

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

Long-Term Services and Supports
March 22, 2019



Agenda

- **Welcome**
- **Transitions**
- **Quality Improvement Initiatives**
- **Program Updates**
- **Next Steps**
- **Q & A**

Transitions

1

Long-Term Services and Support

2

Managed Care

1 Long-Term Services & Supports (LTSS)

Creation of new nursing unit



LTSS in NC Medicaid

The populations using LTSS are extremely diverse in terms of individuals' care needs, service utilization and spending. Over the next 5 years the transition of programs that support these citizens will offer significant opportunities to improve care coordination, access to community-based services and outcomes for these vulnerable populations....

-North Carolina's Vision for Long-term Services and Supports transition to Managed Care



NC Medicaid Managed Care Vision



“To improve the health of North Carolinians through an innovative, whole-person-centered, and well-coordinated system of care that addresses both medical and non-medical drivers of health.”

-Secretary Mandy Cohen

Prepaid Health Plans

Create single point of accountability for care and outcomes for Medicaid beneficiaries through two types of Plans

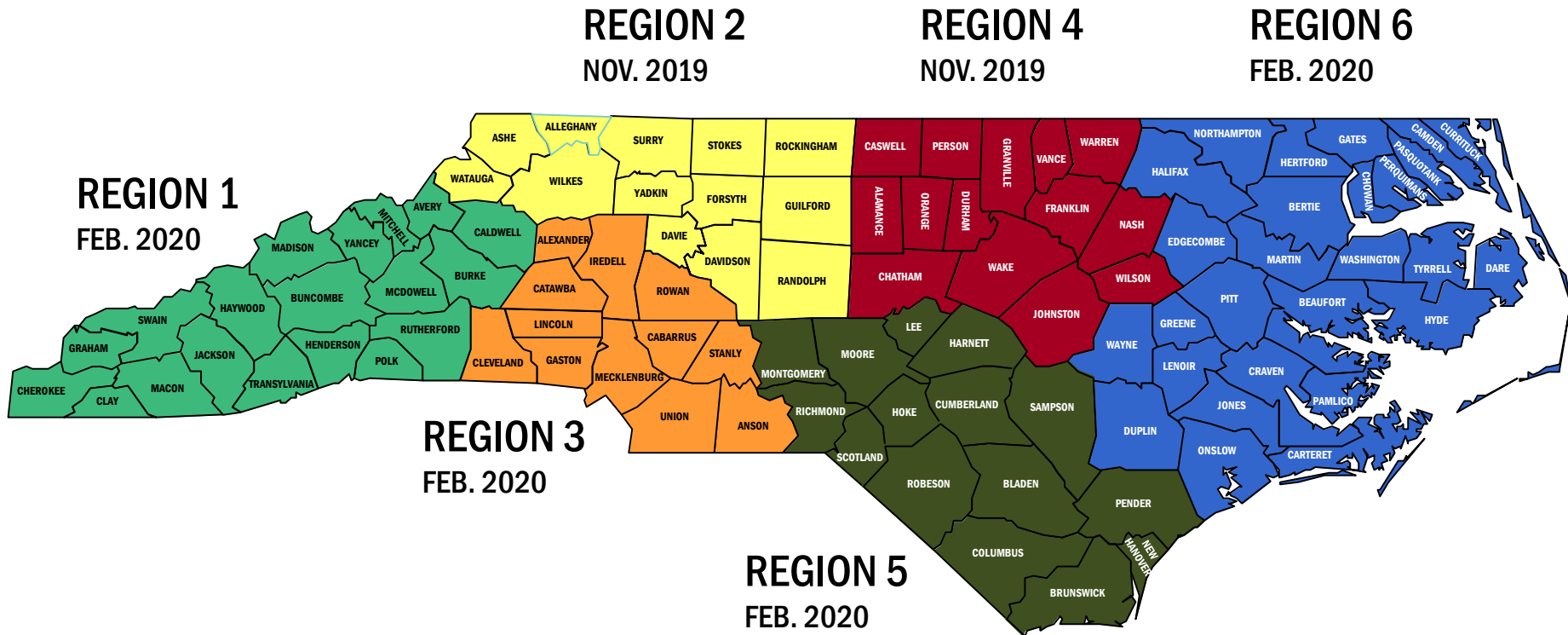
Standard Plans

- Beneficiaries benefit from integrated physical & behavioral health services
- “Primary care” behavioral health spend included in PHP capitation rate
- Phased implementation – Nov. 2019 & Feb. 2020

