



POLICY MEMO

Title: Private Duty Nursing Definition Clarification	Topic: Private Duty Nursing
Audience: Home Health Agencies, Utilization Review Contractor, Case Management Agencies, Members, Families, Advocates	Sub-Topic: Provider Guidance
Supersedes Number: N/A	Division: Benefits and Services Management Division
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Expiration Date: June 1, 2028	Program Area: Private Duty Nursing
Key Words: Private Duty Nursing (PDN), Skilled Nursing Service, Registered Nurse (RN), Licensed Practical Nurse (LPN)	
Legal Authority: 10 CCR 2505-10 8.540.1.I	
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Purpose and Audience:

The purpose of this Policy Memo is to clarify the existing definition of Private Duty Nursing for Home Health Agencies, the Utilization Review Contractor, Case Managers, Members, Families and Advocates.

Information:

This regulatory clarification of the Private Duty Nursing (PDN) definition is intended to provide guidance about the frequency of nursing tasks or interventions that would be provided during the provision of PDN services.

HCPF thanks the Members, Home Health Agencies (HHAs) and affiliated stakeholders who provided input and feedback on the definition clarification.

Current Definition of PDN in Rule

“Private Duty Nursing (PDN) means medically necessary nursing services that are more individual and continuous care than is available under the Home Health benefit or routinely provided by the nursing staff of a hospital or skilled nursing facility, that allow a member to remain in their home or community-based setting.” (10 CCR 2505-10 8.540.1.I)

PDN Definition Clarification

Private Duty Nursing (PDN) is a direct skilled nursing service that is more continuous and individualized than care that can be safely managed within the timeframe of intermittent home health nursing visits and is beyond the scope and delegation of a certified nursing assistant. These nursing services include assessment and clinical judgment to determine if a nursing intervention is needed and requires the specialized knowledge and skills of a Registered Nurse (RN) or Licensed Practical Nurse (LPN) at an interval more than intermittent nursing which can occur every 2.5 hours. These services are routinely provided by the equivalent nursing staff of a hospital or skilled nursing facility and allows a member to maintain their current health status or prevents and/or delays the deterioration of a member’s condition.

Action To Be Taken:

Home Health Agencies (HHA) should review care plans and corresponding nursing notes, physician orders, and other available medical records for PDN members, new and existing, to ensure that medically necessary skilled nursing services, such as skilled nursing assessments, clinical judgement, and skilled nursing interventions, occur at least every 2.5 hours. If there are no medically necessary skilled nursing interventions that are documented at the interval of 2.5 hours, the HHA should revise the member’s prior authorization to match the actual hours needed for nursing services. The Plan of Care (POC) should also reflect the nursing care being provided.

If a provider has questions about this guidance or needs additional clarification, please reach out to the Home Health inbox at homehealth@state.co.us.

Definition(s):

None

Attachment(s):

None

HCPF Contact:

PDN policy and benefit questions may be directed to homehealth@state.co.us.