(Medicaid is NC Medicaid program, unless context clearly indicates otherwise*); or
   2. the NC Health Choice (*NCHC is NC Health Choice program, unless context clearly indicates otherwise)* Program on the date of service and shall meet the criteria in **Section 3.0 of this policy**.
b. Provider(s) shall verify each Medicaid or NCHC beneficiary's eligibility each time a service is rendered.
c. The Medicaid beneficiary may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.1.2 Specific

(***The term "Specific" found throughout this policy only applies to this policy***)

a. Medicaid

An eligible Medicaid beneficiary shall be 21 years and older.

Eligibility categories are:

1. Fee-for-Service: Beneficiaries covered by Medicaid are eligible to apply for PDN services.
2. Medicaid for Pregnant Women (MPW): Pregnant women may be eligible to apply for PDN services if the services are medically necessary for a pregnancy-related condition.

3. Medicare Qualified Beneficiaries (MQB): Medicaid beneficiaries who are Medicare-qualified beneficiaries (MQB) are not eligible for PDN.
4. Managed Care: Medicaid beneficiaries participating in a managed care program, such as a Medicaid Prepaid Health Plan (PHP), ~~health maintenance organizations and~~ Community Care of North Carolina programs (CCNC), Carolina ACCESS ~~and ACCESS II/III),~~ or Eastern Band of Cherokee Indians (ECBI) Tribal Option ~~must~~ shall access home services, including PDN, through their primary care physician.

b. NCHC

NCHC beneficiaries are not eligible for Private Duty Nursing (PDN).

2.0 Special Provisions

2.2.1 EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

a. 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

1. that is unsafe, ineffective, or experimental or investigational.
2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health

problem, prevent it from worsening, or prevent the development of additional health problems.

b. **EPSDT and Prior Approval Requirements**

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does **NOT** eliminate the requirement for prior approval.
2. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide,* and on the EPSDT provider page. The Web addresses are specified below.

   NCTracks Provider Claims and Billing Assistance Guide: https://www.nctracks.nc.gov/content/public/providers/providermanuals.html

   EPSDT provider page: **https://medicaid.ncdhhs.gov/**

2.2.2 EPSDT does not apply to NCHC beneficiaries

2.2.3 Health Choice Special Provision for a Health Choice Beneficiary age 6 through 18 years of age

NC Medicaid shall deny the claim for coverage for an NCHC beneficiary who does not meet the criteria within **Section 3.0** of this policy. Only services included under the NCHC State Plan and the NC Medicaid clinical coverage policies, service definitions, or billing codes are covered for an NCHC beneficiary.

3.0 When the Procedure, Product, or Service Is Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries Under 21 Years of Age

3.1 General Criteria Covered

Medicaid and NCHC shall cover the procedure, product, or service related to this policy when medically necessary, and:

a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by both Medicaid and NCHC

None Apply.

3.2.2 Medicaid Additional Criteria Covered

Medicaid shall cover PDN when:

a. Eligibility criteria in **Section 2.0** are met;
b. Health criteria in **Section 3.3** are met;
c. Provided ~~only~~ primarily in the primary private residence of the beneficiary. ~~The basis for PDN approval is the need for skilled nursing care in the primary private residence to prevent institutionalization.~~ A beneficiary who is authorized to receive PDN services in the primary private residence may make

use of the approved hours outside of that setting when normal life activities temporarily take him or her outside that setting. Normal life activities are supported or sheltered work settings, licensed childcare, school and school related activities, and religious services and activities. Normal life activities are not vacations or instances when a beneficiary is receiving care in an inpatient facility, outpatient facility, hospital, or residential-type medical setting;

d. PDN services have been requested ~~by (Refer to **Attachment C**)~~ and ordered by the beneficiary's ~~primary~~ attending physician (MD) or Doctor of Osteopathic Medicine (DO) licensed by the North Carolina Board of Medicine and enrolled with Medicaid) on the CMS-485 (Home Health Certification and Plan of Care Form);
e. Prior approval has been granted by NC Medicaid according to **Section 5.0 of this policy** ~~(Refer to **Attachment A**);~~ and
f. The beneficiary has at least one (1) trained primary informal caregiver to provide direct care to the beneficiary during the planned and unplanned absences of PDN staff. **If there is no caregiver available to assume this role, PDN cannot be approved.** It is recommended that there be a second trained informal caregiver for instances when the primary informal caregiver is unavailable due to illness, emergency, or need for respite.

3.2.3 NCHC Additional Criteria Covered

None Apply

3.3 Health Criteria

3.3.1 PDN Level 1 Services

To be eligible for Level 1 PDN services, the beneficiary shall:

a. be dependent on a ventilator for at least eight (8) hours per day, or
b. meet at least four (4) of the following criteria:
    1. unable to wean from a tracheostomy;
    2. require nebulizer treatments at least two (2) scheduled times per day and one (1) as needed time per day;
    3. require pulse oximetry readings every nursing shift;
    4. require skilled nursing or respiratory assessments every shift due to a respiratory insufficiency;
    5. require oxygen as needed, also known as pro re nata (PRN) or has PRN rate adjustments at least two (2) times per week;
    6. require tracheal care at least daily;
    7. require PRN tracheal suctioning. Suctioning is defined as tracheal suctioning requiring a suction machine and a flexible catheter; or
    8. at risk for requiring ventilator support.
    9. Require at least one non-respiratory skilled nursing intervention that requires more extensive and continual care than can be provided through a home health visit.
    10. Evidence of 3 or more organ system deficiencies/failures that requires continual skilled nursing interventions (example: Skin (decubitus ulcers), DI (feeding tube), AND Neuro (TBI, seizures).

3.3.2 PDN Level 2 Services

Medicaid beneficiaries who meet ALL the criteria for Level 1 nursing services plus at least one (1) of the criteria below may be eligible for additional PDN services – not to exceed the program limit of 112 hours per week:

a. use of respiratory pacer;
b. dementia or other cognitive deficits in an otherwise alert or ambulatory recipient;
c. infusions, such as through an intravenous, Peripherally Inserted Central Catheter (PICC) or central line;
d. seizure activity requiring use of PRN use of Diastat, oxygen, or other interventions that require assessment and intervention by a licensed nurse.~~;~~
e. ~~primary caregiver who is 80 or more years of age or who has a disability confirmed by the Social Security Administration (SSA) and the disability interferes with caregiving ability; or~~
f. ~~determination by Adult Protective Services that additional hours of PDN would help ensure the recipient's health, safety, and welfare.~~

~~**Note**: Level 2 PDN services, in most cases, allows an additional 14 hours per week – as long as that new total does not exceed the program maximum limit of 112 hours per week.~~

3.4 Amount, Duration, Scope, and Sufficiency of PDN Services

NC Medicaid shall determine the amount, duration, scope, and sufficiency of PDN services – not to exceed 112 hours per week, ~~or 16 hours per day~~ required by the beneficiary based on a comprehensive review of all the documents listed in **Subsection 5.2.3**, along with the following characteristics of the beneficiary:

a. Active primary and secondary diagnosis;
b. Overall health status (i.e. mobility, nutrition, recent hospitalizations);
c. Level and type of technology dependency;
d. Amount and frequency of specialized skilled nursing interventions required;
e. Amount of caregiver assistance available. NC Medicaid reserves the right to request verification of each caregiver's employment schedule annually, and as deemed appropriate by NC Medicaid. ~~Verification of employment hours are conducted annually.~~ Allowances are not for second jobs, overtime, or combination of work and school, when the additional hours cause the policy limit to be exceeded;

Hours are approved on a per-week basis beginning 12:01 a.m. Sunday and ending at 12:00 a.m. Saturday. A Beneficiary may use the hours as ~~he or she~~ they choose within the week. ~~A beneficiary approved for 70 hours per week may use ten hours per day seven (7) days per week, or may use 14 hours per day five (5) days per week.~~ It is the responsibility of the beneficiary and caregiver to schedule time to ensure the health and safety of the beneficiary. Additional hours are not approved because the family planned poorly and 'ran out' before the end of the week. The hours approved are based on the needs of the beneficiary and caregiver availability, not the needs of other individuals residing in the home.

Note: Unused hours of services shall ~~must~~ not be "banked" for future use or "rolled over" to another week.

Approved hours are determined as follows:

Informal Caregiver Availability	Standard PDN Level 1 Approved Hours
Two or more fully available caregivers	Up to 56 hours per week
One fully available caregiver	Up to 84 hours per week
Two or more partially available caregivers	Up to 104 hours per week
One partially available caregiver	Up to 112 hours per week

Note: Expanded PDN Level 2 Services could allow for up to an additional 14 hours per week – as long as that total does not exceed the program maximum of 112 hours per week.

