



NC Department of Health and Human Services  
**Private Duty Nursing (PDN)  
Quarterly Stakeholder Session**

**Long-Term Services and Supports**

**June 27, 2019**



# Agenda

- **Welcome**
- **Provider and Beneficiary Survey Results**
- **Quality Improvement Initiatives**
- **Policy Updates**
- **Q & A**

# PDN Surveys

**PDN  
Beneficiary/Family  
Survey  
79 Respondents**



# Survey Response Themes

- **Shortage of available, qualified nurses**
- **Nurses arriving late; not showing up for shift**
- **Changing or adding nursing agencies**
  - Majority (53%) of beneficiaries/families responded that more than two days notice given to current agency
- **Takes NC Medicaid too long to approve transfers of hours between agencies**

## Survey Response Themes (cont.)

- **Respite hours vs. regular weekly hours**
  - How much Respite has been billed?
  - What's my Respite balance?
- **Respite is not a replacement for weekly authorized hours**

# Information Desired From Nursing Agency

- **Agency's staffing plan**
- **Upcoming coverage gaps**
- **Status updates on issues**
- **Qualifications/experience of nurses coming into my home**
- **Billed vs. authorized weekly PDN hours**



# Positive Feedback

Our team of nurses is great!

Great collaboration between PDN agency and Case Manager!

I trust my PDN agency!

Our agency cares about who they staff with patients!



# Information desired from NC Medicaid

- **Guidelines for PDN eligibility and determining hours**
  - **PDN for Beneficiaries Under 21 Years of Age**
    - [https://files.nc.gov/ncdma/documents/files/3G-2\\_1.pdf](https://files.nc.gov/ncdma/documents/files/3G-2_1.pdf)
  - **PDN for Beneficiaries Age 21 and Older**
    - [https://files.nc.gov/ncdma/documents/files/3G-1\\_2.pdf](https://files.nc.gov/ncdma/documents/files/3G-1_2.pdf)
- **Billing invoices/Explanation of Benefits (EOBs) for all Medicaid services**



## Information desired from NC Medicaid (cont.)

- **Billed vs. authorized PDN hours and reasons for unstaffed hours**
- **Feel left out or “in the dark” as to changes and discussions related to PDN; left up to PDN agencies to provide us with information, but things get lost in the translation**

# PDN Surveys

**PDN Agency  
32 Respondents**



# Survey Response Themes

- **Biggest daily challenge in providing PDN services to beneficiaries**
  - **Staffing/Availability of qualified nurses to cover authorized hours**
  - **NC Medicaid required paperwork; duplication of effort**



- **Communication between PDN Agencies and NC Medicaid**
  - **Secure email between providers and NC Medicaid most efficient means of communication**
  - **Alerts in NC Tracks sufficient means for NC Medicaid to request additional information (RAI)**
  - **More timely responses to provider inquiries**



- **Communication between PDN agencies and NC Medicaid (cont.)**
  - **Creation of NC Medicaid Discharge Summary form**
    - **Would standardize and simplify process**
    - **Ensure all information provided to NC Medicaid**
    - **Some agencies already have form that meets accreditation – would create duplication of effort**

- **Coordination of Care**

- **Requiring both PDN agencies to sign coordination statement when beneficiary is changing agencies**

- **Would eliminate confusion**
- **Ensures that both agencies are aware of the transition**
- **Would help prevent agencies from exceeding authorized number of weekly hours**



- **Coordination of Care (cont.)**

## **– Reporting school hours to NC Medicaid**

- **80% of respondents indicated that all agencies providing PDN services to a school-aged child should be required to report school hours to NC Medicaid**
- **Will provide clarity and avoid overlap in hours**
- **Will promote continuity of care**



# **PDN Quality Improvement Initiatives**



# Quality Improvement Initiatives

**PDN Forms  
Pilot Feedback**

**PDN Forms  
Update**

**Policy  
Update**

**Next Steps**



# PDN Forms Pilot Feedback

- Process
- Changes
- Location
- Checklist

**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'.

**Type of Request**  
 Initial referral to PDN    Transfer of care from another agency

**Beneficiary Information**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_   Sex: \_\_\_\_\_  
MID #: \_\_\_\_\_   Birthdate: \_\_\_\_\_

**Agency Information**  
PDN Provider Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**Private Duty Nursing (PDN) Medical Update Form - DMA 3509**  
The form below must be completed in its entirety. If a section does not apply, please enter 'N/A'.

