



NC Department of Health and Human Services

Private Duty Nursing (PDN) Stakeholder Session

Home Care and Ancillary Services

August 20, 2018

House Keeping Items

- **Brief periods for questions have been scheduled throughout the webinar.**
- **Please use the chat box to ask questions. We will answer as many as we can within the allotted time frame.**
- **The webinar and FAQ document will be posted on the PDN website.**
- **Questions after the webinar may be emailed to: Medicaid.homecareservice@dhhs.nc.gov**

Agenda

- **PDN Policy Updates**
 - Policy changes
 - Process changes
 - Document changes
- **Hot Topics**
 - Vacation
 - CSRA
 - Transfer of care
- **Reminders and Announcements**

PDN Policy Updates

Policy Change

- **New Policy – 3G: Private Duty Nursing**

- **Combines current policies:**

- **3G-1 for Beneficiaries Age 21 and Older and 3G-2 for Beneficiaries Under 21 Years of Age**

- Rationale: Reduces provider administrative burden and aligns policy for a more seamless implementation

- **Modified Health Criteria**

- **Remains respiratory-based with considerations for children under EPSDT**

- Rationale: Aligns with other states that provide PDN services

- **Modified Approved Hours**

- **Based on skilled nursing needs and caregiver availability**

- Rationale: These are the two factors that will determine the supplemental hours

Policy Change



Health Criteria

Current Adult Health Criteria

3.3.1 PDN Level 1 Services

To be eligible for Level 1 PDN services, the beneficiary shall:

- a. be dependent on a ventilator for at least eight (8) hours per day, or
- b. meet at least four (4) of the following criteria:
 1. unable to wean from a tracheostomy;
 2. require nebulizer treatments at least two (2) scheduled times per day and one (1) as needed time per day;
 3. require pulse oximetry readings every nursing shift;
 4. require skilled nursing or respiratory assessments every shift due to a respiratory insufficiency;
 5. require oxygen as needed, also known as pro re nata (PRN) or has PRN rate adjustments at least two (2) times per week;
 6. require tracheal care at least daily;
 7. require PRN tracheal suctioning. Suctioning is defined as tracheal suctioning requiring a suction machine and a flexible catheter; or
 8. at risk for requiring ventilator support.

Rationale:

- **More patient centered**
- **Reflective of other states' PDN programs**
- **One policy with one criteria = consistency and less confusion**

3G Health Criteria

3.3.2 PDN Service Criteria

Medicaid beneficiaries who meet criteria for medical necessity must also meet the following criteria:

- a. require a minimum of four (4) consecutive hours of continuous skilled nursing care per day, AND
- b. be dependent on a ventilator for at least eight (8) hours per day, or
- c. have a tracheostomy requiring suctioning with at least two (2) of the following types of nursing care:
 1. require oxygen continuously at least 8 hours per day OR require oxygen intermittently based on pulse oximetry readings performed every nursing visit and PRN
 2. require nebulizer or airway clearance therapy at least daily
 3. require medication via g-tube, PICC line or central port
 4. require TPN or nutrition via g-tube

Policy Change



Approved Hours

Current Adult Approved Hours

Approved hours are determined as follows:

Informal Caregiver Availability	Standard PDN Services (Refer to Subsection 3.3.1- Level 1 Services)	Expanded PDN Services (Refer to Subsection 3.3.2 Level 2 Services)
Two or more fully available caregivers	56 hours per week	70 hours per week
One fully available caregiver, with or without the presence of any other caregivers	76 hours per week	90 hours per week
Two or more partially available caregivers	56 hours per week plus time absent for work, up to maximum of 96 hours per week	70 hours per week plus time absent for work, up to maximum of 110 hours per week
One partially available caregiver	76 hours per week plus time absent for work, up to maximum of 112 hours per week	90 hours per week plus time absent for work, up to maximum of 112 hours per week

3G Approved Hours

At least one fully available caregiver:
Skilled Nursing Level 1: Up to 40 hours per week
Skilled Nursing Level 2: Up to 60 hours per week
Skilled Nursing Level 3: Up to 84 hours per week
Partially available caregiver(s):
Skilled Nursing Level 1: Up to 96 hours per week
Skilled Nursing Level 2: Up to 104 hours per week
Skilled Nursing Level 3: Up to 112 hours per week

Rationale:

- Decrease the subjectivity of hours determination
- Focus of hours determination is on the skilled nursing needs

Policy Changes



- **Caregivers Further Defined**

- **Fully available primary caregiver**

- Not employed and physically/cognitively able to provide care

- **Partially available primary caregiver**

- Employed and physically/cognitively able to provide care

- **Secondary caregiver**

- Available for instances when the primary caregiver is unavailable

- All parents, guardians, or persons otherwise legally responsible for the beneficiary residing in the home, even on a part-time basis, are expected to serve as a type of trained, informal caregiver.

