

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**
 - **3G-2 Beneficiaries under age 21**
- **COVID Reminders**
- **Other Updates**
- **PDN Reminders**
- **General Information**
- **Q & A**

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

SOURCE:

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](#)

Change Initiated
2019

PAG Approval
3/25/2021

Public Comment
Period
3/26 – 5/10/2021

Effective Date
9/01/2021

Private Duty Nursing

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

PDN for Beneficiaries Under Age 21

[Detailed Clinical Coverage Policy](#)

Change process Initiated 9/2021:
Internal review to align with 3G-1
where appropriate
Stakeholder Mtg 2/2022:
Review proposed changes

PAG
Approval

Public
Comment
Period

Effective
Date

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

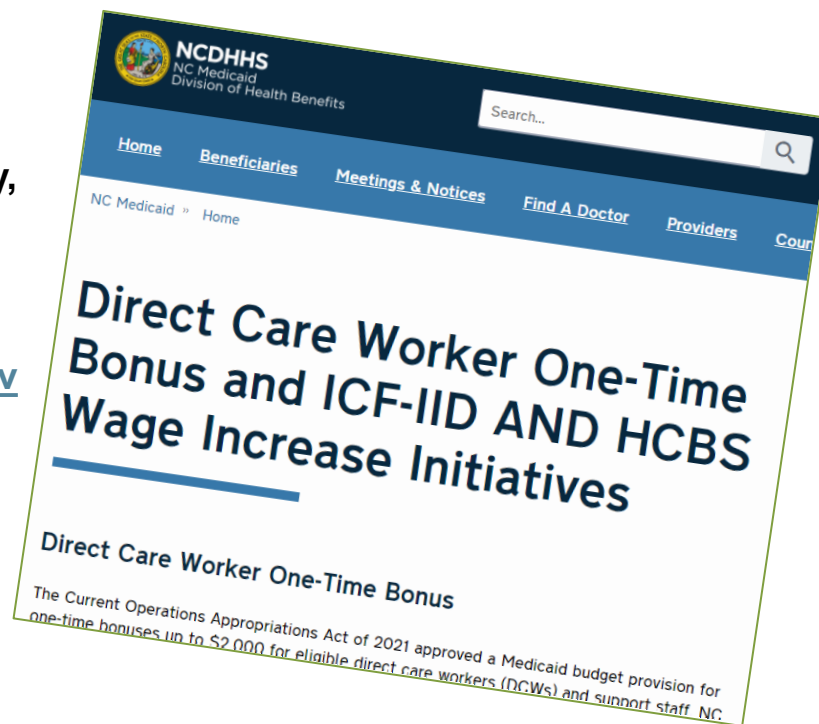
[SPECIAL BULLETIN COVID-19 #226:
Permanent Changes Made for Public
Health Emergency Flexibilities and
Plan for Sunsetting of Temporary
Policies](#)

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: Medicaid.DCW.HelpDesk@dhhs.nc.gov



SOURCE:

PDN Reminders

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

*Important
Reminders!*

Third Party Insurance

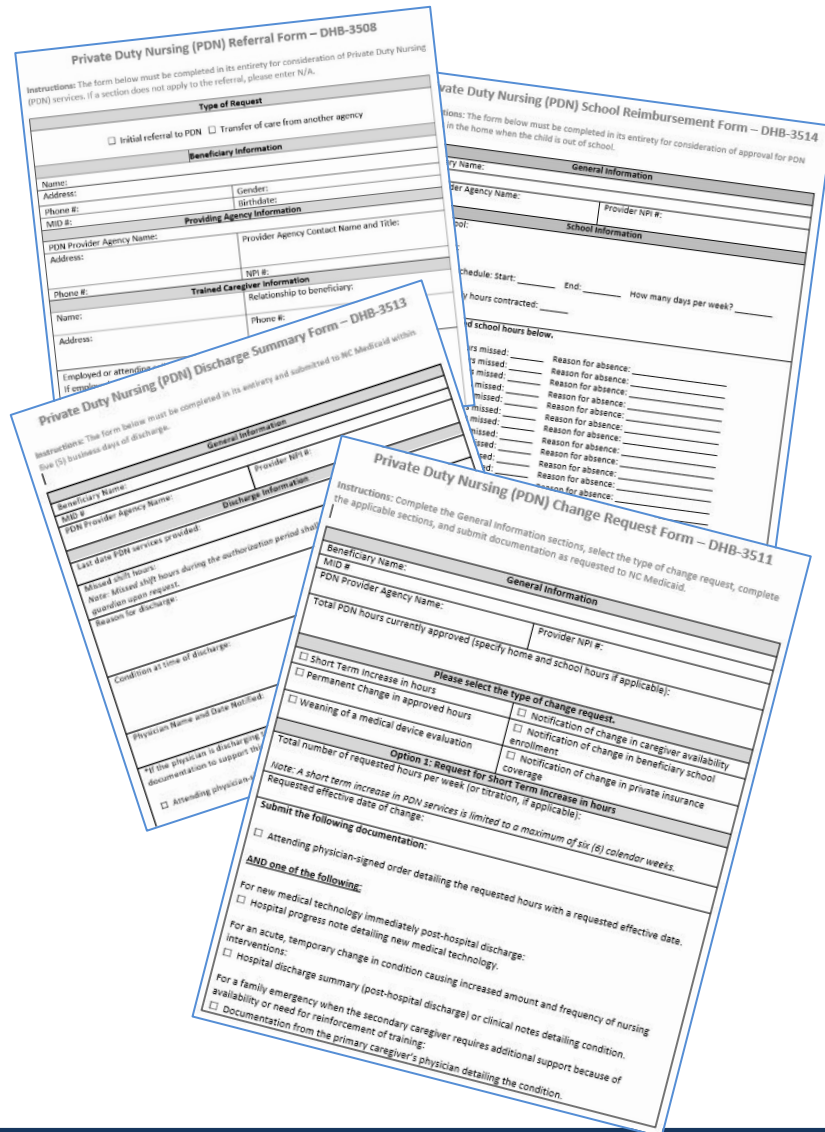


Reminder:

- 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
- 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



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.

Type of Request	
<input type="checkbox"/> Initial referral to PDN <input type="checkbox"/> Transfer of care from another agency	
Beneficiary Information	
Name:	
Address:	
Phone #:	Gender:
MID #:	Birthdate:
Providing Agency Information	
PDN Provider Agency Name:	
Address:	Provider Agency Contact Name and Title:
Phone #:	NPI #:
Trained Caregiver Information	
Name:	Relationship to beneficiary:
Address:	Phone #:
Employed or attending college courses? <input type="checkbox"/> Yes <input type="checkbox"/> No If employed, please detail work hours below:	
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
Beneficiary Name:
MID #:
PDN 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:
Weekly 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is PDN covered by private insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If <u>Yes</u> , please detail the insurance company name, # of hours/week covered, and the dates of coverage:
<i>Note: If private insurance covers any portion of PDN services, an Explanation of Benefits document must be submitted with the PDN referral.</i>
COMMENT:
School Information
Does the beneficiary (between the age of 3 and 20) attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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.

General Information	
Beneficiary Name:	
MID #	
PDN Provider Agency Name:	Provider NPI #:
Total PDN hours currently approved (specify home and school hours if applicable):	
Please select the type of change request.	
<input type="checkbox"/> Short Term Increase in hours	<input type="checkbox"/> Notification of change in caregiver availability
<input type="checkbox"/> Permanent Change in approved hours	<input type="checkbox"/> Notification of change in beneficiary school enrollment
<input type="checkbox"/> Weaning of a medical device evaluation	<input type="checkbox"/> Notification of change in private insurance coverage
Option 1: Request for Short Term Increase in hours	
Total number of requested hours per week (or titration, if applicable):	
<i>Note: A short term increase in PDN services is limited to a maximum of six (6) calendar weeks.</i>	
Requested effective date of change:	
Submit the following documentation:	
<input type="checkbox"/> Attending physician-signed order detailing the requested hours with a requested effective date.	
<u>AND one of the following:</u>	
For new medical technology immediately post-hospital discharge:	
<input type="checkbox"/> Hospital progress note detailing new medical technology.	

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.

