



Private Duty Nursing (PDN) Frequently Asked Questions Stakeholder Meetings: August – October 2018

Q: When will the policy be available for public comment?

A: The revised policy is expected to be posted for public comment in early 2019.

Q: When will the new policy and forms be posted?

A: The revised policy and forms are expected to be effective in the Spring of 2019, following public comment and revisions as appropriate.

Q: Where can I find the PowerPoint presentation?

A: The PowerPoint presentation will be posted on the NC Medicaid PDN Website.

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

Q: What is the PDN Medicaid email address?

A: Medicaid.homecareservice@dhhs.nc.gov

Q: What is CSRA?

A: Computer Systems, Research and Applications (CSRA) has had a recent name change to GDIT (General Dynamics Information Technology) and is the contracted entity that processes and approves PAs for NC Medicaid. PDN PAs are projected to be reviewed and approved by CSRA/GDIT in the near future.

Q: How will combining the policies reduce administrative burden?

A: Combining the PDN policies enhances consistency.

Q: Does the proposed policy address non-respiratory medical diagnoses?

A: The proposed policy addresses all medical diagnoses as a component of the medical review.

Q: What is EPSDT?

A: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that state Medicaid agencies cover services, products, or procedures for Medicaid beneficiaries 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). 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Q: Will providers need to submit additional documentation for EPSDT reviews?

A: There will be no change in the process or documentation needed to conduct an EPSDT review. NC Medicaid may request additional supporting information to complete the review as needed.

Q: Will an EPSDT review delay NC Medicaid's decision?

A: EPSDT reviews will not delay NC Medicaid's decision. EPSDT reviews are currently conducted for beneficiaries under 21 years of age.

Q: What is the difference between a fully-available and partially-available caregiver?

A: The proposed policy defines a fully-available primary caregiver as physically and cognitively able to provide care for the beneficiary and is not employed. A partially-available primary caregiver is physically and cognitively available to provide care and is employed.

Q: Should all caregivers reside in the home with the client?

A: The primary caregiver must live in the beneficiary's private primary residence.

Q: Can the PDN nurse travel with the beneficiary?

A: PDN may cover absences away from the home for a beneficiary to receive *medical* care in an alternate setting or may cover physician-ordered, therapeutic leave for a beneficiary who is safe to travel.

Q: What is the standard response time to an uploaded PA?

A: After submission of the PA with complete documentation, NC Medicaid policy allows 15 business days to review the PA and render a decision.

Q: Will the new policy include 6-month authorizations?

A: The timeframe for authorizations remains the same within the proposed policy. PA approvals will continue to be granted for up to 180 days (6 months).

Q: Do I still need to notify PDN of uploaded documents?

A: Notification of PDN of document upload is needed only for instances of new referral requests and changes to the current authorization such as increases, decreases, terminations, shared agencies or transfer of care between agencies.

Q: Can I upload an unsigned 485 to hold the PA in place until I am able to upload other documentations?

A: Uploading an unsigned 485 makes the processing more cumbersome and will not positively impact the PA effective date. We are not able to review a PA that has an unsigned 485. We will accept a verbal order with the nurse's signature/doctor's name, with the date the verbal order was received, documented on the 485. We still require the physician-signed 485 to be uploaded before we can approve the PA, on the requested start date.

Note: The 485 must be uploaded every 60 days and the PA needs to be entered prior to the end date of the current PA, for authorization to be uninterrupted. We recommend entering the reauthorization PA and documents 30 days prior to the end date of current PA, per policy to have a decision prior to or on the start date of the new PA.

Q: I have a specific beneficiary question and a question that I do not see on the FAQ. What should I do?

A: Please email additional question(s) to medicaid.homecareservice@dhhs.nc.gov.