~~Informal Caregiver Availability~~	~~Standard PDN Services (Refer to **Subsection 3.3.1 Level 1 Services)**~~	~~Expanded PDN Services (Refer to **Subsection 3.3.2 Level 2 Services)**~~
~~Two or more fully available caregivers~~	~~56 hours per week~~	~~70 hours per week~~
~~One fully available caregiver, with or without the presence of any other caregivers~~	~~76 hours per week~~	~~90 hours per week~~
~~Two or more partially available caregivers~~	~~56 hours per week plus time absent for work, up to maximum of 96 hours per week~~	~~70 hours per week plus time absent for work, up to maximum of 110 hours per week~~
~~One partially available caregiver~~	~~76 hours per week plus time absent for work, up to maximum of 112 hours per week~~	~~90 hours per week plus time absent for work, up to maximum of 112 hours per week~~

3.4.1 Short Term Increase in PDN Services for a Significant Change in Condition

A short-term increase (STI) in PDN services is limited to a maximum of six (6) ~~four (4)~~ calendar weeks, and shall be approved by NC Medicaid prior to implementation. The PDN service provider shall submit the DMA-3511 (PDN Change Request Form) and supporting documentation to NC Medicaid at least 5 business days prior to initiating the STI. The amount and duration of the short-term increase is based on medical necessity and approved by NC Medicaid's ~~DMA's~~ PDN Nurse Consultant.

Medicaid shall cover a short-term increase in PDN service when the beneficiary meets ONE of the following significant changes in condition:

a. ~~Beneficiary with n~~ New tracheostomy, ventilator, or other life-sustaining medical technology need immediately post discharge, to accommodate the transition and the need for training of informal caregivers. Services generally start at a higher number of hours and are weaned down to previously approved hours ~~within normal policy limits~~ over the course of the six (6) ~~four (4)~~ weeks.
b. An acute, temporary change in condition causing increased amount and frequency of nursing interventions.
c. A family emergency such as an acute change in the primary caregiver's ability to physically and/or cognitively provide care, or when the secondary ~~back-up~~

caregiver is in place but requires additional support because of less availability or need for reinforcement of training.

3.4.2 Therapeutic Leave

Therapeutic leave (not for medical purposes such as an out-of-state hospitalization) shall be ordered by the beneficiary's attending physician. Approval of therapeutic leave is limited to 14 days per calendar year and shall not exceed current approved hours. The attending physician shall indicate the beneficiary is able to travel safely and requires nursing care during leave time. The necessity for a nurse to travel with the beneficiary and caregiver(s) shall be documented in the attending physician-signed order.

The PDN service provider shall submit the attending physician-signed order for therapeutic leave to NC Medicaid for review at least five (5) business days prior to the therapeutic leave request.

4.0 When the Procedure, Product, or Service Is Not Covered

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for Medicaid Beneficiaries under 21 Years of Age.

4.1 General Criteria Not Covered

Medicaid and NCHC shall not cover the procedure, product, or service related to this policy when:

a. the beneficiary does not meet the eligibility requirements listed in **Section 2.0;**
b. the beneficiary does not meet the criteria listed in **Section 3.0;**
c. the procedure, product, or service duplicates another provider's procedure, product, or service; or
d. the procedure, product, or service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by both Medicaid and NCHC

None Apply.

4.2.2 Medicaid Additional Criteria Not Covered

Medicaid shall not cover PDN if any of the following are true:

a. the beneficiary is receiving medical care in a hospital, nursing facility, outpatient facility, or residential-type medical setting where licensed personnel are employed;
b. the beneficiary is a resident of an adult care home, group home, family care home, or nursing facility;
c. the service is for custodial, companion, respite services (short-term relief for the caregiver) or medical or community transportation services;
d. the nursing care activities rendered can be delegated to unlicensed personnel (Nurse Aide I or Nurse Aide II), according to 21 NCAC 36.0401 and 21 NCAC 36.0221(b);
e. the purpose of having a licensed nurse with the beneficiary is for observation or monitoring in case an intervention is required;
f. the service is for the beneficiary or caregiver to go on vacation or overnight trips away from the beneficiary's private primary residence. **Note:** Short-term

absences from the primary private residence that allow the beneficiary to receive medical care in an alternate setting for a short period of time, and therapeutic leave requests may be allowed if the following are true: ~~approved by the PDN Nurse Consultant and when~~ PDN is not provided for respite, ~~when~~ PDN is not provided in an institutional setting, and when PDN is provided according to nurse and home care licensure regulations;

g. services are provided exclusively in the school ~~or home school;~~
h. the beneficiary does not have informal caregiver support available as per **Subsection 3.2.2.f;**
i. the beneficiary is receiving home health nursing services or respiratory therapy treatment (except as allowed under clinical coverage policy 10D, *Independent Practitioners Respiratory Therapy Services*) during the same hours of the day as PDN;
j. the beneficiary is receiving infusion therapy services as found under the clinical coverage policy 3H-, *Home Infusion Therapy (HIT)* program; or
k. the beneficiary is receiving hospice services as found under clinical coverage policy 3D, *Hospice Services*, except as those services may apply to children under the Patient Protection and Affordable Care Act.
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l. the beneficiary is receiving services from other formal support programs (such as NC Innovations) during the same hours of the day as PDN.

4.2.3 NCHC Additional Criteria Not Covered

a. NCGS § 108A-70.21(b) "Except as otherwise provided for eligibility, fees, deductibles, copayments, and other cost sharing charges, health benefits coverage provided to children eligible under the Program shall be equivalent to coverage provided for dependents under North Carolina Medicaid Program except for the following:
   1. No services for long-term care.
   2. No nonemergency medical transportation.
   3. No EPSDT.
   4. Dental services shall be provided on a restricted basis in accordance with criteria adopted by the Department to implement this subsection."

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Medicaid shall require prior approval (PA) before rendering Private Duty Nursing (PDN) Services.

Note: Prior approval is granted based on medical necessity and caregiver availability only. It does not guarantee payment or ensure beneficiary NC Medicaid eligibility on the date of service. All service requirements shall be met for the PDN service provider to receive payment.

5.2 Prior Approval Requirements

5.2.1 General

The provider(s) shall submit to the Department of Health and Human Services (DHHS) Utilization Review Personnel the following:

a. the prior approval request; and
b. all health records and any other records that support the beneficiary has met the specific criteria in **Subsection 3.2** of this policy.

5.2.2 Specific Criteria

5.2.2.1 Initial Referral Process

~~The hospital discharge planner or referring~~ A medical provider shall refer a potential beneficiary to a PDN service provider ~~agency~~ to initiate the initial referral ~~service~~ review process. The PDN service provider ~~agency~~ shall complete a comprehensive assessment within 24 hours of the start of care (SOC) date and enter a request for PA by submitting ~~submit the~~ documents (as listed in **Subsection 5.2.2.2**) for initial referral provisional review ~~with an initial request for PDN services.~~

5.2.2.2 ~~Initial PDN Service Review~~ Documentation Requirements for Initial Referral Provisional Review

Initial provisional approval may be granted for 30-calendar days only, pending receipt of additional documentation (refer to **Subsection 5.2.2.3**). NC Medicaid shall complete a clinical review for PDN services upon receipt of the following required documents dated within the last sixty (60) days:

a. DMA-3508 (PDN Referral Form) signed by the attending physician AND
b. Recent history and physical (H&P).
    1. If the beneficiary is being discharged from the hospital, submit current hospital progress notes or a hospital discharge summary;
    2. If the beneficiary is being referred from the community, submit clinic notes from the last two office visits pertaining to the referring diagnosis;
    3. Private health insurance coverage or denial documentation for current approval period, if applicable.

PDN service providers shall indicate in their submitted documents all caregivers available to supplement care and the status of training provided.

Note: Once all required documentation is received, NC Medicaid shall conduct a clinical review for initial referral provisional PDN services. Incomplete or omitted documentation is handled as an incomplete request and may result in denial of the PA request.

If the initial referral request is received after the start of care date, NC Medicaid shall only consider approval of PA from the date of request submission.

