



Private Duty Nursing (PDN) Shared Case Form – DHB-3512

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 business days prior to the requested start date.

General Information	
Beneficiary Name:	
MID #:	
Total PDN hours currently approved (specify home and school hours if applicable):	
New PDN Service Provider Information	
Initiating PDN service provider:	Provider NPI #:
Address:	Phone #:
Current approved hours/week:	Late date of service for current hours:
Requested hours/week:	Requested effective date for new hours:
<i>Note: New PDN service provider(s) must include PDN Referral Form 3508 signed by the attending physician.</i>	
Current PDN Service Provider Information	
Current PDN service provider:	Provider NPI #:
Address:	Phone #:
Current approved hours/week:	Late date of service for current hours:
Requested hours/week:	Requested effective date for new hours:
<i>Note: Existing PDN service provider(s) must include an attending physician-signed order with new hours and effective dates, to support the change in shared hours.</i>	
Additional PDN Service Provider Information (If Applicable)	
Current PDN Service Provider:	Provider NPI #:
Address:	Phone #:
Current approved hours/week:	Late date of service for current hours:
Requested hours/week:	Requested effective date for new hours:

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Notification and Signatures Instructions:

- The initiating provider shall have the caregiver requesting the shared case change sign and date below.
- The initiating provider will then be responsible for contacting the current provider(s) to inform them of the upcoming change. A witness signature and date are required.

Trained Caregiver Information	
Primary caregiver name and relationship to beneficiary:	Primary caregiver signature and date:
Initiating PDN Service Provider Information	
Initiating PDN service provider contact name and title:	Initiating PDN service provider signature and date:
Additional PDN Service Provider(s) Information	
Current PDN service provider (2) contact name and title:	Date and time notified of change:
Current PDN service provider (3) contact name and title:	Date and time notified of change:
Witness Information	
Name of witness to notification(s):	Witness signature and date:
Attending Physician Notification	
Physician name and date notified:	

Note(s) about sharing care:

- *Contracted school nursing hours shall be reported within the current approved hours section.*
- *Effective date for new hours must match for PDN prior approval (PA) authorization. This date should be coordinated between the agencies sharing care.*
- *PDN prior approvals are for a set number of hours per week, per service provider. If one provider misses a shift, it is not the responsibility of the other provider to cover the shift. Providers must stay within their authorization to receive reimbursement from Medicaid. If changes to the PA authorization are needed to maintain staffing of the beneficiary, appropriate documentation must be submitted.*