Tailored Plans

- Specialized managed care plans targeted toward populations with significant BH and I/DD needs
- Access to expanded service array
- Behavioral Health Homes
- Projected for July 2021

Managed Care Regions and Rollout Dates



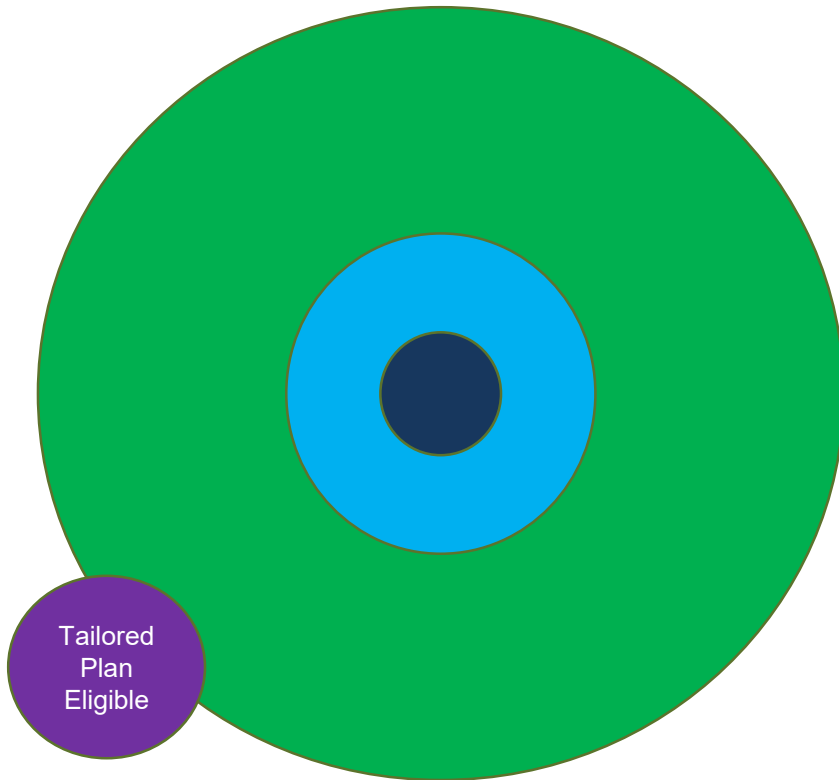
Rollout Phase 1: Nov. 2019 – Regions 2 and 4

Rollout Phase 2: Feb. 2020 – Regions 1, 3, 5 and 6

LTSS: Initiatives for 2019-2020

- Implementation of Managed Care for (Medicaid Only) LTSS beneficiaries
- Implementation of Consolidated Independent Assessment Entity (CIAE) to provide unified screening and assessments across LTSS FFS programs
- Renewal of 1915(c) CAP/DA Waiver
- Revision of 1915(c) CAP/C Waiver
- Implementation of Electronic Visit Verification (EVV) for personal care services
- Expansion of Program of All-Inclusive Care for the Elderly (PACE)

LTSS Medicaid Population Transition to Managed Care



**Medically Needy is a Medicaid classification for aged, blind, or disabled individuals whose countable income and/or resources exceed the categorically needy limits. Medically Needy coverage extends Medicaid to needy aged, blind, and disabled individuals who have too much income/resources to receive SSI, but not enough to pay for medical care.*

NC Adult Medicaid Manual MA-2120

- **Managed Care Standard Plan Enrollees in Year One (Phase 1 & 2)**
 - Medicaid Only LTSS
- **Carved Out/Excluded from Medicaid Managed Care Enrollment**
 - Program of All-Inclusive Care for the Elderly (PACE)
 - Medically Needy
 - Medicaid enrollees in State Operated Facilities
- **Excluded from Managed Care Enrollment Year 1-4**
 - 1915c CAP/DA Waiver participants
 - 1915c CAP/C Waiver participants
 - Individuals who are dually eligible (Medicare/Medicaid)
 - Medicaid Only enrollees in Nursing Homes >90 days

