NC Department of Health and Human Services

Private Duty Nursing (PDN)
Stakeholder Session

Long-Term Services and Supports

Feb. 23, 2022
Agenda

- Welcome and Introductions
- Managed Care Updates
- PDN Policy Update
  - 3G-1 Adults age 21 and older
  - 3G-2 Beneficiaries under age 21
- COVID Reminders
- Other Updates
- PDN Reminders
- General Information
- Q & A
Managed Care Updates

- Year One began July 2021
- Approximately 1.7 Million Medicaid and NC Health Choice Beneficiaries have enrolled in Standard Plans
- Approximately 496,000 Medicaid Beneficiaries remain in NC Medicaid Direct today
- Year Two Starts December 2022
  - Behavioral Health I/DD Tailored Plan
Managed Care Provider Resources

- Managed Care Provider Quick Reference

- **NC Medicaid Managed Care Provider webpage** provides a dashboard of information that includes Provider Ombudsman/help center/NCTracks

- **NC Medicaid Health Plans webpage** provides access to the individual health plans, including clinical policies and contact information.

- Provider playbook, Fact Sheets ncmedicaidombudsman.org

- Send Questions to: Medicaid.HelpCenter@dhhs.nc.gov

SOURCE:

Managed Care Updates
Private Duty Nursing (PDN) Policy Update 3G-1

PDN for Beneficiaries Age 21 and Older: (Amended Sept. 1, 2021)

Detailed Clinical Coverage Policy

- Change Initiated: 2019
- PAG Approval: 3/25/2021
- Public Comment Period: 3/26 – 5/10/2021
- Effective Date: 9/01/2021
Private Duty Nursing (PDN) Policy Update 3G-2

PDN for Beneficiaries Under Age 21

Detailed Clinical Coverage Policy

Change process Initiated 9/2021:
Internal review to align with 3G-1 where appropriate
Stakeholder Mtg 2/2022:
Review proposed changes

PAG Approval
Public Comment Period
Effective Date
Proposed Changes to 3G-2 PDN for Beneficiaries up to age 21

- Skilled Nursing
  - Description & definition
  - Continuous
  - Primary & secondary caregivers

- Specific

- Medicaid additional criteria covered

- Health criteria

- Short-term increase

- Therapeutic leave

- School absences

- School enrollment or disenrollment
Proposed Changes to 3G-2 PDN Policy (cont.)

- Medicaid Additional Criteria *not* covered
- Initial referral
  - Process
  - Documentation requirements
- Reauthorization process
- Missed shift hours
- Re-evaluation
- Emergency changes
- Notification of termination
- Changing service providers
  - Transfer
  - Shared Cases
  - Re-distribution
Proposed Changes to 3G-2 PDN Policy (cont.)

- **Coordination of care**
  - Transfers between health care setting
  - Durable medical equipment / medical supplies

- **Weaning of a medical device**

- **Provider to beneficiary relationship**
COVID-19 Reminders

Plan for Sunsetting Temporary Policies

SPECIAL BULLETIN COVID-19 #226: Permanent Changes Made for Public Health Emergency Flexibilities and Plan for Sunsetting of Temporary Policies
Other Updates

• Nursing Shortage - Areas where NC Medicaid is working to address:
  – Expanding CAP/C waiver for children with skilled needs.
  – Reviewing other state plan PDN program options.

• Direct Care Worker Bonus & Wage Increase Initiative
  – Changes to details regarding eligibility, timelines and provider requirements
  – Direct Care Worker Webpage
  – DCW Help Center Email: Medicaid.DCW.HelpDesk@dhhs.nc.gov

SOURCE:
**PDN Reminders**

- Third Party Insurance
- New Forms: 3G-1 PDN Clinical Coverage Policy

*Important Reminders!*
Third Party Insurance

Reminder:

• Medicaid is the payor of last resort.

• Private health insurance coverage for nursing services of denial documentation for the prior approval period must be submitted to NC Medicaid.

• Monitoring for compliance with this requirement has been initiated.
New Forms: 3G-1 PDN Clinical Coverage Policy

- DHB-3508 PDN Referral
- DHB-3509 PDN Medical Update
- DHB-3511 PDN Change Request
- DHB-3512 PDN Shared Case
- DHB-3513 PDN Discharge Summary
- DHB-3514 PDN School Reimbursement
- PDN Documentation Checklist
# Private Duty Nursing (PDN) Referral Form – DHB-3508

**Instructions:** The form below must be completed in its entirety for consideration of Private Duty Nursing (PDN) services. If a section does not apply to the referral, please enter N/A.

<table>
<thead>
<tr>
<th>Type of Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Initial referral to PDN  ☐ Transfer of care from another agency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Beneficiary Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone #:</td>
</tr>
<tr>
<td>MID #:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Providing Agency Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDN Provider Agency Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone #:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trained Caregiver Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

Employed or attending college courses?  ☐ Yes  ☐ No
If employed, please detail work hours below:

Monday _____  Tuesday _____  Wednesday _____  Thursday _____  Friday _____
Saturday _____  Sunday _____
# DHB-3509 Medical Update Form

## General Information

- **Beneficiary Name:**
- **MID #:**
- **PDN Provider Agency Name:**
- **Provider NPI #:**
- **Current attending physician:**
- **Date of last examination by MD (with name of MD):**

## Prior Approval Information

- **Dates of last approval period:**
- **Weekly PDN hours currently approved (specify home and school hours if needed):**
- **Total weekly PDN hours approved (shared cases):**

## Private Insurance Information

- Does the beneficiary have insurance in addition to Medicaid?  
  - [ ] Yes  
  - [ ] No

- **Is PDN covered by private insurance?**  
  - [ ] Yes  
  - [ ] No

- If Yes, please detail the insurance company name, # of hours/week covered, and the dates of coverage:

  Note: if private insurance covers any portion of PDN services, an Explanation of Benefits document must be submitted with the PDN referral.

