CCC Plus PDN Workflow

New Cases for Existing CCC Plus Managed Care Members

1. If a Member requires PDN in CCC Plus Waiver, a DMAS 109 form (child less than 21 years old) or DMAS 108 (adult/21 years and older) should be completed and PDN services ordered by the Member's physician. *Note all PDN services for Members under age 21 are provided under EPSDT, require a DMAS 62 form and do not require CCC Plus Waiver enrollment. The DMAS 108/109 should be sent to the Member's MCO. ***see additional information on back***
2. The MCO CC or other appropriate designee will verify the information documented on the DMAS 108/109 form. If it is not clear whether the Member meets the criteria based on the information provided, the MCO may request hospital progress notes, MD orders, etc.
3. MCO CC/TCC works with the primary caregiver and Member to select network PDN provider. MCO CC/TCC offers Member/family choice of providers.
4. MCO CC/TCC will forward the screening packet (UAI, DMAS 96 & 97 and DMAS 108/109) to the selected provider. The CC should communicate with the chosen provider agency to verify the Member meets criteria and services will be approved effective the first date that PDN is provided. *NOTE: if the Member has PDN benefits under a private insurance policy, the PDN should be requested through private insurance and exhausted before utilizing CCC Plus Waiver PDN.*
5. The service provider is required to maintain a copy of the screening packet on file as part of the Member's medical record.
6. MCO CC reviews and updates as appropriate all Member clinical information including physician discharge orders, screening documents, health risk assessment at enrollment, interdisciplinary care team meetings, and interdisciplinary care plan with the PDN provider supervisor.
7. PDN provider submits DMAS 116 and CMS 485 to the MCO CC after Member returns home and within 48 hours of starting services.
8. CC will review CMS 485 for accuracy. Orders for skilled nursing services will include a specific number of nursing hours per day (i.e., not a range of hours)*. LOC A and Service Authorization is entered by MCO. MCO provides authorization info to the PDN provider and Member. MCO sends DMAS 225 to DSS when appropriate. *Note: The length of the authorization may vary between the MCO health plans.* Often as points of education, if a CC reviews the CMS 485 they may note that the provider has missing or incomplete orders and should direct the provider to get a supplemental order to the CMS 485 to close that gap. The CC must follow-up to ensure the supplemental order is received. The authorization should not be denied if supplemental orders are needed for the CMS 485, if documentation shows the services are medically necessary.

9. If MCO does not authorize all requested services and hours, appeal rights are provided by the MCO to the provider and Member.

10. MCO will communicate directly with PDN provider regarding any questions or additional information needed. MCO CC will conduct face-to-face visits, HRA, reassessment, etc. according to CCC Plus contract requirements.

New PDN Cases – Additional Information

CCC Plus MCO Members NOT already enrolled in CCC Plus Waiver	CCC Plus Members already enrolled in the CCC Plus Waiver
1a. Members are screened by the hospital or community screening team. Individual referring Member should indicate the Member wants to be screened for Tech/PDN benefit under the CCC Plus Waiver. The Screening Team will complete the DMAS 108/109. Members in a hospital/facility, or out-of-state will be discharged home and evaluated for CCC Plus Waiver once in Virginia. Members under 21 years old may begin PDN via EPSDT with a DMAS 62 completed and sent to the MCO. DC planner or social worker should call MCO TCC or CC to advise of Member's PDN needs.	1b.These Members need to change from a regular waiver benefit to a waiver with PDN benefit. *Note: no additional screening is needed since the Member is already enrolled in the waiver.* Member needs to be assessed to determine if he/she meets PDN benefit criteria based on DMAS 108 or DMAS 109. *Note: Under 21 years old PDN is provided under EPSDT benefit based on DMAS 62 criteria (submit DMAS 62 to MCO).* Unless the MCO has an internal policy determining who can complete the DMAS 109 it could be completed by any medical professional deemed appropriate who is familiar with the Member's skilled needs including: the agency RN supervisor, the physician, a discharge planner, the MCO care coordinator, MCO transition coordinator, hospital/facility RN or respiratory therapy staff. *MCO best practice is to complete a new LOCERI since the member's needs have changed.*
Continue to follows steps 2-11 on the first page for "New Cases".	**Continue to follow steps 2-11 on the first page for "New Cases".**

*Please refer to the 485 provider update for detailed information.