~~Specifically, the following documents are required for an eligibility assessment review:~~
~~a. PDN Prior Approval Referral Form DMA-3061(refer to Attachment D);~~

b. NC DMA Physician's Request form DMA-3075 (refer to **Attachment C)** *or* a physician signed letter of medical necessity. Either type of physician's request must contain ALL the following:
   1. The current diagnosis(es);
   2. History and date of onset of the illness, injury, or medical condition for which PDN services are requested;
   3. Date(s) of any related surgeries;
   4. The projected date of hospital discharge, if applicable;
   5. A prognosis and the estimated length of time PDN services is required; and
   6. The specific licensed nursing interventions needed and the frequency of those interventions.

c. Hospital discharge summary (if from hospital discharge) or clinical notes from the last two (2) office visits;

d. Most recent history and physical;

e. Signed physicians order from the referring physician or discharging physician must contain the specific skilled nursing interventions and the frequency of those interventions.

   Note: If observation and assessment is the only skilled nursing intervention required, then the beneficiary's skilled needs are not sufficient for PDN services; and

f. Employment Attestation Form for caregiver(s) (refer to **Attachment F**).

Note: PDN service providers shall indicate in their submitted documents the family members and other caregivers who are available to furnish care and that they have been or shall be provided training on the necessary care.

Once all required documents are received, DMA shall complete a clinical review for PDN services. Incomplete documentation is handled as unable to process or as an incomplete request.

5.2.2.3 Initial Referral Provisional Approval

When all required documents are received by DMA (refer to **Subsection 5.2.2.4**), DMA shall conduct a comprehensive clinical review for PDN services. With DMA approval, the initial provisional request for PDN services is granted for 30 calendar days only. This is a provisional approval pending receipt of final documentation. The physician signed Home Health Certification and Plan of Care Form (CMS 485) and Verification of Employment Form (refer to **Attachment F**), and the provider's consent to treat are due by day 30. When DMA receives these documents, PA is granted for the remainder of the six (6) - month certification period.

Note: Beyond the provisional time frame, PA is only granted from the date of documents submission.

5.2.2.3 ~~Initial Referral~~ Documentation Requirements for Initial Referral Continuation Review ~~Approval~~

Continuation approval is granted for the remainder of the 180-day PA period. The PDN service provider shall submit the following documentation by PA day 30 to include:

a. Attending physician-signed CMS-485 (Home Health Certification and Plan of Care Form);
b. Employment verification documentation to include one of the following:
   1. A statement on company letterhead signed by a supervisor or representative from the employer's Human Resources Department detailing the employee's current status of employment (such as active or on family medical leave), typical work schedule, and employer's contact information; or
   2. Pay stubs for the last two (2) months of employment; or
   3. If a caregiver is self-employed, a Federal Schedule C (Form 1040), or the Profit or Loss from Business (Sole Proprietorship) form from the most recent tax return may be used; and
c. PDN service provider's consent to treat document.

~~To receive PA for service provision for the remainder of the six (6) month certification period, the PDN agency shall:~~

a. ~~Complete a comprehensive in- home assessment within 24 hours of the start of care (SOC).~~
b. ~~PDN service providers shall upload, into NC Tracks, the physician signed CMS-485 along with the Employment Verification form and provider's consent to treat as supporting documentation for PA requests by day 30 of the Provisional PA period.~~
c. ~~DMA shall process the continuation approval for PDN services within 15 business days of the receipt of all required information from the PDN service provider.~~
d. ~~A letter is sent to the beneficiary, or the beneficiary's representative. The approval letter contains:~~
   1. ~~the beneficiary's name and MID number;~~
   2. ~~the name and provider number of the authorized PDN service provider;~~
   3. ~~the number of hours per week approved for PDN services, beginning with Sunday at 12:01 am; and~~

~~the starting and ending dates of the approved certification period, Certification periods are six (6) months.~~

Additional documentation shall be required throughout the first 180-day authorization period to validate the initial request for PDN. The DMA-3509 (PDN Medical Update Form) and attending physician-signed CMS-485 shall be uploaded every 60 days.

A verbal order and date signed by RN if CMS-485 (Locator 23) if not signed by the attending physician in advance of the certification period is acceptable. All attending physician signed 485s for the 180-day certification period shall be uploaded prior to the current before the approval dates of the PA have elapsed PA expiration date.

a. By PA day 60: DMA-3509 (PDN Medical Update Form) and attending physician-signed CMS-485 (Home Health Certification and Plan of Care Form) shall be submitted.
b. By PA day 120: DMA-3509 (PDN Medical Update Form) and attending physician-signed CMS-485 (Home Health Certification and Plan of Care Form) shall be submitted.
c. By PA day 180: DMA-3509 (PDN Medical Update Form) and attending physician-signed CMS-485 (Home Health Certification and Plan of Care Form) shall be submitted.

If the beneficiary experiences a significant change of condition, NC Medicaid shall re-evaluate services at that time (Refer to Subsection 5.2.2.7).

Note: Once all required documentation is received, NC Medicaid shall complete the clinical review for initial referral continuation of PDN services. Incomplete or omitted documentation is handled as an incomplete request and may result in denial of the PA request.

If the required documentation for initial continuation is received after the provisional approval timeframe has ended, NC Medicaid shall only consider extending continuation approval of PA from the date of request submission.

5.2.2.4 Plan of Care

The attending physician-signed CMS-485 (Home Health Certification and Plan of Care Form) ~~(CMS-485) must~~ shall ~~contain~~ document:

a. All pertinent diagnoses, including the beneficiary's mental status;
b. The type of services, medical supplies, and equipment ordered;
c. The number of hours of PDN per day and number of days per week, according to 42CFR 409.43 Pan of Care Requirements;
d. The primary payor source of PDN hours to include private health insurance coverage if applicable;
e. Specific assessments and interventions to be administered by the nurse;
f. Individualized nursing goals with measurable outcomes;
g. Verbal order and date, signed by RN if CMS-485 (Locator 23) is not signed by the attending physician in advance of the recertification period;
h. The beneficiary's prognosis, rehabilitation potential, functional limitations, permitted activities, nutritional requirements, medications-indicating new or changed in last 30 calendar days, and treatments;
i. Teaching and training of caregivers;
j. Safety measures to protect against injury;
k. Disaster plan in case of emergency or natural occurrence; and
l. Discharge plans individualized to the beneficiary.

Note: The PA period is a maximum of ~~six (6) months~~ 180 days, but the attending physician signed CMS-485 and DMA-3509 (PDN Medical Update Form) shall be uploaded every 60 days. ~~Refer to **Attachment B** for an example of the Home Health Certification and Plan of Care Form (CMS-485).~~ A verbal order and date signed by RN if CMS-485 (Locator 23) is not signed by the attending physician in advance of the certification

period is acceptable by day 60 and 120. All attending physician-signed 485s for the 180-day certification period shall be uploaded before the PA expiration date.

5.2.2.5 Reauthorization Process and Documentation Requirements

To recertify for PDN services, the PDN service provider shall enter a request for ~~submit the~~ reauthorization and submit the following required documents to NC Medicaid at least 15 business days ~~30 calendar days~~ prior to the end of the current approved PA ~~certification~~ period:

~~. Submitted documents required are: Hourly Nursing Review Criteria form (refer to **Attachment G**), PDN Medical Update/Beneficiary Information Form DMA-3062 (refer to **Attachment E**) and physician signed Home Health Certification and Plan of Care Form (CMS-485) (refer to **Attachment B**).~~

~~The CMS-485 must document:~~

- ~~a. All pertinent diagnoses along with the beneficiary's mental status;~~
- ~~b. The type of services, medical supplies, and equipment ordered;~~
- ~~c. The specific number of hours of PDN per day (a range of hours is not acceptable) and number of days per week;~~
- ~~d. Specific assessments and interventions to be administered by the licensed nurse;~~
- ~~e. Individualized nursing goals with measurable outcomes;~~
- ~~f. Verbal order and date, signed by RN if CMS-485 (Locator 23) is not signed by the physician in advance of the recertification period;~~
- ~~g. The beneficiary's prognosis, rehabilitation potential, functional limitations, permitted activities, nutritional requirements, medications indicating new or changed in last 30 calendar days, and treatments;~~
- ~~h. Teaching and training of caregivers;~~
- ~~i. Safety measures to protect against injury;~~
- ~~j. Disaster plan in case of emergency or natural occurrence; and~~
- ~~k. Discharge plans individualized to the beneficiary.~~

~~**Note**: The PA period is a maximum of six (6) months, but the physician signed CMS-485 shall be uploaded every 60 days. Refer to **Attachment B** for an example of the Home Health Certification and Plan of Care Form (CMS-485).~~

~~If any of the documents are omitted or incomplete, the request for PA is treated as an incomplete request and DMA is unable to process.~~

a. ~~**Note:** If the recertification request is received after the beginning of the new certification period, DMA shall only approve PA from the date of submission of the request.~~ A copy of the CMS-485 (Home Health Certification and Plan of Care Form) signed and dated by the attending physician;
b. DMA-3509 (PDN Medical Update Form);

c. Nursing notes from the last authorization period. At least five (5) non-consecutive calendar days are required;
d. Private health insurance coverage or denial documentation for current approval period, if applicable;
e. Missed shift hours report during the previous 180-day authorization period.

