# CCC Plus PDN Workflow
# PDN Continued Services

| ***This workflow is specific to enrolled CCC Plus Members receiving CCC Plus Waiver PDN services.*** |
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| 1. During authorization period and based on RN supervisory visits, provider submits DMAS 103 to MCO each month. Provider submits the CMS 485 every 60 days to the MCO. Orders for skilled nursing services will include a specific number of nursing hours per day (i.e., not a range of hours)*. *Note: Allowing flexibility for provider to submit the CMS 485 monthly along with the DMAS 103 may vary between the MCOs.* |
| 2. MCO care coordinator has ongoing telephone and face-to-face contact with family and/or providers to ensure the needs of the Member are met and that no changes in the level of services are warranted. |
| 3. MCO reviews provider documentation and authorizes continued medically necessary PDN services. |
| ***Note: The length of the authorization may vary between the MCO health plans. MCOs may have additional reauthorization request forms and different requirements regarding submission process.*** |
| 4. If at any time the MCO does not authorize all requested services and hours, appeal rights are provided by the MCO. |
| 5. Provider must provide physician orders to change or discontinue technology, medications and/or treatments that impact PDN to the MCO care coordinator. |
| 6. Provider must keep MCO care coordinator informed of all updates and changes in the Member's care or situation that impacts their comprehensive assessment and care planning. Communication for updates may occur for example via telephone contacts, ICT meetings, the DMAS 103, the CMS 485. |
| ***Note: Providers should confirm preferred method of communication with MCO care coordinator as it may vary between CCC Plus MCOs.*** |
| 7. MCO care coordinator will conduct reassessments and interdisciplinary care team (ICT) meetings according to CCC Plus contract requirements and may choose to coordinate joint visits with the provider as appropriate and when possible. PDN providers are encouraged to actively participate in ICT meetings. |
| 8. Providers will not be responsible for LOC reviews. CCC Plus MCO care coordinators will be responsible for submitting LOCERIs to DMAS. |
| ***Note: At any point, if the provider determines the individual no longer meets PDN criteria, they will contact the Member's CCC Plus care coordinator. MCO CC should then complete a new LOCERI to assess member's needs.*** |

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