

# Private Duty Nursing (PDN) Rule Review

Stakeholder Engagement Meeting #2

Presented by: Candace Bailey,  
HCBS Division Director

April 27, 2023



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# Purpose

The purpose of the Private Duty Nursing Rule Review stakeholder meeting is for advocates, providers, members, case managers, and other interested stakeholders to collaborate with and advise the Department as it reviews regulations pertaining to the Private Duty Nursing benefit - 10 C.C.R. 2505-10 Section 8.540



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# Agenda

- HCPF Introductions
- Complete Attendance Form
- Meeting Guidelines
- Rule Revision Presentation
- Discussion
- Next Steps



# Housekeeping

- Please mute when not speaking
- Raise hand and unmute yourself for questions, comments, or suggestions
- Use the Chat Box to enter questions, comments, or suggestions
- Please do not disclose Protected Health Information (PHI). We are unable to discuss specific cases during this meeting.

The team will answer questions and concerns as we are able but will need to take back some for deliberation. Thank you for your patience!

Send Further Questions, Comments, and Suggestions to: [homehealth@state.co.us](mailto:homehealth@state.co.us)

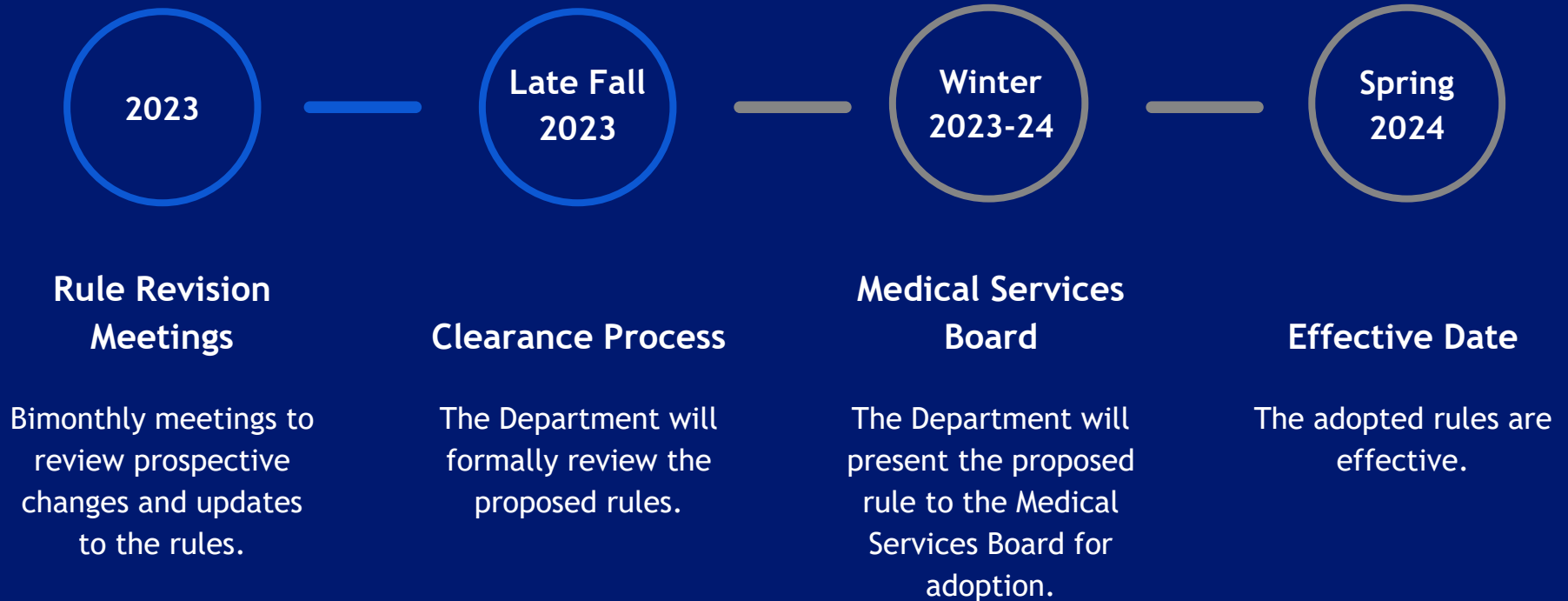
Look for the webinar recording and other posted materials here: [hcpf.colorado.gov/private-duty-nursing](http://hcpf.colorado.gov/private-duty-nursing)



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# Rule Revision Process



[hcpf.colorado.gov/medical-services-board](https://hcpf.colorado.gov/medical-services-board)



# Revision Goals

- Conduct a thorough review and update of the Private Duty Nursing (PDN) regulations by Spring 2024.
- In collaboration with stakeholders, we will revise language that is outdated or unclear. We will identify areas that need edits, rephrasing, clarification, removal, or restructuring.

