



**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

## **Private Duty Nursing, Home Health & Health Equity LTSS Provider Forum**

**Jennifer Moore, MA, LCMHC**

**LTSS Program Operations Manager**

# Agenda

- **Private Duty Nursing (PDN)**
  - Service Overview
  - Policy Updates
  - Program Updates
- **Home Health Services (HH)**
  - Service Overview
  - Policy Updates
  - Program Updates
- **Health Equity**
- **Q & A**

## Private Duty Nursing: Service Overview

- Private Duty Nursing (PDN) is substantial, complex, and continuous skilled nursing care provided in the home for medically fragile Medicaid beneficiaries. This service is considered supplemental to the care provided by a beneficiary's family or designated caregivers, and allows the beneficiary to remain in their residence rather than in an institution. Prior approval (PA) is required for PDN services, and is granted based on the beneficiary's medical necessity and fragility.
- Clinical Coverage Policy 3G-1 (Private Duty Nursing for Beneficiaries Age 21 and Older)
- <https://medicaid.ncdhhs.gov/3g-1-private-duty-nursing-beneficiaries-age-21-and-older/download?attachment>
- Clinical Coverage Policy 3G-2 (Private Duty Nursing for Beneficiaries Under 21 Years of Age)
- <https://medicaid.ncdhhs.gov/3g-2-private-duty-nursing-beneficiaries-under-21-years-age/download?attachment>

# Private Duty Nursing: Policy Updates

- Adult PDN 3G-1 (Ages 21 and Older):
- Section 3.3 Health Criteria, Subsection 3.3.1 PDN Level 1 Services
  - PDN Level 1 Services Health Criteria (2/15/2024)
- Revised criteria #10 to read “Evidence of three or more significant organ system deficiencies or failures that require skilled nursing interventions or skilled nursing assessments on a regular and recurring basis to avoid clinical decompensation”.
- Changes broaden eligibility criteria for PDN.

# Private Duty Nursing: Policy Updates

- Section 6.3 Provider Relationship to Beneficiary (5/15/2024)
- NC Medicaid Providers at their discretion may allow beneficiary's near relative or individual such as legally responsible person to deliver PDN Skilled Nursing Services to the beneficiary.
- Exclusion: NC Medicaid will not cover the above if the PDN agency is owned by the near relative or legally responsible person.
  - (ex: spouse, child, parent, grandparent, or sibling including corresponding step and in-law relationships)

# Private Duty Nursing: Policy Updates

- PDN Child policy 3G-2 (under age 21)
- Revised Section 6.1 (2/15/2024 child policy only)
- Removal of Medicare Certified Home Health Agency or comparable requirement.
- Please note: Submission of an annual comparability attestation is required.

# Private Duty Nursing: Program Updates

- **Prior Approvals for Private Duty Nursing Will Transition to NCTracks July 28, 2024**
  - Effective July 28, 2024, Private Duty Nursing (PDN) prior approval (PA) services will transition from NC Medicaid to NCTracks. This will require changes to the system of use and the process to submit PA requests for PDN.
  - To prepare for this change, all PDN providers should attend the **Prior Approval for Private Duty Nursing** training course offered by NCTracks. This training will guide PDN providers through the new system and process changes.

**<https://medicaid.ncdhhs.gov/blog/2024/06/20/prior-approvals-private-duty-nursing-will-transition-nctracks-july-28-2024>**

# Private Duty Nursing: Program Updates

## Pre-transition Training Dates:

- 9:30 a.m. Friday, June 28
- 1:00p.m.Tuesday, July 2
- 9:30 a.m. Wednesday, July 10
- 1:00 p.m. Thursday, July 18
- 9:30 a.m. Wednesday, July 24

## Post-transition Training Dates:

- 1:00 p.m. Monday, July 29
- 9:30 a.m. Thursday, Aug. 1
- 1:00 p.m. Monday, Aug. 5
- 9:30 a.m. Thursday, Aug. 8