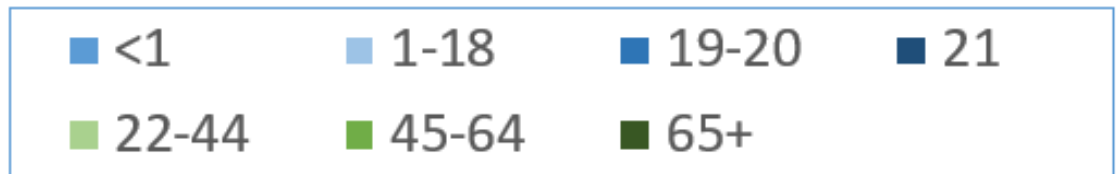
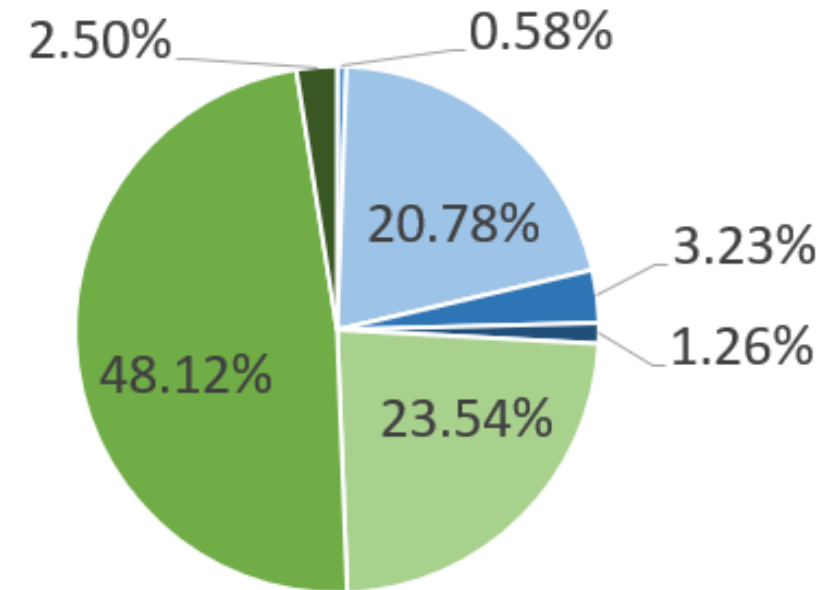
Managed Care Standard Plan **Year 1** Coverage

LTSS SERVICES	STANDARD PLAN YEAR-1	EXCLUDED	CARVED OUT
PCS	Medicaid Only		
Home Health	Medicaid Only		
Nursing Facility	Medicaid Only up to 90 days	91+ days	
Private Duty Nursing	Medicaid Only		
Hospice	Medicaid Only		
HIT	Medicaid Only		
HIV Case Management	Medicaid Only		
CAP/C (Children)			
CAP/DA (Disabled Adults)			
PACE			
State Operated NMCs/VAHs			
ABD	Medicaid Only		
Dual Eligible			
Medically Needy			
TP-Eligible	Exempt—Option to enroll in Standard Plan, unless elects to receive Innovations/TBI waiver		

Standard Plan Year One (SP-1) Projected ABD Population

Projected SP-1
ABD Population:
Over 155K, which
is approximately
37% of total NC
ABD Population