## School Information

- **Does the beneficiary (between the age of 3 and 20) attend school?**  
  - [ ] Yes  
  - [ ] No  
  - [ ] N/A
DHB-3511 Change Request Form

**Instructions:** Complete the General Information sections, select the type of change request, complete the applicable sections, and submit documentation as requested to NC Medicaid.

<table>
<thead>
<tr>
<th>General Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beneficiary Name:</strong></td>
</tr>
<tr>
<td><strong>MID #</strong></td>
</tr>
<tr>
<td><strong>PDN Provider Agency Name:</strong></td>
</tr>
<tr>
<td>Total PDN hours currently approved (specify home and school hours if applicable):</td>
</tr>
</tbody>
</table>

**Please select the type of change request.**

- [ ] Short Term increase in hours
- [ ] Permanent Change in approved hours
- [ ] Weaning of a medical device evaluation
- [ ] Notification of change in caregiver availability
- [ ] Notification of change in beneficiary school enrollment
- [ ] Notification of change in private insurance coverage

**Option 1: Request for Short Term Increase in hours**

Total number of requested hours per week (or titration, if applicable):

*Note: A short term increase in PDN services is limited to a maximum of six (6) calendar weeks.*

Requested effective date of change:

Submit the following documentation:

- [ ] Attending physician-signed order detailing the requested hours with a requested effective date.

**AND one of the following:**

- [ ] For new medical technology immediately post-hospital discharge:
- [ ] Hospital progress note detailing new medical technology.
# DHB-3512 Shared Case Form

**Private Duty Nursing (PDN) Shared Case Form – DHB-3512**

**Instructions:** The form below must be completed in its entirety by the PDN service provider initiating the change in shared care. Submit the completed form to NC Medicaid at least five (5) business days prior to the requested start date.

### General Information
- **Beneficiary Name:**
- **MID #:**
- **Total PDN hours currently approved (specify home and school hours if applicable):**

### New PDN Service Provider Information
- **Initiating PDN Service Provider:**
- **Provider NPI #:**
- **Address:**
- **Phone #:**
- **Current approved hours/week:**
- **Late date of service for current hours:**
- **Requested hours/week:**
- **Requested effective date for new hours:**

*Note: New PDN service provider(s) must include PDN Referral Form 3508 signed by the attending physician.*

### Current PDN Service Provider Information
- **Current PDN Service Provider:**
- **Provider NPI #:**
- **Address:**
- **Phone #:**
- **Current approved hours/week:**
- **Late date of service for current hours:**
- **Requested hours/week:**
- **Requested effective date for new hours:**

*Note: Existing PDN service provider(s) must include an attending physician-signed order with new hours and effective dates, to support the change in shared hours.*

### Additional PDN Service Provider Information (If Applicable)
- **Current PDN Service Provider:**
- **Provider NPI #:**
# DHB-3513 Discharge Summary Form

**General Information**

- **Beneficiary Name:**
- **MID #:**
- **PDN Provider Agency Name:**
- **Provider NPI #:**

**Discharge Information**

- **Last date PDN services provided:**
- **Missed shift hours:**
  - *Note: Missed shift hours during the authorization period shall be provided to the beneficiary or legal guardian upon request.*
- **Reason for discharge:**
- **Condition at time of discharge:**
- **Physician Name and Date Notified:**

*If the physician is discharging the beneficiary from PDN services, include the following documentation to support this request:*
# DHB-3514 School Reimbursement Form

**Private Duty Nursing (PDN) School Reimbursement Form – DHB-3514**

Instructions: The form below must be completed in its entirety for consideration of approval for PDN services in the home when the child is out of school.

## General Information

- **Beneficiary Name:**
- **MID #**
- **PDN Provider Agency Name:**
- **Provider NPI #:**

## School Information

- **Name of school:**
- **School district:**
- **Typical school schedule:** Start: _______ End: _______ How many days per week? _______
- **Number of weekly hours contracted:** _______

## Please detail missed school hours below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours missed</th>
<th>Reason for absence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PDN Documentation Checklist

**Initial Referral**
- Step 1: Notification
  - Notify PDN nurse consultant via email
- Step 2: Submitting prior approval (PA) request. Please upload the following:
  - 3508 – PDN Referral Form
  - Recent history and physician (H&P) or Hospital Discharge Summary
  - Private Health insurance Explanation of Benefits (EOB) or denial
- Step 3: Continuation approval. Within 30 days of the start of care, please upload the following:
  - Attending physician-signed CMS 485
  - Employment Verification documentation for caregiver(s) on company letterhead
  - PDN Service Provider consent to treat document

**Reauthorization**
- Attending physician-signed CMS 485
- 3509 – PDN Medical Update
- Private Health insurance Explanation of Benefits (EOB) or denial

**Change Request**
- Notify PDN nurse consultant via email
- 3511 – PDN Change Request Form
- Attending physician-signed addendum order detailing the changes
Q & A
Mark your calendars!

Next PDN Stakeholder session scheduled for JUNE 2022
Please email additional PDN-related questions to:

Medicaid.homecareservice@dhhs.nc.gov

Current PDN policy links

- NC Medicaid PDN for Beneficiaries Age 21 and Older
- NC Medicaid PDN for Beneficiaries Under Age 21

PDN webpage
Thank you and stay safe!

DON’T WAIT TO VACCINATE.

Find a vaccine location near you at MySpot.nc.gov or call 888-675-4567.