



April 13, 2023

President Pump and Medical Services Board Members

RE: Private Duty Nursing (PDN) Prior Authorization Requests (PAR) Updates

Dear President Pump and Medical Services Board Members:

The purpose of this letter is to provide the Board with a summary of the Action Plan and work completed in response to the concerns raised about the utilization management process for the Private Duty Nursing (PDN) benefit. Through ongoing collaboration with the Board and stakeholders, the Department continued the extension of the administrative approval process through April 2, 2023, as announced on February 3, 2023.

Please find outlined below, a summary of the issues identified, and work done to date on this program:

- **Stakeholders raised concerns about the notices that were sent when services were being denied.**
 - HCPF revised the noticing to inform members of partial denials and full denials for medically necessary PDN services.
 - Drafts of these notices were reviewed with the Attorney General's Office, involved stakeholders, advocacy organizations, and members through the Member Experience Advisory Council (MEAC).
 - HCPF, at the recommendation of stakeholders, also created notices of PDN approval to increase transparency and communication. Approval notices that were sent in March received the same review process as partial and full denial notices.
- **Stakeholders raised concerns about denials of services.**
 - In reviewing the denials, HCPF identified a need for additional training and technical assistance for agencies that provide PDN services.

- HCPF, working with Kepro, the Department’s third-party fee for service utilization management vendor, outreached and worked directly with 23 agencies responsible for submitting PDN PARs to Kepro. HCPF provided agencies with training on the submission of appropriate supporting documentation for private duty nursing requests.
 - Because of this training, PDN providers have begun resubmitting PARs and supporting documentation in alignment with HCPF’s training.
 - HCPF provided training to our Regional Accountable Entity (RAE) management and care coordination staff to ensure members are appropriately supported.
 - Most importantly, RAEs were trained how to support members to access alternative services or appeal after receiving a PDN denial.
 - HCPF is working on a case-by-case basis to ensure individuals receive the appropriate level of benefit which includes alternative services if the member does not qualify for PDN services.
- **Stakeholders requested transparency and engagement**
 - HCPF has hosted webinars, created PDN FAQs, and presented at key forums. The Department continues to post updates related to PDN on the external facing [website](#).

Moving Forward:

After administratively approving all PDN PARs since October 2022 to address concerns, **on April 2, the normal PDN PAR process has resumed- for all but a small group of individuals.**

- Throughout the month of March, members received decision letters, including approval and denial notices
 - If a member received a denial notice, their **services continued for 15 calendar days after April 2.**
 - If a member receives a letter dated after April 2, 2023, their services will continue for 15 calendar days after the date the letter was mailed.
 - If a member decides to appeal the denial, services will remain in place during the appeal.
- Starting in April, Kepro will again start reviewing all PDN requests within the contractually required 10 business days.

- If Kepro determines all or a portion of the requested hours are not medically necessary, members receive an outline of the denial and their appeal rights.
- Providers also receive a notification from Kepro.
- For a small group of individuals, the administrative program approval was extended for another 30 days, through April 30, 2023.
 - Their case reviews resulted in a partial denial and a “programmatic approval.”
 - For some members the clinical information provided did not demonstrate the medical necessity of the hours requested. Some of the hours that were determined to not meet medical necessity were programmatically approved by the Department because they were previously approved.
 - The partial denial was given because there were additional hours beyond what was previously approved (and would fall under the “programmatic approval”) that was determined not to be medically necessary.
 - Because this situation is complex and the individuals will be approved in part (through a programmatic approval) and denied in part, we are seeking an additional 30 days to ensure we craft communications that are as clear as possible.

Relevant Communications:

[Informational Memo to Members, Families, and Advocates](#)

[Informational Memo to Providers](#)

If you have questions, or are aware of constituents with outstanding questions, please have them contact our staff at homehealth@state.co.us.

Sincerely,

Adela Flores-Brennan

Adela Flores-Brennan

Medicaid Director

Bonnie Silva

Bonnie Silva

Director, Office of Community Living