NC Department of Health and Human Services

Private Duty Nursing (PDN) Stakeholder Session

Home Care Services

September - October 2018
Agenda

- Welcome
- Proposed Policy Updates
- Program Updates
- Program Clarifications
- Stakeholder Engagement
Proposed Policy Updates
Proposed Policy Update Overview

1. New Combined Policy
   3G: Private Duty Nursing

2. Modified Health Criteria

3. Modified Approved Hours
Proposed New Policy – 3G: Private Duty Nursing

3G-1 for Beneficiaries Age 21 and Older + 3G-2 for Beneficiaries Under Age 21 = 3G: Private Duty Nursing
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; or
   8. At risk for requiring ventilator support.
Proposed PDN Health Criteria

Medicaid beneficiaries who meet criteria for medical necessity must also meet the following criteria:

a. Require a minimum of four (4) consecutive hours of continuous skilled nursing care per day, AND
b. Be dependent on a ventilator for at least eight (8) hours per day, or

c. Have a tracheostomy requiring suctioning with at least two (2) of the following types of nursing care:
   1. Require oxygen continuously at least eight (8) hours per day OR require oxygen intermittently based on pulse oximetry readings performed every nursing visit and PRN
   2. Require nebulizer or airway clearance therapy at least daily
   3. Require medication via g-tube, PICC line or central port
   4. Require TPN or nutrition via g-tube
## Current Adult Approved Hours

<table>
<thead>
<tr>
<th>Informal Caregiver Availability</th>
<th>Standard PDN Services (Refer to Subsection 3.3.1-Level 1 Services)</th>
<th>Expanded PDN Services (Refer to Subsection 3.3.2-Level 2 Services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two or more fully available caregivers</td>
<td>56 hours per week</td>
<td>70 hours per week</td>
</tr>
<tr>
<td>One fully available caregiver, with or without the presence of any other caregivers</td>
<td>76 hours per week</td>
<td>90 hours per week</td>
</tr>
<tr>
<td>Two or more partially available caregivers</td>
<td>56 hours per week plus time absent for work, up to maximum of 96 hours per week</td>
<td>70 hours per week plus time absent for work, up to maximum of 110 hours per week</td>
</tr>
<tr>
<td>One partially available caregiver</td>
<td>76 hours per week plus time absent for work, up to maximum of 112 hours per week</td>
<td>90 hours per week plus time absent for work, up to maximum of 112 hours per week</td>
</tr>
</tbody>
</table>
### Proposed Approved Hours

<table>
<thead>
<tr>
<th>At least one fully available caregiver:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Nursing Level 1: Up to 40 hours per week</td>
</tr>
<tr>
<td>Skilled Nursing Level 2: Up to 60 hours per week</td>
</tr>
<tr>
<td>Skilled Nursing Level 3: Up to 84 hours per week</td>
</tr>
<tr>
<td>Partly available caregiver(s):</td>
</tr>
<tr>
<td>Skilled Nursing Level 1: Up to 96 hours per week</td>
</tr>
<tr>
<td>Skilled Nursing Level 2: Up to 104 hours per week</td>
</tr>
<tr>
<td>Skilled Nursing Level 3: Up to 112 hours per week</td>
</tr>
</tbody>
</table>
Proposed PDN Grid

<table>
<thead>
<tr>
<th>Medical Needs Final Score</th>
<th>Respiratory Total =</th>
<th>Medications Total =</th>
<th>Feeding Total =</th>
<th>Other Total =</th>
<th>Medical Needs Total:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>If total medical needs score is:</td>
<td>25 to 40 points</td>
<td>41 to 56 points</td>
<td>57 points and up</td>
<td>Max hours per week:</td>
</tr>
<tr>
<td></td>
<td>Full caregiver* = up to 40 hours/week</td>
<td>Partial caregiver* = up to 96 hours/week</td>
<td>Full caregiver = up to 60 hours/week</td>
<td>Partial caregiver = up to 104 hours/week</td>
<td></td>
</tr>
</tbody>
</table>
Proposed Policy Update Discussion

• Please email additional questions to: Medicaid.HomeCareService@dhhs.nc.gov

• FAQ document will be composed and posted on the PDN website.
Proposed Policy Update Overview

Caregivers Further Defined

- Fully-available primary caregiver
- Partially-available primary caregiver
- Secondary caregiver
Proposed Policy Update Overview

PDN in Schools

Current Policy
- Verification of School Nursing Form

New Policy
- Change Request Form and Plan of Care
Proposed Policy Update Overview

Short-term Increases in PDN Services

Current Policy
- Limited to a maximum of four (4) calendar weeks

New Policy
- Limited to a maximum of six (6) calendar weeks

Employment Verification Requirement

Current Policy
- Work verification form
- Work verification on company letterhead

New Policy
- More employment verification options
Proposed Policy Update Overview

Weaning of a Medical Device

Current Policy
- Two weeks of service

New Policy
- Updated order within two weeks to re-evaluate
Proposed Policy Update Overview

Care in Alternate Settings: 3G-1 & 3G-2, section 4.2.2.f

<table>
<thead>
<tr>
<th>Current Policy</th>
<th>New Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Covered to receive care in alternate settings</td>
<td>- Covered to receive <em>medical</em> care in alternate settings</td>
</tr>
<tr>
<td></td>
<td>- Physician-ordered therapeutic leave</td>
</tr>
<tr>
<td></td>
<td>- Safe to travel</td>
</tr>
</tbody>
</table>
Proposed Policy Update Discussion