The PA period is a maximum of 180 days. The attending physician-signed CMS-485 (Home Health Certification and Plan of Care Form) and DMA-3509 (PDN Medical Update Form) shall be uploaded every 60 days. A verbal order and date signed by RN if CMS-485 (Locator 23) is not signed by the attending physician in advance of the certification period is acceptable by day 60 and 120. All attending physician signed 485's for the 180-day certification period shall be uploaded before the PA expiration date.

a. By PA day 60: DMA-3509 (PDN Medical Update Form) and attending physician-signed CMS-485 (Home Health Certification and Plan of Care Form) shall be submitted.
b. By PA day 120: DMA-3509 (PDN Medical Update Form) and attending physician-signed CMS-485 (Home Health Certification and Plan of Care Form) shall be submitted.
c. By PA day 180: DMA-3509 (PDN Medical Update Form) and attending physician-signed CMS-485 (Home Health Certification and Plan of Care Form) shall be submitted.

PDN service provider(s) shall disclose the total number of missed shift hours during the previous 180-day authorization period, on the DMA-3509 (PDN Medical Update form), with an attestation that this report accurately reflects the missed shift hours and shall be provided to the beneficiary or legal guardian upon request.

At NC Medicaid's discretion, an in-home assessment may be performed by NC Medicaid or its designee. NC Medicaid reserves the right to request additional records, including hospitalization records and discharge summary, medical records from attending physician or medical specialists, and any other medical records.

NC Medicaid reserves the right to verify caregiver's employment schedule annually and as deemed appropriate by NC Medicaid.

Note: Once all required documentation is received, NC Medicaid shall conduct the clinical review for reauthorization. Incomplete or omitted documentation is handled as an incomplete request and may result in denial of the PA request.

If the request for reauthorization is received after the beginning of the new authorization period, NC Medicaid shall only consider approval of PA from the date of request submission.

~~5.2.2.7 **Documentation** Required for PDN Service Reauthorization~~

~~All the following documents are required for reauthorizations:~~

~~a. A copy of the completed PDN Medical Update/Beneficiary Information Form, which also indicates the date of the last physician visit (refer to **Attachment E**);~~

b. ~~A copy of the Home Health Certification and Plan of Care Form CMS-485 (**Attachment B**) signed and dated by the attending physician. The CMS-485 needs to specify: at minimum - skilled nursing care to be provided, recertification dates, frequency and duration of PDN services being requested;~~
c. ~~The completed Hourly Nursing Review Criteria (**Attachment G**);~~
d. ~~At DMA's discretion, an in-home assessment may be performed by DMA;~~
e. ~~DMA reserves the right to verify caregiver's employment schedule annually and as deemed appropriate by DMA. Verification consists of a statement on employer letterhead signed by a supervisor or representative from the employer's Human Resources Department, detailing the employee's current employment status (such as active or on family medical leave) and typical work schedule. If a caregiver is self-employed or unable to obtain a letter, the Verification of Employment form, **Attachment F**, may be used;~~
f. ~~Nurses' notes from the latest certification period as requested by DMA.~~

~~**Note**: The PA period is a maximum of six (6) months, but the physician signed CMS-485 shall be uploaded every 60 days. Refer to **Attachment B** for an example of the Home Health Certification and Plan of Care Form (CMS-485).~~

~~**Note:** If any of the above documents are omitted or incomplete, the request for PA is treated as incomplete and DMA is unable to process.~~

5.2.2.6 Re-Evaluation during the Approved Period

The PDN service provider shall notify NC Medicaid of a significant change in the beneficiary's medical status, such as a significant improvement or decline, a change in caregiver availability, or change in private health insurance coverage within five (5) business days. ~~If the beneficiary experiences a significant change of condition, the PDN service provider shall notify DMA. DMA~~ NC Medicaid shall re-evaluate services at that time.

Note: The DMA-3511 (PDN Change Request Form) shall be submitted to NC Medicaid within five (5) business days prior to the requested change in care date.

5.2.3 Requests to Change the Amount, Scope, Frequency, or Duration of Services

Any requests to change the amount, scope, frequency, or duration of services shall ~~must~~ be ordered by the attending physician and approved by NC Medicaid prior to implementation. The DMA-3511 (PDN Change Request form) with additional required documentation shall be uploaded to the current PA, and NC Medicaid shall be notified.

~~5.2.3.1 Plan of Care Changes~~

~~Any request to increase or decrease the amount, scope, frequency or duration of services must be approved by DMA prior to implementation.~~

5.2.3.1 Temporary Decreases ~~Changes~~

Requests to decrease the amount, scope, frequency, or duration of services for seven (7) days or less, such as over a holiday when additional family members are available to provide care and services, do not require NC Medicaid approval. Previously approved service levels can resume after the family situation returns to the normal routine. The agency shall document the reason for the decrease in services and supportive information, notifying the attending physician as appropriate.

5.2.3.2 Emergency Changes

Sudden changes in the amount, scope, frequency or duration of services are ~~must~~ ~~be~~ based on true emergent medical necessity of beneficiary or their primary caregiver. Emergency changes initiated outside of regular business hours shall ~~must~~ be reported to NC Medicaid the next business day. The written request shall ~~must~~ provide ~~contain~~ specific information regarding changes in the beneficiary's or their primary caregiver's medical condition necessitating the increase and a documented, ~~verbal order~~ supplemental verbal order signed by RN. An attending physician-signed order shall ~~must~~ be provided to NC Medicaid within ~~15~~ five (5) business days.

5.2.4 Termination or Reduction

PDN services may be reduced or terminated by the beneficiary's attending physician, the beneficiary or their legal representative, or NC Medicaid. ~~Upon termination or reduction, DMA enters information into the fiscal agent's claims system to deny payment for all services provided after the termination date.~~
Important information about the Medicaid Beneficiary Due Process (Appeal Rights) is found on the NC Medicaid website:
~~https://dma.ncdhhs.gov/medicaidbeneficiary-due-process-appeal-rights~~
https://medicaid.ncdhhs.gov/.

5.2.4.1 Notification of Termination

The termination process is determined by the following:

a. If the PDN service provider discharges the beneficiary, this service provider shall ~~send~~ submit ~~a copy of the physician's order to terminate services to DMA~~ the DMA-3513 (PDN Discharge Summary Form) to NC Medicaid within five (5) business days.

b. If the PDN service provider discharges the beneficiary from Medicaid coverage because there is another source of nursing care coverage, this ~~service~~ provider shall notify NC Medicaid and submit the DMA-3513 (PDN Discharge Summary Form) within five (5) business days ~~in writing.~~ The notification ~~must~~ shall include the last date that PDN services were provided and can be billed to Medicaid and the name of the other source of coverage ~~as applicable.~~

c. If the attending physician discharges the beneficiary, this PDN service provider shall provide to NC Medicaid, within five (5) business days, the attending physician's order to terminate PDN services and the DMA-3513 (PDN Discharge Summary Form). **The decision of the beneficiary's attending physician and/or the PDN service provider to discharge the beneficiary cannot be appealed to NC Medicaid.**

d. If services are terminated as a result of the beneficiary's loss of NC Medicaid eligibility, or if no PDN services are provided during the 30-consecutive days for any reason including hospitalization, then the prior approval process ~~must~~ shall be initiated ~~once~~again as outlined in **Subsections 5.1 and 5.2. PDN service providers shall notify NC Mediciad when a beneficiary is hospitalized for 30 days or greater.**

e. NC Medicaid shall terminate PDN if a review of services shows NC Medicaid eligibility, policy criteria and/or medical necessity is not met. NC Medicaid of its designee shall provide notice of an adverse decision in writing to the beneficiary/legal representative that includes information about appeal rights.

Note: PDN service provider(s) shall disclose the final number of missed shift hours during the authorization period, on the DMA-3513 (PDN Discharge Summary Form), with an attestation that this report accurately reflects the missed shift hours and shall be provided to the beneficiary or legal guardian upon request.

