

Questions and Answers

Q1. How many beneficiaries are receiving PDN services?

A1. The monthly average of NC Medicaid beneficiaries receiving State Plan PDN services is 1400.

Q2. How many PDN beneficiaries are expected to transition to Managed Care?

A2. Based on a monthly average in Q3, and in consideration of the number of PDN beneficiaries that are dually eligible or enrolled in the CAP/C waiver, it is anticipated that less than 45% of PDN beneficiaries will transition to managed care.

Q3. Once Managed Care transition begins, who will review PDN prior authorizations (PAs)?

A3. The Managed Care Organizations (MCOs) will be responsible for determining PDN eligibility and weekly hours for those beneficiaries that enroll in Managed Care. NC Medicaid Long-Term Services and Supports (LTSS) nurse consultants will continue to review and approve PDN PA requests for NC Medicaid beneficiaries who remain in fee-for-service. For more information on Managed Care, please visit www.ncdhhs.gov/assistance/medicaid-transformation. Providers can access additional information and resources at: <https://medicaid.ncdhhs.gov/provider-transition-managed-care>.

Q4. How do I contact nurse consultants for urgent requests?

A4. Please alert LTSS nurse consultants about urgent requests through our general email box Medicaid.homecareservice@dhhs.nc.gov. Each LTSS nurse consultant has access to this mailbox. Please indicate the type of request in the subject line; for example, "Initial Referral," "Transfer Request," or "Emergency STI."

Q5. How long is the PDN PA reauthorization review process?

A5. Please allow 15 business days for LTSS nurse consultants to review a PDN PA reauthorization request. PDN agencies are encouraged to submit reauthorization requests up to 30 calendar days prior to the current PA expiration date. In the event there are missing or incomplete documents that must be obtained from the provider before the request can be processed, a request for additional information (RAI) letter is generated through NCTracks and is available in the PDN provider inbox.

Q6. How do I notify a LTSS nurse consultant when I am having difficulty submitting a PA request or submitting documentation?

A6. If you are unable to enter a PDN PA request, first verify the beneficiary's Medicaid eligibility and deductible status (if applicable), with the local Department of Social Services (DSS). DSS office information can be obtained at: <https://www.ncdhhs.gov/divisions/social-services/local-dss-directory>. The next step is to contact the NCTracks Customer Support Center at (800) 688-6696 for assistance. If you are still unable to enter a PDN PA request or required documentation, please notify us through the general email box, Medicaid.homecareservice@dhhs.nc.gov, and attach a copy of all required documents.

Q7. Are PDN providers required to submit the Verification of School Nursing form if they only provide night hours? What if my agency does not provide a nurse at the school?

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- A7. Currently, each agency providing PDN services must submit the Verification of School Nursing form for all beneficiaries between the ages of 3-20 (Attachment I, NC Medicaid PDN Clinical Coverage Policy 3G-2), regardless of which agency is providing the school hours. If the beneficiary does not attend school, or does not receive nursing services in the school setting, please document this information on the form in Section A.
- If the beneficiary is receiving school nursing services, please ensure the following information is also disclosed on the CMS 485 Plan of Care: the number of hours provided in the home and in school and the school district where hours are provided. Attach a copy of the school calendar. Section B of the Verification of School Nursing form is used to indicate school absences.
- Q8. *If the beneficiary is receiving services from more than one PDN agency, does each agency need to submit the Verification of School Nursing form?*
- A8. The Verification of School Nursing form is required from all agencies providing services for beneficiaries between the ages of 3-20 (Section 3.4.1 PDN and Schools, NC Medicaid PDN Clinical Coverage Policy 3G-2).
- Q9. *Does NC Medicaid offer a consumer-directed option for PDN services?*
- A9. Consumer-direction is not an option for State Plan PDN. Consumer-directed services are available at the nurse aide level of care through the Community Alternatives Program for Children (CAP/C) and the Community Alternatives Program for Disabled Adults (CAP/DA) programs.
- Q10. *Will the presentation slides from the June 27, 2019 webinar be available?*
- A10. The presentation slides from June 27, 2019 webinar are posted on the PDN website: <https://medicaid.ncdhhs.gov/programs-and-services/long-term-care/private-duty-nursing-pdn>
- Q11. *How are caregivers informed of nursing hours billed to NC Medicaid?*
- A11. Medicaid will work with stakeholders to develop a template for this process.
- Q12. *Are invitations sent to beneficiaries and their families for the quarterly PDN stakeholder sessions?*
- A12. If you would like to receive notification of quarterly PDN stakeholder sessions, please email us at Medicaid.homecareservice@dhhs.nc.gov. Be sure to include your first and last name and preferred email address.
- Q13. *How long does it take for a case to be reviewed when a beneficiary is requesting to move hours from one agency to another?*
- A13. Beneficiaries/families may request a redistribution of hours among PDN agencies due to planned or unplanned circumstances. When planned, it is best practice to initiate the request at least five business days prior to the effective date of the change. This timeframe allows for a smooth transfer as providers are required, per policy, to coordinate with the attending physician, the current PDN service provider and the beneficiary/caregiver, in addition to submitting appropriate documentation and notifying an LTSS nurse consultant.

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To expedite a transfer request, please notify the LTSS nurse consultants by phone or email. If using email, indicate “Change in Shared Hours” in the subject line. Please ensure all required documents are submitted. Check your NCTracks provider inbox for RAI letter(s) prior to contacting LTSS for a PA status update.

Prior approval must be obtained from NC Medicaid prior to the redistribution of hours among agencies.

Q14. How many beneficiary responses were received on the PDN survey?

A14. There were 79 responses received from beneficiaries/families on the PDN survey.

Q15. How many provider responses were received on the PDN survey?

A15. There were 32 responses received from providers on the PDN survey.