



## INFORMATIONAL MEMO

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<b>TITLE:</b>	<b>PRIVATE DUTY NURSING (PDN) TEMPORARY ADMINISTRATIVE APPROVAL PROCESS EXTENSION</b>
<b>SUPERSEDES NUMBER:</b>	<b>HCPF IM 22-040</b>
<b>EFFECTIVE DATE:</b>	<b>FEBRUARY 3, 2023</b>
<b>DIVISION AND OFFICE:</b>	<b>BENEFITS AND SERVICES MANAGEMENT DIVISION, OFFICE OF COMMUNITY LIVING</b>
<b>PROGRAM AREA:</b>	<b>HOME HEALTH</b>
<b>KEY WORDS:</b>	<b>LTHH, PDN, PAR, KEPRO, PRIVATE DUTY NURSING, TEMPORARY ADMINISTRATIVE APPROVAL PROCESS</b>
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### **Purpose and Audience:**

The purpose of this Informational Memo is to inform stakeholders of an extension to the temporary administrative approval process for Private Duty Nursing (PDN) services through at least April 2, 2023, and what this means for members and providers. Based on stakeholder feedback, the Department of Health Care Policy & Financing (Department) also intends to use this memo to clarify ongoing PDN benefit information for members and stakeholders and reiterate provider responsibilities related to the PDN benefit.

### **Information:**

In October 2022, the Department initiated a temporary administrative approval process for all PDN services through Dec. 31, 2022, and then extended it once more through February 28, 2023. Based on the ongoing engagement with home health providers and feedback from members, the Department is extending the administrative approval process again and providing additional information around current PDN policy and provider responsibilities.

### Temporary Administrative Approval Process Extension

**All PDN Prior Authorization Requests (PARs) will receive administrative approval through April 2, 2023, and incoming requests will be administratively approved through April 2, 2023.** This applies to both technical denials and denials for medical necessity as well. **This means all requested PDN services are authorized through April 2, 2023.**

### Current PDN Benefit Policy and Regulations

The Department has an approved State Plan Amendment (SPA) from the Centers for Medicare & Medicaid Services (CMS) that outlines current PDN policy along with current [promulgated \(fully adopted\) rules](#). Included in the current promulgated rules is eligibility for the PDN benefit. The temporary administrative approval process is not intended to adjust current policy, but to ensure the PAR process adheres to the approved policy.

### PDN Provider Responsibilities

Home care agencies play an important role in assisting members to access critical skilled nursing services. These agencies have certain responsibilities throughout the process. It is important for the agency to work with the member to assess medical needs and determine how the needs can be met through continuous skilled nursing services, intermittent skilled nursing services, a combination of the two, or other Long-Term Home Health services such as Certified Nursing Assistant (CNA). The plan of care (POC) is developed with the member and the member's medical providers to identify the most appropriate care interventions. Documentation, submitted with the POC, should reflect the assessment. The documentation provided to the Department must align with professional licensing requirements for the level of care requested.

Providers must continue to submit a PAR for services through Atrezzo before services commence, or before the expiration of an existing PAR. All PDN providers must obtain prior authorization before starting services. Documentation must demonstrate medical necessity and appropriate clinical information to justify the care to be provided. Please see Operational Memo (OM) 22-049 for example documentation used to justify the care requested.

### **Attachment(s):**

None

### **Department Contact:**

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