

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

Long-Term Services and Supports Feb. 23, 2022



#### Agenda

- Welcome and Introductions
- Managed Care Updates
- PDN Policy Update
  - 3G-1 Adults age 21 and older
  - o 3G-2 Beneficiaries under age 21
- COVID Reminders
- Other Updates
- PDN Reminders
- General Information
- Q & A

NCDHHS, NC Medicaid | Private Duty Nursing (PDN) Quarterly Stakeholder Session | Feb. 23, 2022

# Managed Care Updates

- Year One began July 2021
- Approximately 1.7 Million Medicaid and NC Health Choice Beneficiaries have enrolled in Standard Plans
- Approximately 496,000 Medicaid Beneficiaries remain in NC Medicaid Direct today
- Year Two Starts December 2022
  - Behavioral Health I/DD Tailored Plan

## **Managed Care Provider Resources**

- Managed Care Provider Quick Reference
- <u>NC Medicaid Managed Care Provider webpage</u> provides a dashboard of information that includes Provider Ombudsman/ help center/NCTracks
- <u>NC Medicaid Health Plans webpage</u> provides access to the individual health plans, including clinical policies and contact information.
- Provider playbook, Fact Sheets <u>ncmedicaidombudsman.org</u>
- Send Questions to: Medicaid.HelpCenter@dhhs.nc.gov

# Private Duty Nursing

#### Private Duty Nursing (PDN) Policy Update 3G-1

PDN for Beneficiaries Age 21 and Older: (Amended Sept. 1, 2021)

Detailed Clinical Coverage Policy



# Private Duty Nursing

#### Private Duty Nursing (PDN) Policy Update 3G-2

PDN for Beneficiaries Under Age 21

**Detailed Clinical Coverage Policy** 



#### Private Duty Nursing

## Proposed Changes to 3G-2 PDN for Beneficiaries up to age 21

- Skilled Nursing
  - Description & definition
  - Continuous
  - Primary & secondary caregivers
- Specific
- Medicaid additional criteria covered
- Health criteria
- Short-term increase
- Therapeutic leave
- School absences
- School enrollment or disenrollment

#### Proposed Changes to 3G-2 PDN Policy (cont.)

- Medicaid Additional Criteria not covered
- Initial referral
  - Process
  - Documentation requirements
- Reauthorization process
- Missed shift hours
- Re-evaluation
- Emergency changes
- Notification of termination
- Changing service providers
  - Transfer
  - Shared Cases
  - Re-distribution

#### Proposed Changes to 3G-2 PDN Policy (cont.)

- Coordination of care
  - Transfers between health care setting
  - Durable medical equipment / medical supplies
- Weaning of a medical device
- Provider to beneficiary relationship

# **COVID-19 Reminders**

## Plan for Sunsetting Temporary Policies

SPECIAL BULLETIN COVID-19 #226: Permanent Changes Made for Public Health Emergency Flexibilities and Plan for Sunsetting of Temporary Policies

# Other Updates

- Nursing Shortage Areas where NC Medicaid is working to address:
  - Expanding CAP/C waiver for children with skilled needs.
  - Reviewing other state plan PDN program options.
- Direct Care Worker Bonus & Wage Increase Initiative
  - Changes to details regarding eligibility, timelines and provider requirements
  - Direct Care Worker Webpage
  - DCW Help Center Email: <u>Medicaid.DCW.HelpDesk@dhhs.nc.gov</u>



#### SOURCE:

## PDN Reminders

- Third Party Insurance
- New Forms: 3G-1 PDN Clinical Coverage Policy

Important Reminders!

#### Private Duty Nursing Third Party Insurance

#### **Reminder:**



- Medicaid is the payor of last resort.
- Private health insurance coverage for nursing services of denial documentation for the prior approval period must be submitted to NC Medicaid.
- Monitoring for compliance with this requirement has been initiated.

## New Forms: 3G-1 PDN Clinical Coverage Policy

DHB-3508 PDN Referral

Private Duty Nursing

- DHB-3509 PDN Medical Update
- DHB-3511 PDN Change Request
- DHB-3512 PDN Shared Case
- DHB-3513 PDN Discharge Summary
- DHB-3514 PDN School Reimbursement
- PDN Documentation Checklist

Served Form - DHB-3508	
Private Duty Nursing (PDN) Referral Form – DHB-3508 intrustions: The form below must be completed in its enterity for consideration of Private Duty Nursing interventions: If a section does not apply to the referral, please enter N/A.	
The form below must be completed in the referral, please enter N/A.	
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Type of Request	tions: The form hal
Type of nucleur:	vate Duty Nursing (PDN) School Reimbursement Form - DHB-3514 stoar: the form below must be completed in its entirety for consideration - DHB-3514
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Period	Ity Name: General Information
Name: Aldrass' Gender:	fer Agency Name:
	Provider NPI #:
Phone #: Birthdates: MID #: Providing Agency Information	Sol: Seburi
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Address:	
NPI #:	chedule: start: Fod
Phone #: Trained Caracteria for American Phone #: Relationship to beneficiary:	v hours contracted: How many days per week?
0 351	sans contracted:
Phone in Form - Drug	vd school hours below.
Address:	17 mile
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### **DHB-3508 PDN Referral Form**

