

NC Department of Health and Human Services

Private Duty Nursing (PDN) Stakeholder Session

Home Care Services

September - October 2018

Agenda

- Welcome
- Proposed Policy Updates
- Program Updates
- Program Clarifications
- Stakeholder Engagement



Proposed Policy Updates

Proposed Policy Update Overview

1

**New Combined Policy
3G: Private Duty Nursing**

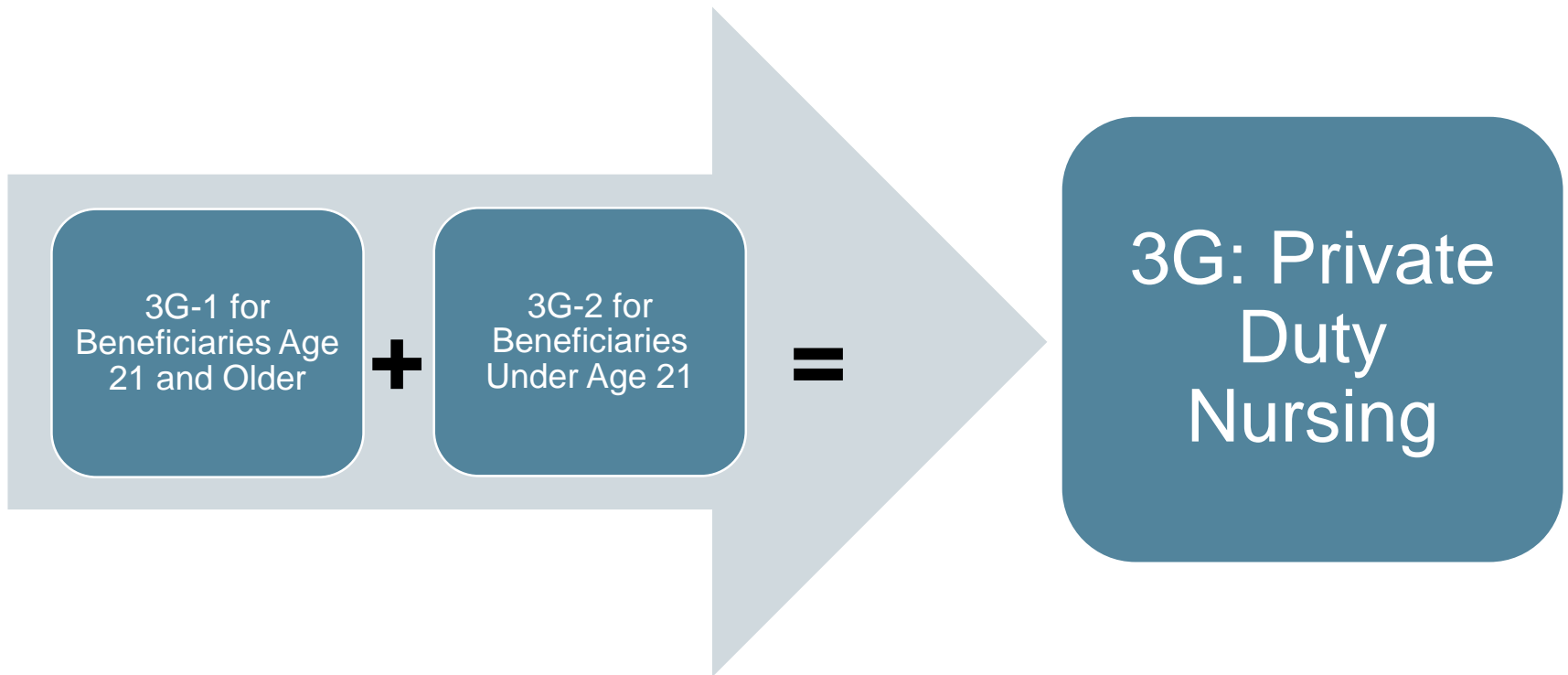
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Modified Health Criteria

3

Modified Approved Hours

Proposed New Policy – 3G: Private Duty Nursing



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; or
 8. At risk for requiring ventilator support.

Proposed PDN Health 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 eight (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**

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

Proposed 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

Proposed PDN Grid

Medical Needs Final Score			
Respiratory Total =		If total medical needs score is:	
Medications Total =		25 to 40 points	Full caregiver* = up to 40 hours/week Partial caregiver* = up to 96 hours/week
Feeding Total =		41 to 56 points	Full caregiver = up to 60 hours/week Partial caregiver = up to 104 hours/week
<u>Other</u> Total =		57 points and up	Full caregiver = up to 84 hours/week Partial caregiver = up to 112 hours/week
Medical Needs Total:		Max hours per week:	

Proposed Policy Update Discussion

- **Please email additional questions to:**
Medicaid.HomeCareService@dhhs.nc.gov
- **FAQ document will be composed and posted on the PDN website.**



Proposed Policy Update Overview

Caregivers Further Defined

- Fully-available primary caregiver
- Partially-available primary caregiver
- Secondary caregiver

Proposed Policy Update Overview

PDN in Schools

Current Policy

- Verification of School Nursing Form

New Policy

- Change Request Form and Plan of Care



Proposed Policy Update Overview

Short-term Increases in PDN Services

Current Policy

- Limited to a maximum of four (4) calendar weeks

New Policy

- Limited to a maximum of six (6) calendar weeks

Employment Verification Requirement

Current Policy

- Work verification form
- Work verification on company letterhead

New Policy

- More employment verification options

Proposed Policy Update Overview

Weaning of a Medical Device

Current Policy

- Two weeks of service

New Policy

- Updated order within two weeks to re-evaluate

Proposed Policy Update Overview

Care in Alternate Settings: 3G-1 & 3G-2, section 4.2.2.f

Current Policy

- Covered to receive care in alternate settings

New Policy

- Covered to receive ***medical*** care in alternate settings
- Physician-ordered therapeutic leave
- Safe to travel

Proposed Policy Update Discussion

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- **FAQ document will be composed and posted on the PDN website.**

Proposed PDN Document Changes

1

PDN New Referral Form

2

PDN Medical Update Form

3

PDN Change Request Form

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 	

Program Updates

Program Updates

- **CSRA**

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

- **Care Transitions**

- **Caregiver role**
- **Current documentation required**
- **New PDN Change Request Form**



Program Clarifications

PDN Clarifications

1

Prior Approval (PA):

PA can only be approved or modified by NC Medicaid.

2

Adverse decisions:

- Entering more than one PA**
- Additional documentation to support request**

Discussion

- **Please email additional questions to:**
Medicaid.HomeCareService@dhhs.nc.gov
- **FAQ document will be composed and posted on the PDN website.**

Stakeholder Engagement

- **Quarterly PDN stakeholder meetings will be in February, May, August and November 2019. The dates and times will be announced in Dec. 2018.**
- **Work sessions to discuss and plan new initiatives will be arranged as needed.**

PDN Program Contact Information

- NC Medicaid: 919-855-4100
- PDN Main line: 919-855-4380
- Voicemail line: 919-855-4391

Please email additional questions to:

Medicaid.HomeCareService@dhhs.nc.gov

THANK YOU

