

#### 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**



### 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
  - PDN for Beneficiaries Age 21 and Older
    - 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

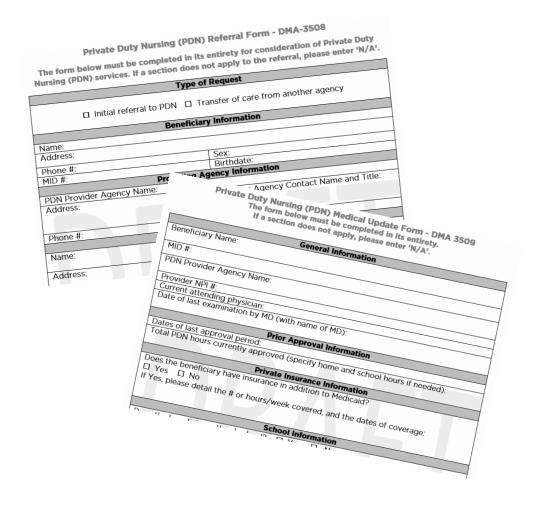
Policy Update

**Next Steps** 



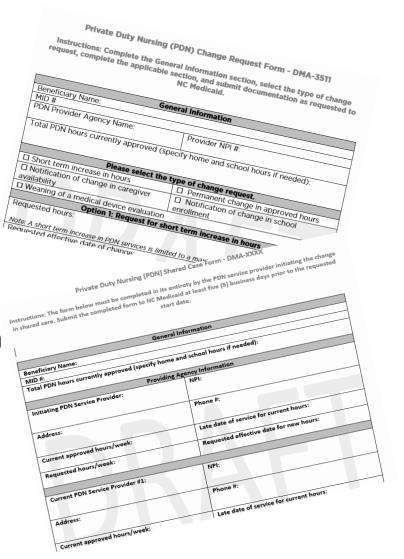
#### **PDN Forms Pilot Feedback**

- Process
- Changes
- Location
- Checklist



## **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) 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):					
Pro	viding 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:	NPI:				
Address:	Phone #:				
Current approved hours/week:	Late date of service for current hours:				

#### 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						
Beneficiary Name:						
MID#						
PDN Provider Agency Name:			Provider NPI #:			
			ours Information			
Total hours	s currently approved (as in	ndicated on the (	CMS-485):			
		School	Information			
Name of so	hool:					
School dist	rict:					
Please detail missed school hours below.						
Please deta	all missed school hours be	elow.				
Date:	Hours missed:	Reason for	absence:			
	Hours missed:					
	Hours missed:					
Date:	Hours missed:	Reason for	absence:			
Date:	Hours missed:	Reason for	absence:			
Date:	Hours missed:	Reason for	absence:			
Date:	Hours missed:	Reason for	absence:			
Date:	Hours missed:	Reason for	absence:			
Date:	Hours missed:	Reason for	absence:			

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

## **Policy Update**

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





# Q&A

#### **Additional Questions**

#### Please email additional PDN-related questions to:

## 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-2\_0.pdf

#### PDN website:

https://medicaid.ncdhhs.gov/providers/programs-andservices/long-term-care/private-duty-nursing-pdn

## Mark your calendars!

## Fall PDN Stakeholder session scheduled for

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



 MON	TUE	WED	THU
28	29	30	1
5	6	7	8
12	13	14	15
19	20	21	22
26	27	28	29