#### Private Duty Nursing (PDN) Referral Form – DHB-3508

**Instructions:** 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.

Туре	of Request	
□ Initial referral to PDN □ T	ransfer of care from another agency	
Beneficia	ry Information	
Name:		
Address:		
Phone #:	Gender:	
MID #:	Birthdate:	
Providing Ag	ency Information	
PDN Provider Agency Name:		
Address:	Provider Agency Contact Name and Title:	
Phone #:	NPI #:	
Trained Care	giver Information	
Name:	Relationship to beneficiary:	
Address:	Phone #:	
Employed or attending college courses?	No	
Monday Tuesday Wednesday	Thursday Friday	
Saturday Sunday		

### **DHB-3509 Medical Update Form**

Private Duty Nursing (PDN) Medical Update Form - DHB-3509

Instructions: The form below must be completed in its entirety and submitted to NC Medicaid.

General Information		
Seneficiary Name:		
NID #:		
DN 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:		
Neekly PDN hours currently approved (specify home and school hours if needed):		
Total weekly PDN hours approved (shared cases):		
Private Insurance Information		
Does the beneficiary have insurance in addition to Medicaid?		
I Yes 🗆 No		
s PDN covered by private insurance?		
🗆 Yes 🔲 No		
f Yes, please detail the insurance company name, # of hours/week covered, and the dates of		
overage:		
Note: If private insurance covers any portion of PDN services, an Explanation of Benefits documen	t	
nust be submitted with the PDN referral.	2.01	
COMMENT:		
School Information		

### **DHB-3511 Change Request Form**

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

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

Gene	ral Information
Beneficiary Name:	
MID #	
PDN Provider Agency Name:	Provider NPI #:
Total PDN hours currently approved (specify h	ome and school hours if applicable):
Please select th	e type of change request.
Short Term Increase in hours	Notification of change in caregiver availability
Permanent Change in approved hours	<ul> <li>Notification of change in beneficiary school enrollment</li> </ul>
Weaning of a medical device evaluation	Notification of change in private insurance coverage
Option 1: Request fo	r Short Term Increase in hours
Total number of requested hours per week (or Note: A short term increase in PDN services is I Requested effective date of change:	r titration, if applicable): limited to a maximum of six (6) calendar weeks.
Requested ellective date of change.	
Submit the following documentation:	
Attending physician-signed order detailing	the requested hours with a requested effective date.
AND one of the following:	
(c) 2048 (c) 17 (c) 128(c) (c)	hospital discharge:
For new medical technology immediately post	-nospital discharge.

### **DHB-3512 Shared Case Form**

#### 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 (5) business days prior to the requested start date.

nours if applicable): mation #: service for current hours: fective date for new hours:	
mation #: service for current hours:	
mation #: service for current hours:	
#: service for current hours:	
service for current hours:	
fective date for new hours:	
orm 3508 signed by the attending	
ON Service Provider Information Provider NPI #:	
Phone #:	
Late date of service for current hours:	
Requested effective date for new hours:	
g physician-signed order with new	
5.	
ion (If Applicable)	
1	

## **DHB-3513 Discharge Summary Form**

Private Duty Nursing (PDN) Discharge Summary Form – DHB-3513

Instructions: The form below must be completed in its entirety and submitted to NC Medicald 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:	
Missed shift hours: Nate: Missed shift hours during the our guardian upon request.	therization period shall be provided to the beneficiary or legal
Reason for discharge:	
Condition at time of discharge:	
Condition at time of discharge: Physician Name and Date NotiFied:	

## **DHB-3514 School Reimbursement Form**

#### Private Duty Nursing (PDN) School Reimbursement Form – DHB-3514

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 Provid	ier Agency Name:	Provider NPI #:
		School Information
Name of sc	hool:	
	4.070	
School dist	rict:	
-		
i ypicai sch	ooi schedule: Start:	End: How many days per week?
Number of	weekly hours contracted	
Please deta	ail missed school hours b	elow.
Date:	Hours missed:	Reason for absence:
	Hours missed:	
		Reason for absence:
Date:	Hours missed:	Reason for absence:
Date:	Hours missed:	Reason for absence:
Date:	Hours missed:	Reason for absence:
		Reason for absence:
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	Hours missed:	
Date:		Reason for absonce:

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#### **PDN Documentation Checklist**



Attending physician-signed addendum order detailing the



## Mark your calendars!

## Next PDN Stakeholder session scheduled for JUNE 2022

MON	TUE	WED
28	29	30
5	6	7
12	13	14
19	20	21
26	27	28

# Additional Questions

Please email additional PDN-related questions to:

Medicaid.homecareservice@dhhs.nc.gov

#### **Current PDN policy links**

- NC Medicaid PDN for Beneficiaries Age 21 and Older
- NC Medicaid PDN for Beneficiaries Under Age 21

PDN webpage

### Thank you and stay safe!