• Please email additional questions to: Medicaid.HomeCareService@dhhs.nc.gov

• FAQ document will be composed and posted on the PDN website.
Proposed PDN Document Changes

1. PDN New Referral Form
2. PDN Medical Update Form
3. PDN Change Request Form
Private Duty Nursing (PDN) Referral Form - DMA-3508

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’.

|☐| Initial referral to PDN | ☐| Transfer of care from another agency |

**Beneficiary Information**

| Name: |
| Address: |
| Phone #: | Sex: |
| MID #: | Birthdate: |

Does the beneficiary attend school?  ☐ Yes  ☐ No
If Yes, which school district?
Are PDN services that are provided at school, billed to Medicaid by the LEA as outlined in the DMA LEA Policy 10C?  ☐ Yes  ☐ No
If No, please explain why. (For example, beneficiary attends private school.)

How many hours/week of PDN services are to be provided in the school setting?

**Trained Primary Caregiver Information**

| Name: | Relationship to beneficiary: |
| Address: | |
| Phone #: | Employed?  ☐ Yes  ☐ No |

If Yes, how many hours/week?
Training needs?

**Trained Secondary Caregiver Information**

| Name: | Relationship to beneficiary: |
| Address: | |
| Phone #: | Employed?  ☐ Yes  ☐ No |

If Yes, how many hours/week?
Training needs?

**Attending physician Information**

| Attending Physician: | Phone #: |
| Address: | Date of last attending physician assessment: |
The form below must be completed in its entirety. If a section does not apply, please enter ‘N/A’.

**Beneficiary Name:**

**MID #:**

**Name of Provider Agency:**

**Provider NPI #:**

**Current attending physician:**

**Date of last examination by MD (with name of MD):**

Does the beneficiary have insurance in addition to Medicaid?

- [ ] Yes
- [ ] No

If Yes, please detail the # or hours/week covered, and the dates of coverage:

**Date of last approval period:**

**PDN hours currently approved in the home:**

Does PDN provide services in the school?

- [ ] Yes
- [ ] No

If Yes, which city/county school district?

AND how many hours per week?

If No, please skip to the ‘Medical Information’ section.

If PDN provides services in the school, are these services billed to Medicaid by the LEA as outlined in the DMA LEA Policy IOC?

- [ ] Yes
- [ ] No

If No, please explain why:

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**Medical Information**

**Ventilator dependency?**

- [ ] Yes
- [ ] No

If Yes, what type of ventilator?

How many hours per day is the beneficiary dependent on the ventilator?

- [ ] 24 hours/day
- [ ] 8-23 hours per day
- [ ] less than 8 hours per day or PRN

Non-ventilator dependent tracheostomy requiring suctioning?

- [ ] Yes
- [ ] No

If Yes, how often is tracheal suctioning completed?

- [ ] Q 1 hour or more frequently
- [ ] Q 2-4 hours
- [ ] Q 5 hours or less frequently
## Private Duty Nursing (PDN) Change Request Form

<table>
<thead>
<tr>
<th>Beneficiary Name:</th>
<th>MID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of PDN Service Provider:</td>
<td>PDN Service Provider NPI #:</td>
</tr>
<tr>
<td>PDN Service Provider Address:</td>
<td></td>
</tr>
</tbody>
</table>

### Please select the type of change request
- [ ] Emergency increase/decrease in hours
- [ ] Temporary increase/decrease in hours
- [ ] Permanent increase/decrease in hours
- [ ] Termination of PDN services
- [ ] Transfer between branches
- [ ] Transfer between agencies
- [ ] Change in shared hours

Please complete the section below that corresponds to the type of change request.

### Option 1: Increase/decrease in hours

**Section A. Complete the fields below**

- Current approved hours/week:
- Number of hours/week requested:
- Requested effective date of change:

**Section B. Select the appropriate need, and detail justification for the request below**

- [ ] Beneficiary medical need:
  - Includes: New medical technology, weaning of medical technology, recent hospitalization, or changes in condition causing increased/decreased amount and frequency of nursing interventions.

*Include the following documentation to support this request:*
- Letter of medical necessity from attending physician
- Attending physician-signed orders with any changes to hours and interventions listed
Program Updates
Program Updates

• CSRA
  Project on track for PDN PA to be reviewed and approved by CSRA

• Care Transitions
  – Caregiver role
  – Current documentation required
  – New PDN Change Request Form
Program Clarifications
PDN Clarifications

1. Prior Approval (PA):
   PA can only be approved or modified by NC Medicaid.

2. Adverse decisions:
   - Entering more than one PA
   - Additional documentation to support request
Discussion

• Please email additional questions to: Medicaid.HomeCareService@dhhs.nc.gov

• FAQ document will be composed and posted on the PDN website.
Stakeholder Engagement

- Quarterly PDN stakeholder meetings will be in February, May, August and November 2019. The dates and times will be announced in Dec. 2018.
- Work sessions to discuss and plan new initiatives will be arranged as needed.
PDN Program Contact Information

- NC Medicaid: 919-855-4100
- PDN Main line: 919-855-4380
- Voicemail line: 919-855-4391

Please email additional questions to: Medicaid.HomeCareService@dhhs.nc.gov
THANK YOU