

Questions and Answers

**Q1. a) What is the link to access COVID tests for our patients that are free to the agency?
b) Does this require a doctor's order? c) In the event all agencies must test employees who refuse the vaccine due to the government mandate, will these tests be provided to the agencies or will the agencies be able to bill NC Medicaid for the cost?**

A1a. You may find information for Home COVID-19 testing here:
<https://covid19.ncdhhs.gov/>

A1b. A doctor's order is not required.

A1c. Please check with your leadership regarding testing your employees.

Q2. Should employment forms be submitted every six months?

A2. NC Medicaid reserves the right to verify a caregiver's employment schedule annually and as deemed appropriate.

[NC Medicaid: 3G-1, Private Duty Nursing for Beneficiaries Age 21 and Older \(ncdhhs.gov\)](#)

5.2.2.5 Reauthorization Process and Documentation Requirements

[NC Medicaid: Private Duty Nursing for Beneficiaries Under 21 Years of Age, 3G-2 \(ncdhhs.gov\)](#)

5.2.2.7 Documentation Required for PDN Service Reauthorization

Q3. Should nursing notes be uploaded every six months or just when requested by the PDN Consultant?

A3. [NC Medicaid: 3G-1, Private Duty Nursing for Beneficiaries Age 21 and Older \(ncdhhs.gov\)](#)

5.2.2.5 Reauthorization Process and Documentation Requirements

c. nursing notes from the last authorization period. At least five (5) nonconsecutive calendar days are required

[NC Medicaid: Private Duty Nursing for Beneficiaries Under 21 Years of Age, 3G-2 \(ncdhhs.gov\)](#)

5.2.2.7 Documentation Required for PDN Service Reauthorization

f. Nursing notes are to be submitted as requested.

Q4. Are a recording or slides available from the Sept. 16, 2021 Stakeholder Meeting?

A4. The meeting was not recorded. You may view the slides from the meeting here:
<https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/private-duty-nursing-pdn>

Q5. Is the requirement to have the physician sign each page of the 485 a new requirement?

A5. CMS has designed the CMS-485 document(s) Home Health Certification and Plan of Care with physician signature at the bottom of each page. Our practice is to continue to require physician signature on each page of the 485 document(s) as this authenticates that the physician agrees with the orders/information on each page that was submitted. This practice is also best for audit purposes. If the PDN provider has authorities that state otherwise (signature on one page), NC Medicaid will review. In the absence of this, we will continue our practice of requiring all pages of the 485 documents to have physician signature.

Q6. Will there be information on how we help participants transition from NC Medicaid Managed Care to CAP?

A6. If the beneficiary's health plan determines the beneficiary would be best served by services not included in NC Medicaid Managed Care, the health plan would need to coordinate a transition with NC Medicaid Direct.

Q7. How often are primary insurance denials required?

A7. NC Medicaid is the payer of last resort. Private health insurance coverage for nursing services or denial documentation for the prior approval period must be submitted to NC Medicaid. Primary insurance documentation must be clear and include the beneficiary's full name and approval or denial timeframe.

<https://medicaid.ncdhs.gov/providers/claims-and-billing/third-party-insurance>

3G-1 5.2.2.6 Reevaluation During the Approved Period: The PDN service provider shall notify NC Medicaid of a significant change in the beneficiary's medical status, such as a significant improvement or decline, a change in caregiver availability or change in private health insurance coverage within five business days. NC Medicaid shall reevaluate services at that time.

3G-1 5.2.5.2 Documentation Requirements for Transfer Provisional Review: The initiating PDN service provider shall submit the following documents for a transfer provisional review: a. DMA-3508 (PDN Referral Form) signed by the attending physician; b. Private health insurance coverage or denial documentation for prior approval period, if applicable.

3G-1 7.3 Verification of Eligibility: The PDN service provider is required to verify the beneficiary's NC Medicaid eligibility, NC Medicaid coverage category, private health insurance coverage and living arrangement before initiating services and during delivery of PDN services.

3G-2 7.3 Verification of Eligibility: The PDN service provider shall verify the beneficiary's eligibility, Medicaid coverage category, other insurance coverage, and living arrangement before initiating services and during delivery of PDN services.