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 #:

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 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:	
Missed shift hours: <i>Note: Missed shift hours during the authorization period shall be provided to the beneficiary or legal guardian upon request.</i>	
Reason for discharge:	
Condition at time of discharge:	
Physician Name and Date Notified:	
*If the physician is discharging the beneficiary from PDN services, include the following documentation to support this request:	

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 Provider Agency Name: _____	Provider NPI #: _____	
School Information		
Name of school: _____		
School district: _____		
Typical school schedule: Start: _____ End: _____ How many days per week? _____		
Number of weekly hours contracted: _____		
Please detail missed school hours below.		
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: _____
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: _____
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: _____
Date: _____	Hours missed: _____	Reason for absence: _____
Date: _____	Hours missed: _____	Reason for absence: _____
Date: _____	Hours missed: _____	Reason for absence: _____

PDN Documentation Checklist

PDN Documentation Checklist

- Initial Referral

- Step 1: Notification

- Notify PDN nurse consultant via email

- Step 2: Submitting prior approval (PA) request. Please upload the following:

- 3508 – PDN Referral Form
 - Recent history and physician (H&P) or Hospital Discharge Summary
 - Private Health insurance Explanation of Benefits (EOB) or denial

- Step 3: Continuation approval. Within 30 days of the start of care, please upload the following:

- Attending physician-signed CMS 485
 - Employment Verification documentation for caregiver(s) on company letterhead
 - PDN Service Provider consent to treat document

- Reauthorization

- Attending physician-signed CMS 485
 - 3509 – PDN Medical Update
 - Private Health insurance Explanation of Benefits (EOB) or denial

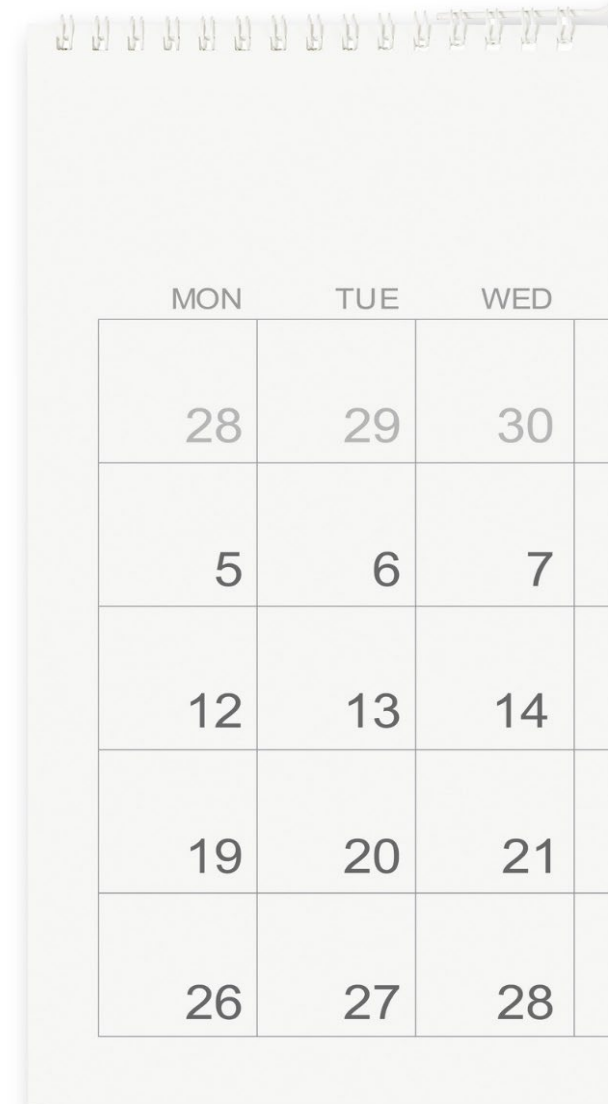
- Change Request

- Notify PDN nurse consultant via email
 - 3511 – PDN Change Request Form
 - Attending physician-signed addendum order detailing the

Q & A

Mark your calendars!

**Next PDN Stakeholder
session scheduled for
JUNE 2022**



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!



**DON'T WAIT
TO VACCINATE.**

Find a vaccine location near you at
[MySpot.nc.gov](https://www.myspot.nc.gov) or call 888-675-4567.