Percentage of Members per Age Group



Mercer's Projected Year 1 Standard Plan ABD Population, SFY 2017 data

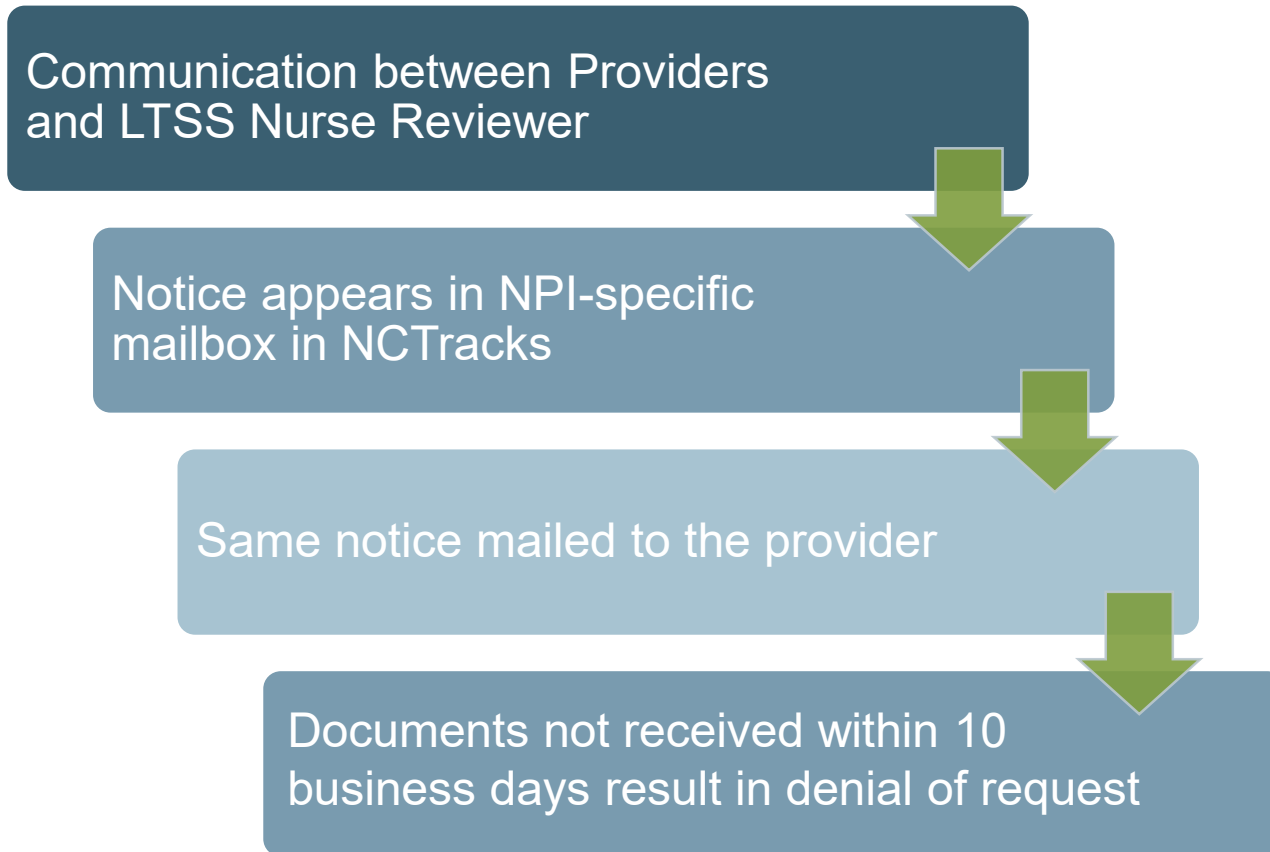
Quality Improvement Initiatives

**Pend Alert 1:
Request for
Additional
Information**

**Prior Approval
CMS-485
Compliance
Audit**

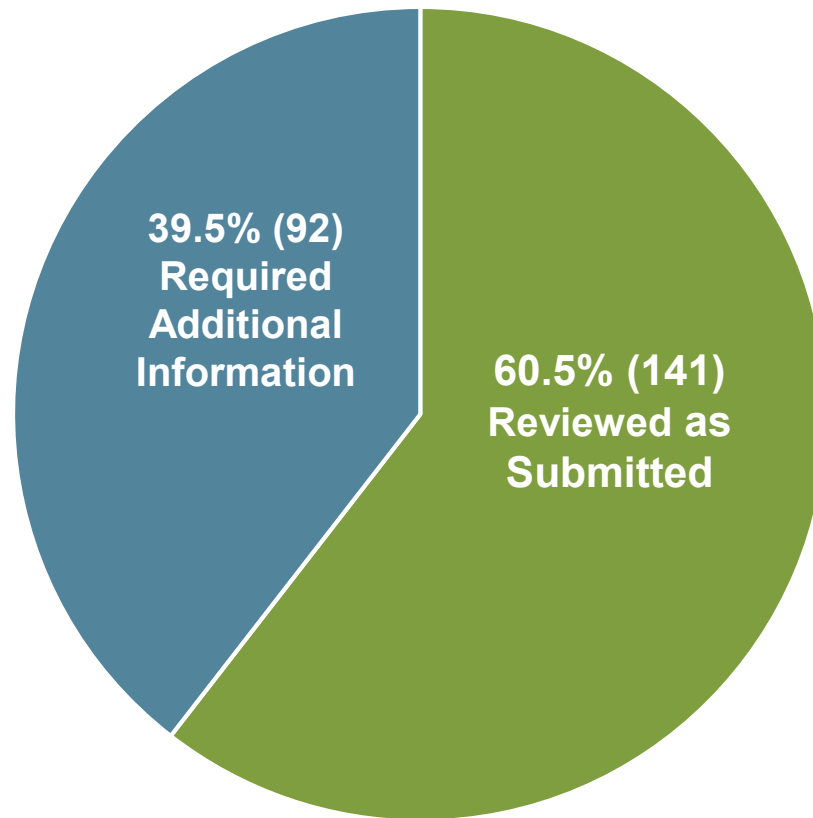


Pend Alert 1: Request for Additional Information



Prior Approval Audit Feb. 20 – Mar. 5

233 PA's Received in 2-week period



Prior Approval: CMS-485 Compliance Audit

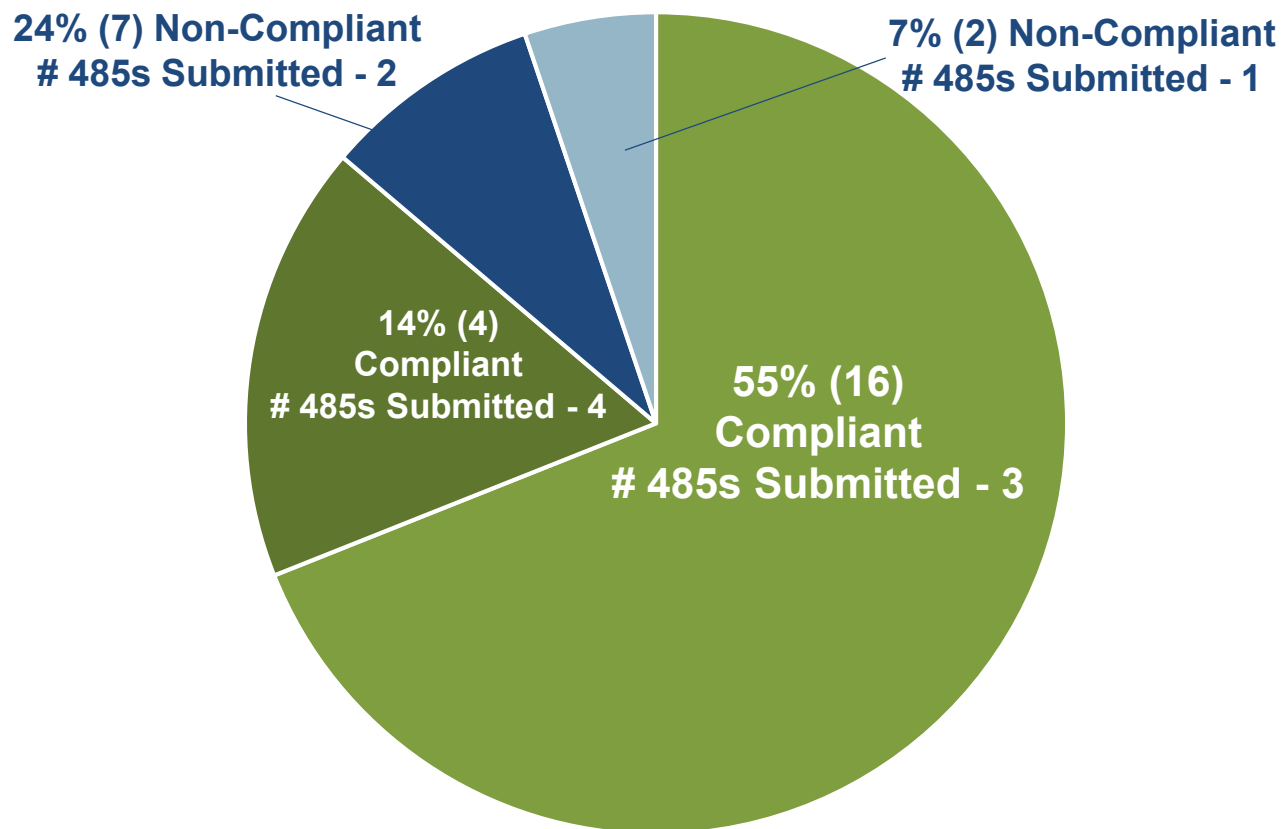
**November 2017 –
PA approval interval
was changed from a
60-day PA to a
6-month PA**

**Recent audit of 29
approved PAs to
determine if CMS-485s
were loaded into
NCTracks every 60 days.**



CMS-485 Compliance

29 - 485s Submitted in 6-Month Period



CMS-485 Compliance

If you have PAs in NCTracks with missing CMS-485s for any of the 60-day periods, you are **OUT OF COMPLIANCE** with policy



Providers have 60 days to correct documentation



Check all PAs entered since Nov. 1, 2017



After 60 days, NC Medicaid will begin reporting discrepancies to Office of Compliance and Program Integrity

Program Updates

1

New Forms Pilot

2

Shared Case / Transfer Case Discussion

1 New Forms Pilot

- Originally asked 6 PDN providers to assist with piloting the new forms.
- Goal is to ensure the forms are reliable and consistent prior to incorporating them into the proposed policy.
- Recently increased the number of participants to 10 to gather more data.
- The pilot is still in progress.