Q8. Could you explain why PDN only received a 5% temporary increase when all other HCBS received 15%?

A8. Please see the [Oct. 28, 2021, NC Medicaid Bulletin](#) that announced rate increases.

Q9. I was not expecting raw data on the survey, but I was hoping for a summary.

A9. At the time of the PDN Stakeholder meeting, the data for the Quality Initiatives had not been fully completed; therefore, an accurate summary could not be provided at that time. The data analysis will be posted to the PDN webpage when finalized.

Q10. Has NC Medicaid received CMS approval of its Spending Plan submitted back in July 2021?

A10. CMS sent back comments to North Carolina at the end of September requesting answers to several questions and providing the State with a partial approval. North Carolina responded to those questions and is awaiting final approval.

Q11. Can PDN be included in Consumer-Directed Services?

A11. Consumer direction is not available for PDN services as PDN policy requires care to be provided by licensed RNs and LPNs. Information is coming soon regarding recent additional services provided through the CAP/C waiver that include PDN.

Q12. I just wanted to express appreciation for all PDN workers for your diligence and dedicated hard work. However, I want to ask why there are serious delays for prior approvals for Charlotte, Mecklenburg areas.

A12. Thank you. One of the most frequent delays in approving PDN approvals is required documents not being uploaded in a timely manner. Please see the Request for Additional Information (RAI) letters posted to the provider NCTracks inbox.

Q13. Who comprises the clinical policy team? Who is responsible for looking at changes to the PDN policy for recipients under age 21?

A13. PDN policy revisions are based on feedback received from stakeholders and current healthcare trends. During the revision process, there is consultation with the Medical Director and Physician's Advisory Group (PAG) team. Once a policy is posted for revision, stakeholders have an additional opportunity to respond to the proposed changes and offer feedback.

Q14. It does not make sense that a physician would need to yet again sign off to move hours to the agency that could cover hours – if they had already approved the agency in the past.

A14. Per PDN policies, coordination of care involves the beneficiaries' attending physician, the current PDN service provider and the beneficiaries' caregiver(s). When a physician signs the PDN provider's 485 (plan of care), the physician is giving these orders (including the approved hours) to that specific provider; therefore, if the hours need to be transferred to another provider, the physician will need to approve the transfer through a physician's order.

Q15. When can we expect tangible changes to make PDN better for recipients?

A15. We are consistently evaluating PDN polices and processes. PDN Stakeholders are always welcome to send ideas to the PDN email address for PDN to review:

Medicaid.homecareservice@dhhs.nc.gov

Q16. Will we be notified when forms are updated for use?

A16. New forms are currently under review and providers will be notified when the forms are implemented.

Q17. Doctors' offices cannot provide the care needed so it's not really a duplication of services. And very few CNAs, MAs or RN/LPNs who work in doctor's offices have ever touched a trach, vent etc.

A.17. PDN providers cannot bill NC Medicaid for nursing services provided in a physician's office as this is considered double billing NC Medicaid. The physician's office bills NC Medicaid for the time the beneficiary is in their office.

Q18. When is the deadline for PDN providers to require their workforce to be COVID vaccine-compliant?

A18. Please check with your leadership regarding vaccine requirements for staff. Caregivers should check with their provider(s).

Q19. Who is taking over for Jennifer Connor, BSN PDN Nurse Consultant?

A19. Teresa Campbell is currently covering for Jennifer.

Q20. Can you show the slide with the managed care contact FAQ's?

A20. The PDN Stakeholder Session slide deck can be found here <https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/private-duty-nursing-pdn>

The FAQ page can be found here [Frequently Asked Questions and Answers - Medicaid Providers | NC Medicaid \(ncdhhs.gov\)](#)

Q21. What is the timeframe a provider can expect for a response to emails?

A21. PDN makes every effort to respond to your email as quickly as possible, usually within 24 hrs.

Q22. I have a CAP/DA mother who works under consumer direction for her son. She needs the income for the family household but also needs a break. Her son is on a vent. Could she work an eight-hour shift through an agency and then get outside help for four to eight hours?

A22. The CAP/DA is a federal waiver program that offers consumer direction. PDN offers skilled nursing care but does not offer consumer direction (see #11 above). These services are not authorized together as this would be considered a duplication of services.