~~**Note:** The decision of the beneficiary's attending physician or the PDN service provider to discharge the beneficiary cannot be appealed to DMA.~~

5.2.4.2 Notification of Reduction

The reduction of PDN services process is determined by the following:

a. If the PDN service provider reduces PDN services: this ~~service~~ provider shall ~~send~~ notify NC Medicaid and submit within five (5) business days, a copy of the attending physician's order to reduce services and the DMA-3511 (PDN Change Request Form).

b. If the attending physician reduces ~~the~~ PDN services: this PDN service provider shall notify ~~provide to DMA~~ NC Medicaid and submit within five (5) business days, the attending physician's order to reduce ~~beneficiary~~ services and the DMA-3511 (PDN Change Request Form).

c. If NC Medicaid initiates the reduction of PDN services because it has determined that the beneficiary, no longer meets the previous level of policy criteria and/or medical necessity (refer Subsection 3.2.2) ~~administrative requirements and/or medical criteria~~. NC Medicaid may request additional information from the PDN service provider. In the event the additional information is not provided within 10 business days of the request for additional information ~~notice of the reduction~~ (or other time frame agreed upon by the PDN service provider and NC Medicaid ~~DMA~~nurse consultant), NC Medicaid shall proceed with the reduction of services.

5.2.5 Changing Service Providers

Requests to change PDN service providers may occur as a result of a beneficiary's exercising freedom of choice. 5.2.5.1 Transfer of Care Between Two Branch Offices of the Same Agency Process

The ~~new~~ **initiating PDN service provider branch office** shall facilitate the change by coordinating the transfer of care with the beneficiary's attending physician, the beneficiary or legal guardian and the current PDN service provide branch office. The **initiating PDN service provider** shall also notify NC Medicaid and submit required documentation at least five (5) business days prior to branch transfer. ~~the current PDN service provider, and others who are involved in the beneficiary's care.~~ The ~~new~~ **initiating PDN service provider branch office** is responsible for ~~the following:~~ submitting an attending physician-signed order with a new PA entry.

Note: The attending physician-signed order may be submitted as either an addendum to the current PDN service provider's CMS-485 (Home Health Certification and Plan of Care Form), and/or an updated, attending physician-signed CMS-485. Either option shall include the new PDN service provider's name, address, and National Provider Identifier (NPI) number.

The **current PDN service provider branch office** shall upload the DMA-3513 (PDN Discharge Summary Form) to their approved PA.

Both PDN service providers shall ensure that written and verbal orders are verified and documented according to 10A NCAC 13J, The Licensing of Home Care Agencies.

a. ~~Submitting the transfer request to DMA within five (5) business days of the request;~~
b. ~~Obtaining written permission from the beneficiary or legal guardian regarding the request to transfer;~~
c. ~~Coordinating the date the new provider assumes beneficiary care, and ensuring that duplication of service is avoided;~~
d. ~~Providing, in the written notification, the new provider's name and full mailing address, the new provider's PDN service provider number, the date the new provider plans to initiate services, the name of the person at the previous agency with whom the transfer was coordinated, the name and telephone number of the new provider's contact person, and the responsible party's contact information;~~
e. ~~Ensuring that written and verbal orders are verified and documented according to 10A NCAC 13J, The Licensing of Home Care Agencies; and~~
f. ~~Forwarding to DMA, prior to transfer, written notification of the transfer along with a copy of the attending physician's orders.~~

5.2.5.1 Transfer of Care Between Two Different Agencies Process

The **initiating PDN service provider** shall facilitate the transfer process by coordinating the transfer of care with the beneficiary's attending physician, the beneficiary or legal guardian and the current PDN service provider.

Transfer provisional approval may be granted for 30-calendar days only, pending receipt of additional documentation (refer to **Subsection 5.2.5.1**).

5.2.5.2.Documentation Requirements for Transfer Provisional Review

The **initiating PDN service** provider shall submit the following documents for a transfer provisional review:

a. DMA-3508 (PDN Referral Form) signed by the attending physician;
b. Private health insurance coverage or denial documentation for prior approval period, if applicable.

Required documentation shall be submitted to NC Medicaid at least five (5) business days prior to the requested start of care date.

Note: Once all required documentation is received, NC Medicaid shall conduct a review for transfer of PDN service hours. Incomplete or omitted documentation is handled as an incomplete request and may result in denial of the PA request.

If the required documentation for transfer continuation is received after the transfer provisional approval timeframe has ended, NC Medicaid shall only consider extending continuation approval of PA from the date of request submission.

5.2.5.3 Documentation Requirements for Transfer Continuation Approval

Transfer continuation approval may be granted for the remainder of the 180-day PA period. The **initiating PDN service provider** shall submit the following documentation by PA day 30 to include:

a. Attending physician-signed CMS 485 (Home Health Certification and Plan of Care Form);
b. PDN service provider's consent to treat document.

Note: Once all required documentation is received, NC Medicaid shall complete the review for transfer of PDN service hours. Incomplete or omitted documentation is handled as an incomplete request and may result in denial of the PA request.

5.2.5.4 Sharing Care Between Two or More Different Agencies Process

The **initiating PDN service provider(s)** shall facilitate the change by coordinating shared care with the beneficiary's attending physician, the current PDN service provider(s), and the beneficiary or legal guardian. Provisional approval may be granted for 30-calendar days only. This is a provisional approval pending receipt of additional documentation (refer to **Subsection 5.2.5.3.2**).

5.2.5.5 Documentation Requirements for Shared Provisional Review

The **initiating PDN service provider(s)** shall submit the following documents for shared provisional review:

a. DMA-3508 (PDN Referral Form) signed by the attending physician;
b. DMA-3512 (PDN Shared Case Form).
c. Private health insurance coverage or denial documentation for prior approval period, if applicable.

Required documentation shall be submitted to NC Medicaid at least five (5) business days prior to the requested start of care date.

NC Medicaid shall process the continuation approval for PDN services within 5 business days of the receipt of all required information from the PDN service provider.

Note: Once all required documentation is received, NC Medicaid shall conduct a review for shared PDN service hours. Incomplete or omitted documentation is handled as an incomplete request and may result in denial of the PA request.

If the request for shared hours is received by the initiating PDN service provider(s) after the start of care date, NC Medicaid shall only consider approval of PA from the date of request submission.

5.2.5.6 Documentation Requirements for Shared Continuation Review

Shared continuation approval may be granted for the remainder of the 180-day PA period. The **initiating PDN service provider** shall submit the following documentation by PA day 30 to include:

a. Attending physician-signed CMS 485 (Home Health Certification and Plan of Care Form);
b. PDN service provider's consent to treat document.

Note: Once all required documentation is received, NC Medicaid shall complete the review for shared PDN service hours. Incomplete or omitted documentation is handled as an incomplete request and may result in denial of the PA request.

If the required documentation for shared continuation is received after the shared provisional approval timeframe has ended, NC Medicaid shall only consider extending continuation approval of PA from the date of request submission.

5.2.5.7 Documentation Requirements for Re-distribution of Shared Hours

The PDN service provider initiating the change in shared hours shall facilitate the change by coordinating shared hours with the beneficiary or legal guardian, and submitting the DMA-3512 (PDN Shared Case Form) to the approved PA.

Note: The DMA-3512 (PDN Shared Case Form) shall be submitted to NC Medicaid at least five (5) business days prior to the requested start of care date.

All PDN service providers shall ensure that written and verbal orders are verified and documented according to 10A NCAC 13J, The Licensing of Home Care Agencies.

Note: Once required documentation is received, NC Medicaid shall complete the review for re-distribution of shared hours. Incomplete or omitted documentation is handled as an incomplete request and may result in denial of the PA request.

If the request for re-distribution of shared hours is received after the start of care date of the re-distribution, NC Medicaid shall only consider extending continuation approval of PA from the date of request submission.

~~Follow the same procedure as listed above in **Subsection 5.2.5.1**, but also submit:~~

~~a. the PDN Prior Approval Referral Form DMA-3061 (refer to Attachment D)~~

b. ~~the physician signed Home Health Certification and Plan of Care Form CMS-485 (physician's orders) (refer to **Attachment B**)~~

c. ~~Physician's Request Form for Private Duty Nursing DMA-3075 (refer to **Attachment C**) *or* a letter of medical necessity signed by the physician.~~

~~5.2.5.3 Discharge Summary~~

~~The former PDN service provider shall forward to DMA a discharge summary that specifies the last day PDN services were provided to the beneficiary.~~

~~5.2.5.4 Approval Process~~

~~After all requirements are met, DMA approves the new PDN service provider and forwards an approval letter, with copies to the beneficiary's attending physician, the beneficiary (and representative if applicable) in accordance with the beneficiary notices procedure.~~

5.2.6 Coordination of Care

The beneficiary's attending physician and the PDN service provider are responsible for monitoring the beneficiary's care and initiating any appropriate changes in PDN services.