For example:

- Adding relevant definitions to PDN rules
- Use best practices to clarify the process



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# Overview of PDN Rules

PDN rules can be found at the Colorado Secretary of State's Code of Colorado Regulations for the Department: [10 C.C.R. 2505-10, Section 8.540](#)

1. Definitions
2. Benefits
3. Benefit Limitations
4. Eligibility
5. Application Procedures
6. Provider Requirements
7. Prior Authorization Procedures
8. Reimbursement



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# Overview of PDN Rules

Each meeting will address a section of the rule or a topic. In February 2023, we reviewed Section 8.540.7 - Prior Authorization Procedures, focusing on the documentation requirements.

In April 2023 we will be focusing on the remaining PAR components which includes a description of the PAR submission process and 3rd party Utilization Management (UM) Contractor utilization review process. We will also review Section 8.540.8 on reimbursement.



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# General Considerations

As we review the rules, please remember:

- Language and concepts discussed are not final
- We are documenting your feedback and ideas
- Certain words will be changed throughout the document (i.e. *client* will change to *member*)
- In some cases, we will propose reorganizing sections to improve readability and clarity
- We will add definitions for common terms and spell out acronyms in the first instance of use
- We look forward to your feedback and participation!



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## Current Rule Language

8.540.7.D. The URC shall review PARs according to the following procedures:

1. Review information provided and apply the medical criteria as described herein.
1. Return an incomplete PAR to the Home Health Agency for correction within ten working days of receipt.

*Section 8.540.7.A-C  
reviewed Mtg #1  
held 2/23/23*

## Proposed Rule Language

8.540.7.D. Utilization Review

1. Providers must submit requests for prior authorization of private duty nursing (PDN) services directly to the Utilization Review Contractor (URC) within ten (10) business days of starting PDN
1. The URC will review requests for prior authorization according to the terms outlined in their contract.



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## Current Rule Language

### 8.540.7.D. (cont'd)

3. Approve the PAR, or refer the PAR to the URC physician reviewer, within 10 working days of receipt of the complete PAR.
4. Process physician review referrals and approve, partially approve, or deny the PAR within 10 working days of receipt from the nurse reviewer. The URC physician reviewer shall attempt to contact the attending physician or the primary care physician for more information prior to a denial or reduction in services.

## Proposed Rule Language

### 8.540.7.D. (cont'd)

3. Providers should only request services allowed or covered under the PDN benefit with a prior authorization request.
3. Written notification of all PAR denials, including a member's appeal rights, will be issued within one business day to the member or member's designated representative and the submitting provider.

*Items in this section renumbered*



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## Current Rule Language

8.540.7.D. (cont'd)

5. Provide written notification to the client or client's designated representative and submitting party of all PAR denials and the client's appeal rights, within one working day of the decision.

## Proposed Rule Language

8.540.7.D. (cont'd)

5. Services provided during the period between the provider's submission of the PAR to the URC to the final approval or denial by HCPF may be approved for payment. Payment may be made retroactive to the start date on the PAR form, or up to 30 calendar days, whichever is shorter.

*Reorganized and clarified*



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## Current Rule Language

8.540.7.D. (cont'd)

6. Approve subsequent continued stay PARs that have been to physician review without referral, if the client's condition and the requested hours have not changed.

## Proposed Rule Language

8.540.7.D. (cont'd)

6. When denied or reduced, services shall be approved for fifteen (15) additional calendar days after the date on the member's notice of denial letter. If the denial is appealed by the member in accordance with Section 8.057, services will be maintained for the duration of the appeal until the final agency action is rendered.

*Reorganized and clarified*



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## Current Rule Language

8.540.7.D. (cont'd)

7. Notify the Department of all extraordinary PDN services approved as a result of an EPSDT screen.

8. Notify the submitting party of all PAR approvals.

9. Expedite PAR reviews in situations where adhering to the time frames above would seriously jeopardize the client's life or health.

## Proposed Rule Language

8.540.7.D. (cont'd)

*Striking these items*

*Incorporated into above language for simplicity.*



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## Current Rule Language

8.540.7.E.

No services shall be approved for dates of service prior to the date the URC receives a complete PAR. PAR revisions for medically necessary increased services may be approved back to the day prior to receipt by the URC if the revised PAR was received within five working days of the increase in services. Facsimiles may be accepted.

## Proposed Rule Language

8.540.7.E.

*Striking this language*

*Incorporated into  
above language for  
simplicity*



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## Current Rule Language

8.540.7.F.