# Private Duty Nursing: Program Updates

## **How To Register:**

- Registration is available in SkillPort, NCTracks Learning Management System. To register, log into the NCTracks Provider Portal and click “[Provider Training](#)” to access SkillPort. Open the folder labeled “Provider Computer-Based Training (CBT) and Instructor-Led Training (ILT).”
- Refer to the [Provider User Guides & Training page](#) of the public provider portal for specific instructions on how to use SkillPort. The [Provider Training Tool Kits page](#) also includes a quick reference regarding Java, which is required for the use of SkillPort.
- ***After July 28, 2024, providers should contact the NCTracks Call Center at 1-800-688-6696 with questions and concerns regarding PDN prior authorizations.***

## Home Health Services: Service Overview

- Home Health Services include medically necessary skilled nursing services, specialized therapies (physical therapy, speech-language pathology, and occupational therapy), home health aide services, and medical supplies provided to beneficiaries in any setting which normal life activities take place, other than a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities.
- Services available under the policy:
  - Skilled nursing
  - Specialized Therapies (PT/OT/Speech)
  - Home Health Aide Services

<https://medicaid.ncdhhs.gov/3a-home-health-services/download?attachment>

# Home Health Services: Policy Updates

- **Section 7.8 Electronic Visit Verification Language Addition (4/1/23)**
- **Providers subject to EVV must comply with the requirements listed below:**
  - **7.8.1 Electronic Visit Verification Requirements (EVV) Minimum Requirements** a. Comply with Section 12006 1903 (l) of the 21st Century Cures Act and any subsequent amendments. b. Register with the State's EVV solution or procure an alternate EVV solution. If the provider selects an alternate solution, the solution must be compliant with the 21st Century Cures Act and all state requirements. c. Provider agencies must have written documentation that they have informed beneficiaries of the EVV requirement in each beneficiary's file. d. Provider agencies must ensure staff are trained in the use of the EVV system selected and maintain written documentation of initial and at least annual staff training in each employee's file.
  - **7.8.2 Electronic Visit Verification (EVV) Technology Options and Requirements** Effective January 1, 2023, Providers are required to use an Electronic Visit Verification EVV solution to capture skilled nurse visits, in-home aide visits, physical therapy visits, occupational therapy visits, and speech therapy visits through mobile application, telephony, or fixed visit verification devices. EVV visit verification validation components required by the 21st Century Cures act are listed below: a. Type of service performed; b. Individual receiving the service; c. Date of the service d. Location of service delivery e. Individual providing the service; and f. Time the service begins and ends.

# Home Health Services: Policy Updates

- Effective August 31, 2023, Nurse Practitioners, Clinical Nurse Specialists, or Physician Assistants may order Home Health Services.
  - Section 3708 of the CARES Act already allows Medicare-eligible patients to be under the care of NPs, CNS, or PAs. NC Medicaid is modifying the State Plan and Clinical Coverage Policy based these same federal rule changes and will notify HH providers once these changes have been made.
- Practitioners will be able to do the following:
  - Order home health services
  - Establish and periodically review a plan of care for home health services
  - Certify and re-certify that the patient is eligible for Medicare home health services.

# Home Health Services: Program Updates

## Electronic Visit Verification Reminders

- Services covered through the State Plan and 3-A Home Health Clinical Coverage Policy that are subject to the EVV requirement:

- Aide Services
- Physical Therapy
- Occupational Therapy
- Skilled Nursing Visits

Program	Procedure Code
Home Health Care Services	RC420
	RC424
	RC430
	RC434
	RC440
	RC444
	RC550
	RC551
	RC559
	RC580
	RC581
	RC570

# Health Equity: What Is It and Why Does It Matter?

- Fair and just opportunity for folks to attain their highest level of health regardless of circumstances.
  - Addresses historical and contemporary injustices.
  - Overcome economic, social and other obstacles to both health and healthcare.
  - Eliminate preventable health disparities.

# Q & A