5.2.6.1 Transfers Between Health Care Settings

If a beneficiary is placed in a different health care setting due to a change in his or her medical condition, the PDN service provider shall ~~contact~~ notify NC Medicaid within 5-business days ~~prior to the beneficiary's discharge to discuss any required changes in PDN services. A history and physical and a discharge summary must be submitted to DMA.~~

5.2.6.2 Drug Infusion Therapy

If a beneficiary requires drug infusion therapy, the Durable Medical Equipment (DME) supplier provides the drug infusion equipment, and drugs are provided through Medicaid's or Medicare's ~~Part D~~ pharmacy coverage. The PDN service provider is responsible for the administration and caregiver teaching of the infusions.

5.2.6.3 Enteral or Parenteral Nutrition

If a beneficiary requires enteral or parenteral nutrition, the Durable Medical Equipment (DME) supplier provides the equipment, supplies, and nutrients. Home Health and Home Infusion would be a duplication of services.

Refer to **Section 4.0** for information on services that are not covered when the beneficiary is receiving PDN services.

5.2.6.4 Home Health Nursing

Home Health nursing services may not be provided concurrently with PDN Services. When a beneficiary requires Home Health medical supplies, the PDN service provider shall provide and bill for those supplies. The PDN service provider is also expected to ~~handle~~ provide blood draws, wound care, and other home health nursing tasks for a PDN beneficiary.

5.2.6.5 Medical Supplies

~~Medical supplies are covered as per the criteria for coverage of medical supplies and use of the miscellaneous procedure code for medical supplies defined in clinical coverage policies 3A, *Home Health Services* and 5A, *Durable Medical Equipment* (available here: https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/clinical-coverage-policy-index).~~

~~An enrolled PDN provider may bill for Medicaid-covered medical supplies as above if provided to a DMA-approved PDN beneficiary during the provision of PDN services.~~

Medical supplies are covered as per the criteria for coverage of medical supplies and use of the miscellaneous procedure code for medical supplies defined in clinical coverage policies 3A, *Home Health Services* and 5A, *Durable Medical Equipment* (available here: https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/clinical-coverage-policy-index).

Refer to **Subsection 7.2** for documentation requirements.

5.3 Limitations on the Amount, Scope, Frequency, and Duration

5.3.1 Unauthorized Hours

PDN services provided in excess of the approved amount ~~(the excess has not been authorized by DMA)~~ are the financial responsibility of the PDN service provider ~~agency.~~

5.3.2 Transportation

The PDN nurse may not transport the beneficiary. The licensed nurse may accompany or travel with the beneficiary if medically necessary as defined in **Subsection 3.2** and **Subsection 3.4.2,** when his or her normal life activities require that the beneficiary access the community within the NC Medicaid approved time scheduled for PDN services.

5.3.3 Medical Settings

PDN is not covered for a beneficiary in a hospital, nursing facility, outpatient facility, or residential-type medical setting where licensed personnel are employed and have prescribed responsibility for providing care for the designated beneficiary.

5.3.4 Weaning of a Medical Device

NC Medicaid or its designee may authorize PDN services for a brief period after the beneficiary no longer requires the medical device to compensate for loss of a vital body function. Within 10 business days, the PDN service provider shall notify NC Medicaid and submit the DMA -3511 (PDN Change Request Form), required supporting documentation and updated physician's orders and interventions. Continuation of PDN services shall then be re-evaluated by NC Medicaid. ~~This period shall not exceed two (2) weeks past the weaning of the medical device. The provider agency shall contact the physician to obtain an order to decrease PDN services once a significant change in condition and need for skilled nursing care has occurred.~~

6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for the procedure, product, or service related to this policy, the PDN service provider(s) shall:

a. meet Medicaid or NCHC qualifications for participation;
b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and
c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

PDN services ~~must~~ shall be provided by home care agencies accredited with Joint Commission, Community Health Accreditation Partner (CHAP), or Accreditation Commission for Health Care (ACHC); and holding a current license from the N.C. Division of Health Service Regulation (DSHR) or as applicable, Eastern Band of Cherokee providers ~~must~~ shall be a Medicare Certified Home Health Agency. The home care agency shall be an enrolled N.C. Medicaid provider approved by ~~DMA~~ NC Medicaid to provide PDN services. Each office of the home care agency providing services shall have an individual N.C. Medicaid PDN National Provider Identifier (NPI) number.

6.2 PDN Service Provider Responsibilities

The PDN service provider is responsible for:

a. ensuring that qualified and competent licensed nurses are assigned to provide skilled nursing care as required by the plan of care and the services are provided within the nurses' scope of practice as defined by 21 NCAC 36;
b. ensuring accreditation with Joint Commission, Community Health Accreditation Partner (CHAP), Accreditation Commission for Health Care (ACHC) or federal law, including the IHCIA, 25 U.S.C.§ 1601, et seq. and/or 42 C.F.R. Part 136 and Section 5006 of the American Recovery and Reinvestment Act (ARRA) of 2009. as appropriate.
c. ensuring orientation and competency assessment of skills are sufficient to meet the plan of care requirements before assigning the nurse to the beneficiary's care;

d. ensuring RNs and LPNs have documented continuing education hours, as per NC Board of Nursing;
e. developing and providing orientation to licensed nurses for policies and procedures consisting of the following:
    1. organizational chart and line of supervision;
    2. on-call policies;
    3. record keeping and reporting;
    4. confidentiality and privacy of Protected Health Information (PHI);
    5. patient's rights;
    6. advance directives;
    7. written clinical policies and procedures;
    8. training for special populations such as pediatrics, ventilator care, tracheostomy care, wound, infusion care;
    9. professional boundaries;
    10. supervisory visit requirements to include new and experienced personnel;
    11. criminal background checks;
    12. Occupational Safety and Health Administration (OSHA) requirements, safety, infection control;
    13. orientation to equipment;
    14. cardiopulmonary resuscitation training and documentation;
    15. incident reporting;
    16. cultural diversity and ethnic issues; and
    17. translation policy.

Note: Documentation of all training and competency ~~must~~ shall be retained in the personnel file of each licensed nurse and available to ~~DMA~~ NC Medicaid upon request.

6.3 Provider Relationship to Beneficiary

~~To provide PDN services reimbursed by Medicaid, the provider agency must not employ:~~
NC Medicaid shall not cover PDN if:

a. PDN is provided by ~~a member of~~ the beneficiary's ~~immediate~~ near ~~family~~ relative (spouse, child, parent, grandparent, grandchild, or sibling, including corresponding step- and in-law relationships); or
b. PDN is provided by an individual whose ~~a legally responsible person who maintains his or her~~ primary private residence ~~with~~ is the same as the beneficiary's primary private residence; or
c. the nurse shall not live with the beneficiary in any capacity. The PDN service provider employs, is owned by, or has a financial relationship to the beneficiary's near relative (spouse, child, parent, grandparent, grandchild, or sibling, including corresponding step- and in-law relationships); or
d. PDN is provided by an individual who is legally responsible for the beneficiary.

6.4 Nurse Supervision Requirements

The PDN nurse supervisor shall have at least two (2) years of Intensive Care Unit, Coronary Care Unit, Neonatal Intensive Care Unit, Pediatric Intensive Care Unit or other experience in other critical care settings or two (2) years' home care experience with medically fragile beneficiaries or a combination of the previous. NC Medicaid prefers additional direct clinical supervisory experience.

6.5 Provider Certifications

None Apply

7.0 Additional Requirements

Note: Refer to Subsection 2.2.1 regarding EPSDT Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age.

7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements; and
b. All NC Medicaid's clinical (medical) coverage policies, guidelines, policies, provider manuals, implementation updates, and bulletins published by the Centers for Medicare and Medicaid Services (CMS), DHHS, DHHS division(s) or fiscal contractor(s).