Rationale:

- All types of caregivers have now been defined

Policy Change

- **PDN in Schools**

- **Verification of School Nursing form to be removed**
- **60 hours every calendar year to be removed**
 - **All requests for additional hours to be managed through new PDN Change Request Form**
- **CMS-485 shall now include:**
 - **# of hours provided in the home**
 - **# of hours provided in the school**
 - **School district where PDN hours are provided**
 - **How hours provided in the school are paid**

Rationale:

- **Decreased administrative burden**
- **Centralized documentation to the CMS-485**

Policy Change

- **Short Term Increases in PDN Services**
 - **Current policies:**
 - Limited to a maximum of *four (4)* calendar weeks
 - **New policy:**
 - Limited to a maximum of *six (6)* calendar weeks

Rationale:

- Research suggests 6 weeks is more utilized recovery period from a variety of procedures
- Decreased administrative burden

Policy Changes

• Employment Verification Requirements

– Current policies:

- Work verification on company letterhead *or*
- If self-employed: Verification of Employment form

– New policy:

- Work verification on company letterhead; *or*
- Pay stubs for the last two (2) months of employment; *or*
- If self-employed: Federal Schedule C (Form 1040), Profit or Loss from Business (Sole Proprietorship) form from most recent tax return.

Rationale:

- More options lessen the burden on families to provide work verification
- Easier to submit verifiable information for self-employed

Policy Change

- **Documentation Requirements During Approval Period**
 - **Current policies:**
 - ***CMS-485*** shall be uploaded to the approved Prior Approval (PA) every 60 days.
 - **New policy:**
 - ***CMS-485 and PDN Medical Update Form*** shall be uploaded to the approved PA every 60 days.

Rationale:

- **Addition of the PDN Medical Update Form will provide greater details of the beneficiary's condition and skilled nursing needs**

Policy Changes

- **Weaning of a Medical Device**

- **Current policies:**

- **Beneficiary is discharged from PDN 2 weeks after medical device is removed.**

- **New policy:**

- **Within 14 calendar days, the PDN service provider shall submit and updated order for PDN services from the attending physician. Continuation of PDN services will then be re-evaluated.**

Rationale:

- **Person-centered evaluation of skilled nursing need which is coordinated with the physician**

Questions

- **Brief Q&A via chat box**
- **Please email additional questions to:**
Medicaid.homecareservice@dhhs.nc.gov
- **FAQ document will be composed and posted on the PDN website.**
 - **Current PDN policy links:**
https://files.nc.gov/ncdma/documents/files/3G-1_1.pdf
https://files.nc.gov/ncdma/documents/files/3G-2_0.pdf
 - **PDN website:**
<https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/private-duty-nursing-pdn>

Process Changes

- **Signed CMS-485**

- RN-signed CMS-485 with verbal order date required if MD does not sign prior to start date of CMS-485.
- PA will not be approved until MD-signed CMS-485 is uploaded.

Rationale:

- Streamlined process
- Decreased administrative burden

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R23PIM.pdf>

Process Updates

- **Requests for Additional Information (RAI)**
 - NCTracks will generate a letter to the PDN service provider requesting additional documentation if a PA is reviewed by Medicaid and does not contain the required documentation.
 - The PDN service provider has *10 calendar days* to upload the requested documentation to the pending PA.
 - If requested documentation is not uploaded to the pending PA, the PA is *DENIED* by NCTracks.

Rationale:

- Streamlined process
- Provides notification on missing documents
- Additional notification letters will be implemented soon

PDN Document Changes

- **New PDN Forms**

- **PDN New Referral Form**

- **Replaces: DMA-3061 and DMA-3075**

- **PDN Medical Update Form**

- **Replaces: DMA-3062 and Hourly Nursing Review Criteria**

- **PDN Change Request Form**

- **Other forms being discontinued:**

- **Verification of School Nursing, Employment Attestation, Employment Verification**

Rationale:

- **Decreased administrative burden**

Private Duty Nursing (PDN) Referral Form - DMA-3508

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'.	
<input type="checkbox"/> Initial referral to PDN <input type="checkbox"/> Transfer of care from another agency	
Beneficiary Information	
Name:	
Address:	
Phone #:	Sex:
MID #:	Birthdate:
Does the beneficiary attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, which school district?	
Are PDN services that are provided at school, billed to Medicaid by the LEA as outlined in the DMA LEA Policy 10C? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, please explain why. (For example, beneficiary attends private school.)	
How many hours/ <u>week</u> of PDN services are to be provided in the school setting?	
Trained Primary Caregiver Information	
Name:	Relationship to beneficiary:
Address:	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #:	If Yes, how many hours/ <u>week</u> ?
Training needs?	
Trained Secondary Caregiver Information	
Name:	Relationship to beneficiary:
Address:	Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #:	If Yes, how many hours/ <u>week</u> ?
Training needs?	
Attending physician Information	
Attending Physician:	Phone #:
Address:	Date of last attending physician assessment:

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

The form below must be completed in its entirety. If a section does not apply, please enter 'N/A'.
Beneficiary Name:
MID #:
Name of Provider Agency:
Provider NPI #:
Current attending physician:
Date of last examination by MD (with name of MD):
Does the beneficiary have insurance in addition to Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please detail the # or hours/week covered, and the dates of coverage:
Date of last approval period:
PDN hours currently approved in the home:
Does PDN provide services in the school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which city/county school district? AND how many hours per week? If No, please skip to the 'Medical Information' section. If PDN provides services in the school, are these services billed to Medicaid by the LEA as outlined in the DMA LEA Policy 10C? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain why:
Medical Information
Ventilator dependency? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what type of ventilator? _____
How many hours per day is the beneficiary dependent on the ventilator? <input type="checkbox"/> 24 hours/day <input type="checkbox"/> 8-23 hours per day <input type="checkbox"/> less than 8 hours per day or PRN
Non-ventilator dependent tracheostomy requiring suctioning? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how often is tracheal suctioning completed? <input type="checkbox"/> Q 1 hour or more frequently <input type="checkbox"/> Q 2-4 hours <input type="checkbox"/> Q 5 hours or less frequently

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

Private Duty Nursing (PDN) Change Request Form	
Beneficiary Name:	MID #:
Name of PDN Service Provider:	PDN Service Provider NPI #:
PDN Service Provider Address:	
Please select the type of change request.	
<input type="checkbox"/> Emergency increase/decrease in hours	<input type="checkbox"/> Transfer between branches
<input type="checkbox"/> Temporary increase/decrease in hours	<input type="checkbox"/> Transfer between agencies
<input type="checkbox"/> Permanent increase/decrease in hours	<input type="checkbox"/> Change in shared hours
<input type="checkbox"/> Termination of PDN services	
Please complete the section below that corresponds to the type of change request.	
Option 1: Increase/decrease in hours	
<u>Section A. Complete the fields below.</u>	
Current approved hours/week:	
Number of hours/week requested:	
Requested effective date of change:	
<u>Section B. Select the appropriate need, and detail justification for the request below.</u>	
<input type="checkbox"/> <u>Beneficiary medical need:</u> <i>Includes: New medical technology, weaning of medical technology, recent hospitalization, or changes in condition causing increased/decreased amount and frequency of nursing interventions.</i>	
<p>*Include the following documentation to support this request:</p> <ul style="list-style-type: none"> • Letter of medical necessity from attending physician • Attending physician-signed orders with any changes to hours and interventions listed 	

HOT Topics

PDN Hot Topics

- **Vacation**

- PDN policies 3G-1 and 3G-2, section 4.2.2, f. state:

- Medicaid shall not cover PDN for the beneficiary or the caregiver to go on vacation or overnight trips away from the private primary residence.
 - PDN will cover absences away from the home for a beneficiary to receive *medical care* in an alternate setting for a short time.

- **CSRA**

- Project on track for PDN PA to be reviewed and approved by CSRA.

PDN Hot Topics

- **Transfer of Care**

- **PDN policies 3G-1 and 3G-2, section 5.2.5 state:**

- **The new PDN service provider is responsible for coordinating any transfer of care with the beneficiary's attending physician, the current PDN service provider, and the caregiver.**
 - **This process must be documented and submitted with the PA request. PA will not be approved without this documentation.**
 - **New PDN policy and PDN Change Request Form will address current issues with transfer of care.**
 - **Example: current PDN service provider not cooperating with new PDN service provider to coordinate transfer of care.**

PDN Reminders and Announcements

- **Requests for Prior Approval**

- Per PDN policies 3G-1 and 3G-2, Section 5.1, **Prior Approval:**

- *“Medicaid shall require prior approval (PA) before rendering Private Duty Nursing (PDN) Services.”*

- Per PDN policies 3G-1 and 3G-2, Section 5.2.2.6, **Reauthorization Process:**

- *“To recertify for PDN services, the PDN service provider shall submit the reauthorization documents to DMA at least 30 calendar days prior to the end of the current approved certification period.”*

- PA is not approved retroactively.

- PA review process is standardized.

PDN Reminders and Announcements

- **Prior Approval (PA)**

- Status should be verified in NCTracks
- Be sure all documentation uploaded to the PA is complete. This greatly lessens the time it takes to review and make decisions on a PA requests.
- Discharge summary must be submitted within 3 calendar days of discharge.
- PA can only be approved or modified by NC Medicaid.

PDN Reminders and Announcements

- **Adverse decisions:**

- Entering more than one PA from the same PDN service provider or different PDN service providers **will not change the outcome** of a medical director's decision.
- Any additional pertinent documentation (to include medical records, caregiver availability information, etc.) may be submitted at **any time** to PDN throughout the appeals process.

PDN Reminders and Announcements

- **Future stakeholder sessions:**
 - Quarterly stakeholder meetings will be scheduled and held in August, November, February, and May.
 - Ad hoc PDN service provider work groups will be scheduled to discuss industry and population changes.

Questions

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 - **Current PDN policy links:**
https://files.nc.gov/ncdma/documents/files/3G-1_1.pdf
https://files.nc.gov/ncdma/documents/files/3G-2_0.pdf
 - **PDN website:**
<https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/private-duty-nursing-pdn>

THANK YOU