The image displays three overlapping forms related to Private Duty Nursing (PDN) services. The top form is a 'Beneficiary Information' form, the middle is a 'Trained Primary Caregiver Information' form, and the bottom is a 'Change Request Form'. All forms include fields for name, address, phone, and other identifying information. The 'Change Request Form' includes sections for 'Current approved hours/week', 'Requested effective date of change', and 'Beneficiary medical need'. It also includes a section for 'Please select the type of change request' with options for emergency, temporary, or permanent changes, and a section for 'Please complete the section below that corresponds to the type of change request' with options for transfer between branches, transfer between agencies, or change in shared hours. The forms are marked with a large 'DRAFT' watermark.

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'.	
<input type="checkbox"/> Initial referral to PDN <input type="checkbox"/> Transfer of care from another agency	
Beneficiary Information	
Name:	
Address:	
Phone #:	Sex:
MID #:	Birthdate:
Does the beneficiary attend school? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, please explain why. (For example, beneficiary attends private school.)	
How many hours/ <u>week</u> of PDN services are to be provided in the school setting?	
Trained Primary Caregiver Information	
Name:	Relationship to beneficiary:
Address:	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #:	If Yes, how many hours/ <u>week</u> ?
Training needs?	
Trained Secondary Caregiver Information	
Name:	Relationship to beneficiary:
Address:	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #:	If Yes, how many hours/ <u>week</u> ?
Training needs?	
Attending physician Information	
Attending Physician:	Phone #:
Address:	Date of last attending physician assessment:

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'.
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain why:
Medical Information
Ventilator dependency? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type of ventilator? _____
How many hours per day is the beneficiary dependent on the ventilator? <input type="checkbox"/> 24 hours/day <input type="checkbox"/> 8-23 hours per day <input type="checkbox"/> less than 8 hours per day or PRN
Non-ventilator dependent tracheostomy requiring suctioning? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how often is tracheal suctioning completed? <input type="checkbox"/> Q 1 hour or more frequently <input type="checkbox"/> Q 2-4 hours <input type="checkbox"/> Q 5 hours or less frequently

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

Private Duty Nursing (PDN) Change Request Form	
Beneficiary Name:	MID #:
Name of PDN Service Provider:	PDN Service Provider NPI #:
PDN Service Provider Address:	
Please select the type of change request.	
<input type="checkbox"/> Emergency increase/decrease in hours	<input type="checkbox"/> Transfer between branches
<input type="checkbox"/> Temporary increase/decrease in hours	<input type="checkbox"/> Transfer between agencies
<input type="checkbox"/> Permanent increase/decrease in hours	<input type="checkbox"/> Change in shared hours
<input type="checkbox"/> Termination of PDN services	
Please complete the section below that corresponds to the type of change request.	
Option 1: Increase/decrease in hours	
<u>Section A. Complete the fields below.</u>	
Current approved hours/week:	
Number of hours/week requested:	
Requested effective date of change:	
<u>Section B. Select the appropriate need, and detail justification for the request below.</u>	
<input type="checkbox"/> <u>Beneficiary medical need:</u> <i>Includes: New medical technology, weaning of medical technology, recent hospitalization, or changes in condition causing increased/decreased amount and frequency of nursing interventions.</i>	
<p>*Include the following documentation to support this request:</p> <ul style="list-style-type: none"> • Letter of medical necessity from attending physician • Attending physician-signed orders with any changes to hours and interventions listed 	

2 Shared Case / Transfer Case Discussion

- **Why do you think beneficiaries change agencies frequently?**
- **Do you have trouble getting other agencies to cooperate during these changes?**
- **Do you think a signature should be required by all involved in the change?**
- **What suggestions do you have for making the process more efficient while maintaining the integrity of the program?**
- **We want to hear from you!**

Next Steps



Provider surveys will be coming to get your ideas and recommendations for several topics:

- **Shared / transfer case process**
- **Website content**
- **Best practices for providers - networking opportunity**
- **Measurable quality metrics**

Next PDN Stakeholder Session June 27, 2019 at 3pm

As valued partner, we want to know what you think!

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-and-services/long-term-care/private-duty-nursing-pdn>

THANK YOU