7.2 Documentation Requirements

7.2.1 Contents of Records

The PDN service provider is responsible for maintaining complete and accurate records of all care, treatment, and interventions that fully document the beneficiary's condition, nursing interventions, and treatment provided. The records ~~must~~ shall contain:

a. The date and time the skilled care was provided;
b. All nursing interventions, to include time, activity, and beneficiary's response;
c. Certification that all care was provided according to the attending physician's orders, the beneficiary's current individualized plan of care, and NC Medicaid approval;
d. Signature of beneficiary or caregiver acknowledging time spent and services rendered. This signature shall be obtained daily;
e. ~~Hourly Nursing Review Criteria (Refer to **Attachment H**).~~
f. Indicate place of service, if other than residence (such as school, outings, travel to medical appointments);
g. Use of medical supplies to support quantities delivered and used;
h. Document to whom report was given and received from;
i. indicate present and available caregivers;
j. Document of caregiver education, competency and learning needs and progress toward teaching goals;
k. Document safety issues and appropriate interventions;
l. Coordination with other homecare services to ensure no duplication of services;
m. Document other in- home services such as Respiratory Therapy, Therapy Services, Habilitation Aides, etc.;
n. Document a medical update (such as a face-to-face encounter with physician/Non-Physician Provider) and submit to NC Medicaid with each reauthorization; and
o. Document supervisory visits according to agency policy and licensure rules.

The PDN service provider(s) shall submit to NC Medicaid any requested documents that support the beneficiary has met the specific criteria in **Subsection 3.2** of this policy.

7.2.2 Termination of Operations

If an agency ceases operation, NC Medicaid ~~must~~ shall be notified in writing where the records are stored. Clinical records shall be retained for six (6) years after the discharge of the beneficiary in accordance with the Department of Health and Human Services (DHHS) Provider Participation Agreement.

7.3 Verification of Eligibility

The PDN service provider is required to verify the beneficiary's NC Medicaid eligibility, NC Medicaid coverage category, ~~other~~ private health insurance coverage, and living arrangement before initiating services and during delivery of PDN services.

7.4 Qualified Family and Other Designated Caregivers

7.4.1 Primary, Trained Informal Caregivers

The beneficiary shall have at least one (1) primary, trained informal ~~primary~~ caregiver. If there is no caregiver to assume this role, PDN shall not be approved. It is recommended that there also be a secondary, trained informal caregiver for instances of primary informal caregiver unavailability due to illness or emergency and for occasional respite for the primary, informal caregiver. Both informal caregivers shall be trained and available to provide care in the home during the absence of the PDN nurse and as required by the beneficiary's medical status.

7.4.2 Training

As part of the PDN service, the PDN service provider shall provide and document training and educational needs of the beneficiary (when applicable), family members, and designated caregivers in accordance with the beneficiary's plan of care. In particular, training provided by the PDN service provider and by the hospital prior to a beneficiary's beginning PDN services, should be documented.

7.4.3 Documenting Competency

Family members and other designated caregivers shall demonstrate competency in providing the care that the beneficiary ~~will~~ requires when the PDN nurse is not present. The PDN service provider is responsible for documenting ~~to DMA those~~ family members and other designated caregivers who have demonstrated competency in providing the care required by the beneficiary. Documentation of discharge teaching provided by a hospital may be part of documenting competency.

7.4.4 Emergency Plan of Action

An emergency plan of action ~~must~~ shall be developed, and all family members and caregivers shall know the procedures to take if the beneficiary requires emergency medical care.

7.4.5 Evaluation of Health and Safety

Prior to initiating services and with continuation of PDN services, the PDN service provider is responsible for evaluating the family and home environment in terms of the health, safety, and welfare of the beneficiary and PDN nursing staff, consistent with the agency's policies and licensure requirements.

7.5 Patient Self Determination Act

The Patient Self Determination Act of 1990, Sections 4206 and 4751 of the Omnibus Budget Reconciliation Act of 1990, P.L.101-508 requires that Medicaid-certified hospitals and other health care providers and organizations, give patients information about their right to make their own health decisions, including the right to accept or refuse medical treatment. Providers shall comply with these guidelines. *NCTracks Provider Claims and Billing Assistance Guide*:
https://www.nctracks.nc.gov/content/public/providers/providermanuals.html

7.6 Marketing Prohibition

Agencies providing PDN services through NC Medicaid ~~under this Medicaid Program~~ are prohibited from offering gifts or services ~~related inducements~~ of any kind to entice beneficiaries or their caregivers to choose said PDN service provider ~~it~~ as their PDN service provider or to entice beneficiaries or their caregivers to change from their current PDN service provider.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 1988 **Revision Information:**

Date	Section Revised	Change
12/01/2012	All sections and attachment(s)	Initial promulgation of coverage from a manual.
12/01/2012	All sections and attachment(s)	Technical changes to merge Medicaid and NCHC current coverage into one policy.
10/01/2015	All Sections and Attachments	Updated policy template language and added ICD-10 codes to comply with federally mandated 10/1/2015 implementation where applicable.
02/01/2016	Subsection 6.2.1.b	Removed statement, "All current PDN providers shall be fully accredited within 18 months of the effective date of this policy."
03/01/2017	All Sections and Attachments	Changed name and number to "3G-1 Private Duty Nursing for Beneficiaries Age 21 and Older"
03/01/2017	All Sections and Attachments	Portions of the policy pertaining to beneficiaries under 21 years of age were removed.
03/01/2017	Subsection 5.2.2.3	Added provisional prior approvals for Initial PDN Referrals
03/01/2017	Various Sections	Changed the certification period from 60 days to 90 days.
03/01/2017	Various Sections	Removed the experience requirement for PDN nurses
03/01/2017	Various Sections	Expand the expertise areas for PDN Nursing Supervisors.
05/12/2017	All Sections and Attachments	Policy posted 05/12/2017 with an Amended Date of 03/01/2017
11/01/2017	All Sections and Attachment (s)	Grammar, formatting, and hyperlink updates and corrections
11/01/2017	All Sections and Attachment (s)	Increased prior authorization (PA) certification period from 60 calendar days to 6 months
11/01/2017	Sections 5.2.3.3, 5.2.4.1, 5.2.4.2	Removed text in 5.2.3.3 Emergency Changes, 5.2.4.1 Notification of Termination, and 5.2.4.2 Notification of Reduction, as it was duplicative of already posted Due Process Policies and Procedures.
11/01/2017	All Sections and Attachment (s)	Added 'physician' to clarify need for physician signed CMS_485 for PA approval.
Date	**Section Revised**	**Change**
11/01/2017	Section 3.4 and 4.2.2	Removed information about CAP/C beneficiaries – transition is complete. Moved information about hours for other formal support programs to Section 4.2.2
11/01/2017	Section 5.2.2.5	Removed 'specific' and 'range of hours not acceptable'. Per 42CFR 409.43 Plan of Care Requirements, the frequency of visits may be stated as a specific range to ensure the most appropriate level of care is provided.

11/21/2017	All Sections and Attachments	Corrected an error in the document style that was causing some subsection headings to display incorrectly. No change to content or amended date.
00/00/0000	Section 5.2.6.5	Added the following language: Medical supplies are covered as per the criteria for coverage of medical supplies and use of the miscellaneous procedure code for medical supplies defined in clinical coverage policies 3A, *Home Health Services* and 5A, *Durable Medical Equipment* (available here: https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/clinical-coverage-policy-index).
00/00/0000	Added beginning of Policy	Added the language "This clinical coverage policy has an effective date of November 15, 2020; however, until the end of the public health emergency, the temporary coverage and reimbursement flexibilities enabled by NC Medicaid through a series of COVID-19 Special Medicaid Bulletins will remain in effect."
00/00/0000	Section 1.0	Removed reference to services in a hospital or skilled nursing facility. Removed "only" from place of service.
00/00/0000	Section 1.1.1	Expanded skilled nursing definition.
00/00/0000	Section 1.1.5	Clarified definition.
00/00/0000	Section 1.1.7	Clarified primary caregiver definition and added secondary caregiver definition.
00/00/0000	Section 2.1.2	Updated terminology to include managed care.
00/00/0000	Section 3.2.2	Clarified caregiver requirement.
00/00/0000	Section 3.3.1	Added additional criteria 9 and 10 to be more inclusive.
00/00/0000	Section 3.3.2	Removed case specific factors.
00/00/0000	Section 3.4	Updated approval table.
00/00/0000	Section 3.4.1	Increased duration to a maximum of 6 calendar weeks and expanded family emergency definition.
00/00/0000	Section 3.4.2	Added process to allow 14 days per calendar year of physician-ordered non-medical leave that cannot exceed the current approved hours.
00/00/0000	Section 5.2.2.1	Clarified process.
00/00/0000	Section 5.2.2.2	Clarified and streamlined process.
00/00/0000	Section 5.2.2.3	Clarified and streamlined process.
00/00/0000	Section 5.2.2.4	Clarified as per Centers for Medicare and Medicaid guidelines and clarified CMS 485 submission requirements.
00/00/0000	Section 5.2.2.5	Clarified and streamlined the process.
00/00/0000	Section 5.2.2.5	Clarified notification process.