**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: \_\_\_\_\_  
Total PDN hours currently approved (specify home and school hours if needed): \_\_\_\_\_

**Private Insurance Information**  
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: \_\_\_\_\_

**School Information**

# PDN Forms Update

- 3 updated new forms:
  - Referral Form
  - Medical Update Form
  - Change Request Form
- 3 new forms to introduce:
  - Shared Case Form
  - School Reimbursement Form
  - Discharge Summary Form

**Private Duty Nursing (PDN) Change Request Form - DMA-3511**

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

General Information	
Beneficiary Name:	
MID #	
PDN Provider Agency Name:	
Total PDN hours currently approved (specify home and school hours if needed):	Provider NPI #:
<input type="checkbox"/> Short term increase in hours <input type="checkbox"/> Notification of change in caregiver availability <input type="checkbox"/> Weaning of a medical device evaluation	
<input type="checkbox"/> Permanent change in approved hours <input type="checkbox"/> Notification of change in school enrollment	
<b>Option 1: Request for short term increase in hours</b>	
Requested hours:	
Requested effective date of change:	

Note: A short term increase in PDN services is limited to a maximum of 100 hours per year.

**Private Duty Nursing (PDN) Shared Case Form - DMA-XXXX**

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 needed):	
Providing Agency Information	
Initiating PDN Service Provider:	NPI:
Address:	Phone #:
Current approved hours/week:	Late date of service for current hours:
Requested hours/week:	Requested effective date for new hours:
Current PDN Service Provider #1:	
Address:	NPI:
Current approved hours/week:	Phone #:
	Late date of service for current hours:

## Private Duty Nursing (PDN) Shared Case Form - DMA-XXXX

**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	
<b>Beneficiary Name:</b>	
<b>MID #:</b>	
<b>Total PDN hours currently approved (specify home and school hours if needed):</b>	
Providing Agency Information	
<b>Initiating PDN Service Provider:</b>	<b>NPI:</b>
<b>Address:</b>	<b>Phone #:</b>
<b>Current approved hours/week:</b>	<b>Late date of service for current hours:</b>
<b>Requested hours/week:</b>	<b>Requested effective date for new hours:</b>
Current PDN Service Provider #1:	
<b>Address:</b>	<b>NPI:</b>
<b>Current approved hours/week:</b>	<b>Phone #:</b>
<b>Current approved hours/week:</b>	<b>Late date of service for current hours:</b>

## Private Duty Nursing (PDN) School Reimbursement Form - DMA-XXXX

**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		
<b>Beneficiary Name:</b>		
<b>MID #</b>		
<b>PDN Provider Agency Name:</b>	<b>Provider NPI #:</b>	
Approved Hours Information		
<b>Total hours currently approved (as indicated on the CMS-485):</b>		
School Information		
<b>Name of school:</b>		
<b>School district:</b>		
<b>Please detail missed school hours below.</b>		
<b>Date:</b> _____	<b>Hours missed:</b> _____	<b>Reason for absence:</b> _____
<b>Date:</b> _____	<b>Hours missed:</b> _____	<b>Reason for absence:</b> _____
<b>Date:</b> _____	<b>Hours missed:</b> _____	<b>Reason for absence:</b> _____
<b>Date:</b> _____	<b>Hours missed:</b> _____	<b>Reason for absence:</b> _____
<b>Date:</b> _____	<b>Hours missed:</b> _____	<b>Reason for absence:</b> _____
<b>Date:</b> _____	<b>Hours missed:</b> _____	<b>Reason for absence:</b> _____
<b>Date:</b> _____	<b>Hours missed:</b> _____	<b>Reason for absence:</b> _____
<b>Date:</b> _____	<b>Hours missed:</b> _____	<b>Reason for absence:</b> _____
<b>Date:</b> _____	<b>Hours missed:</b> _____	<b>Reason for absence:</b> _____

## Private Duty Nursing (PDN) Discharge Summary Form - DMA-XXXX

**Instructions: The form below must be completed in its entirety and submitted to NC Medicaid within five (5) business days of discharge.**

General Information	
<b>Beneficiary Name:</b>	
<b>MID #</b>	
<b>PDN Provider Agency Name:</b>	<b>Provider NPI #:</b>
Discharge Information	
<b>Last date PDN services provided:</b>	
<b>Reason for discharge:</b>	
<b>Condition at time of discharge:</b>	
<b>Physician Name and Date Notified:</b>	
<b>*If the physician is discharging the beneficiary from PDN services, include the following documentation to support this request:</b>	

# Policy Update

- **3G-1 and 3G-2 – policies will continue to be separate**
- **Updated processes related to new forms**



# Next Steps

- CMS 485 Plan of Care Audit
- Policy updates to continue

**NEXT STEPS**



# Q & A

# Additional Questions

Please email additional PDN-related questions to:

[Medicaid.homecareservice@dhhs.nc.gov](mailto:Medicaid.homecareservice@dhhs.nc.gov)

- **Current PDN policy links:**

[https://files.nc.gov/ncdma/documents/files/3G-1\\_1.pdf](https://files.nc.gov/ncdma/documents/files/3G-1_1.pdf)

[https://files.nc.gov/ncdma/documents/files/3G-2\\_0.pdf](https://files.nc.gov/ncdma/documents/files/3G-2_0.pdf)

- **PDN website:**

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

# Mark your calendars!

**Fall PDN Stakeholder  
session scheduled for**

**Thursday  
Sept. 26, 2019  
3-4 p.m.**





**THANK YOU**