00/00/0000	Section 5.2.2.6	Clarified re-evaluation process and increased to reporting within 5 business days, which is consistent with reporting other changes within the policy.
00/00/0000	Section 5.2.3	Clarified process.
Date	**Section Revised**	**Change**
00/00/0000	Section 5.2.3.1	Clarified section name.
00/00/0000	Section 5.2.3.2	Clarified emergency change process and increased to reporting within 5 business days, which is consistent with reporting other changes within the policy.
00/00/0000	Section 5.2.4.1	Duration decreased to within 5 business days which is consistent with reporting other changes within the policy. Added termination due to NC Medicaid eligibility policy criteria or medical necessity. Added Due Process and missed shift hours reporting.
00/00/0000	Section 5.2.4.2	Clarified notification process.
00/00/0000	Section 5.2.5	Clarified notification process.
00/00/0000	Section 5.2.5.2	Clarified and streamlined the process. Added provisional approval timeframe.
00/00/0000	Section 5.2.5.2.1	Streamlined process and added provisional review.
00/00/0000	Section 5.2.5.2.2	Streamlined process and added continuation review.
00/00/0000	Section 5.2.5.3	Streamlined process and added shared case process. Removed Discharge Summary and Approval process.
00/00/0000	Section 5.2.5.3.1	Streamlined and Added Shared Provisional Review process.
00/00/0000	Section 5.2.5.3.2	Streamlined and Added Shared Continuation Review process.
00/00/0000	Section 5.2.5.3.3	Streamlined process and added Re-distribution of Shared Hours process.
00/00/0000	Section 5.2.6.1	Increased to within 5 business days which is consistent with reporting other changes within the policy.
00/00/0000	Section 5.2.6.2	Removed reference to Part D.
00/00/0000	Section 5.2.6.4	Clarified PDN provider role in Home Health nursing tasks.
00/00/0000	Section 5.3.4	Clarified notification timeframe to within 10 business days.
00/00/0000	Section 6.3	Clarified to provide additional details as to who may be employed to provide services.
00/00/0000	Section 7.2.2	Clarified as per Department of Health and Human Services Provider Participation Agreement.
00/00/0000	All sections	Updated all policy links.
00/00/0000	All Sections and Attachments	Clarified “DMA” to “NC Medicaid,” “primary physician” to “attending physician,” as applicable, “provider” to “PDN service provider,” “must” to “shall” and “eligibility” to “NC Medicaid eligibility.”

Attachment A: Claims-Related Information

Provider(s) shall comply with the, *NCTracks Provider Claims and Billing Assistance Guide*, Medicaid bulletins, fee schedules, NC Medicaid's clinical coverage policies and any other relevant documents for specific coverage and reimbursement for Medicaid and NCHC:

A. Claim Type

Professional (CMS-1500/837P transaction)

B. International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy.

If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

HCPCS Code(s)	Program Description
T1000	PDN Nursing Services

Note: Medical supplies are billed using HCPCS supply codes as indicated on the Home Health Fee Schedule. The Home Health Fee Schedule lists the covered supplies. Refer to NC Medicaid's Web site at ~~http://dma.ncdhhs.gov~~ https://medicaid.ncdhhs.gov/.

Unlisted Procedure or Service

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions For Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

D. Modifiers

Provider(s) shall follow applicable modifier guidelines.

Modifiers are required for billing PDN nursing services as follows: TD for RN care and TE for LPN care.

E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

1. PDN Services
   PDN services are billed in 15-minute units and ~~must~~ shall not exceed the NC Medicaid authorized number of PDN units per ~~day~~ week. The qualifications of the nurse ~~must~~ shall be specified.
2. Medical Supplies
   Medical supplies are paid by item and quantity supplied and according to the Medicaid Home Health Fee Schedule. Refer to **Subsection 5.2.6.5** for coverage criteria.

F. Place of Service

PDN services are provided in the beneficiary's private primary residence. Refer to **Subsection 4.2**

G. Co-payments

For Medicaid refer to Medicaid State Plan, Attachment 4.18-A, page 1, located at http://dma.ncdhhs.gov/document/state-plan-under-title-xix-social-security-act-medical-assistanceprogram.

For NCHC refer to G.S. 108A-70.21(d), located at http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_108A/GS_108A-70.21.html

H. Reimbursement

Provider(s) shall bill their usual and customary charges.
For a schedule of rates, refer to: https://medicaid.ncdhhs.gov//

Reimbursement is based on the NC Medicaid Home Health and Private Duty Maximum Rate Schedule, available at: https://medicaid.ncdhhs.gov/

Program Integrity

The Office of Compliance and Program Integrity (OCPI) section of ~~DMA~~ NC Medicaid investigates PDN services provided without authorization. PDN service providers that render services that are not medically necessary or not performed as documented on the CMS 485 (Home Health Certification and Plan of Care Form) are referred to Medicaid's OCPI unit for evaluation and potential recoupment of reimbursement.

Licensed nurses who falsify medical records in an effort to qualify a beneficiary for PDN services are referred to the N.C. Board of Nursing or the appropriate North Carolina Health Care Personnel Registry (DHSR, the N.N. Board of Nursing or both).

Unit Limitations

The following limits apply:
Billed time cannot exceed the number of units per week authorized by NC Medicaid ~~DMA.~~

Attachment B: Home Health Certification and Plan of Care Form (CMS-485)

This form is available on DMA's Web site at: http://dma.ncdhhs.gov/

Attachment C: Physician's Request Form for Private Duty Nursing

This form is available on DMA's Web site at: http://dma.ncdhhs.gov/.

Attachment D: PDN Prior Approval Referral Form (DMA-3061)

This form is available on DMA's Web site at: http://dma.ncdhhs.gov/.

Attachment E: PDN Medical Update/Beneficiary Information Form

Attachment F: Verification of Employment Form

This form is available on DMA's Website: at: http://dma.ncdhhs.gov/

VERIFICATION OF EMPLOYMENT

Beneficiary's Name: _____
Beneficiary's Medicaid ID Number _____

Caregiver Name _____

This form is to be used only by individuals that are self-employed or are independent contractors

☐ A. I am self-employed.
☐ I am an independent contractor.

B. I work as a _____.

C. I do most of my work outside the home.
☐ I do most of my work at my home.

D. If I do most of my work at my home,
☐ I have a separate, dedicated work space in my home.
☐ I do not have a separate, dedicated work space in my home.

E. If I do most of my work at my home,
☐ I can arrange my hours, interrupt my work, or be otherwise available for care if needed.
I can not be available for care; I would need to hire a caregiver to supplement the hours that PDN could not provide

F. My typical work hours are (do not include on-call hours):
Monday _____ Thursday _____ Saturday _____
Tuesday _____ Friday _____ Sunday _____
Wednesday _____

☐ G. My typical work schedule: never or rarely varies.
☐ varies sometimes.
☐ varies a lot.

H. My typical work hours are: very flexible.
☐ somewhat flexible.
☐ not flexible.
☐

I. Please elaborate on any of the above or include any additional relevant information on the back of this form.

~~**An individual who certifies a material and false statement in this assessment will be subject to investigation for Medicaid fraud and, if applicable, will be referred to the appropriate professional licensing agency for investigation.**~~

~~Signature _____ Date _____~~

~~**Attachment G: Test Document-Hourly Nursing Review Criteria**~~

~~**This form is available on DMA's Web site at: http://dma.ncdhhs.gov/Attachment H: Employment Attestation Form**~~

~~This form is available on DMA's Web site at: http://dma.ncdhhs.gov/~~

DRAFT

Private Duty Nursing Employment Attestation Form

This Attestation of Employment Form services to provide information about employment status for the purpose of determining Medicaid Private Duty Nursing benefits.

Beneficiary:_____ MID#_____
DOB:_____

Primary Caregiver Attestation
On this date, I _____(Print Name), certify that I am:
□ Employed
□ Not currently employed
□ attend an institution of higher education part time
□ attend an institution of higher education full time
If employed or attending institution of higher education provide daily schedule:

Secondary Caregiver Attestation
On this date, I _____(Print Name), certify that I am:
□ Employed
□ Not currently employed
□ attend an institution of higher education part time
□ attend an institution of higher education full time
If employed or attending institution of higher education provide daily schedule:

I attest that, to the best of my knowledge, the above information can be supported by documentation.

Primary Caregiver (print)_____ Date:_____
Signature (required)_____

Secondary Caregiver (print)_____ Date:_____
Signature (required)_____