The URC nurse reviewer may attend hospital discharge planning conferences, and may conduct on site visits to each client at admission and every six months thereafter.

## Proposed Rule Language

8.540.7.F.

*Striking this language*

*Removed outdated language*



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## Current Rule Language

### 8.540.7.G.

For members currently receiving PDN services initiated prior to November 1, 2021, providers must submit a prior authorization request (PAR) in accordance with the schedule in Sections 8.540.7.G.1-10. When denied or reduced, services shall be approved for 60 additional days after the date on which the notice of denial is mailed to the client. If the denial is appealed by the member in accordance with Section 8.057, services will be maintained for the duration of the appeal until the final agency action is rendered. After August 31, 2022, services shall be approved for an additional 15 days after the date on which the notice of denial is mailed to the client.

## Proposed Rule Language

### 8.540.7.G.

*Striking this language*

*Remove outdated language and add pertinent info to above section*



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## Current Rule

### 8.540.8. REIMBURSEMENT

- A. No services shall be authorized or reimbursed if hours of service, regardless of funding source, total more than 24 hours per day.
- B. No services shall be reimbursed if the care is duplicative of care that is being reimbursed under another benefit or funding source, including but not limited to home health or other insurance.

## Proposed Rule Language

### 8.540.8. REIMBURSEMENT

- A. No services shall be authorized or reimbursed if hours of service, regardless of funding source, total more than 24 hours per day for members age 20 or younger and no more than 23 hours per day for members age 21 or older.
- A. *No changes.*

*Expand for clarification of daily hour limits per age*



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## Current Rule

8.540.8.

C. Approval of the PAR by the URC shall authorize the Home Health Agency to submit claims to the Medicaid fiscal agent for authorized PDN services provided during the authorized period. Payment of claims is conditional upon the client's financial eligibility on the dates of service and the provider's use of correct billing procedures.

## Proposed Rule Language

8.540.8.

C. Approval of the PAR by the URC shall authorize the Home Health Agency to submit claims to the Medicaid fiscal agent for authorized PDN services provided during the authorized period. Payment of claims is conditional upon the **member's benefit** eligibility on the dates of service and the provider's use of correct billing procedures.

*Update Terminology*



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## Current Rule Language

8.540.8.

D. No services shall be reimbursed for dates of service prior to the PAR start date as authorized by the URC.

## Proposed Rule Language

8.540.8.

D. *No changes.*

*No changes*



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## Current Rule Language

8.540.8.

E. Skilled Nursing services under the PDN shall be reimbursed in units of one hour, at the provider's usual and customary charge or the maximum Medicaid allowable rates established by the Department, whichever is less. Units of one hour may be billed for RN, LPN, RN group rate (registered nurse providing PDN to more than one client at the same time in the same setting), LPN group rate (licensed practical nurse providing PDN to more than one client at the same time in the same setting) or Blended RN/LPN rate (group rate by request of the Home Health Agency only).

## Proposed Rule Language

8.540.8.

E. Skilled Nursing services under the PDN shall be reimbursed in units of one hour, at the provider's usual and customary charge or the maximum Medicaid allowable rates established by HCPF the Department, whichever is less.

1. Units of one hour may be billed for RN or LPN individually dependent on the personnel providing care.

*Reorganized and clarified*



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## Current Rule Language

8.540.8.

E. Skilled Nursing services under the PDN shall be reimbursed in units of one hour, at the provider's usual and customary charge or the maximum Medicaid allowable rates established by the Department, whichever is less. Units of one hour may be billed for RN, LPN, RN group rate (registered nurse providing PDN to more than one client at the same time in the same setting), LPN group rate (licensed practical nurse providing PDN to more than one client at the same time in the same setting) or Blended RN/LPN rate (group rate by request of the Home Health Agency only).

## Proposed Rule Language

8.540.8.

2. RN group rate should be utilized when a registered nurse is providing PDN services to more than one client at the same time in the same setting.

3. LPN group rate should be utilized when a registered nurse is providing PDN services to more than one client at the same time in the same setting.

*Reorganized and clarified*



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## Current Rule Language

8.540.8.

E. Skilled Nursing services under the PDN shall be reimbursed in units of one hour, at the provider's usual and customary charge or the maximum Medicaid allowable rates established by the Department, whichever is less. Units of one hour may be billed for RN, LPN, RN group rate (registered nurse providing PDN to more than one client at the same time in the same setting), LPN group rate (licensed practical nurse providing PDN to more than one client at the same time in the same setting) or Blended RN/LPN rate (group rate by request of the Home Health Agency only).

## Proposed Rule Language

8.540.8.

4. Blended RN/LPN rate is used as a group rate by request of the Home Health Agency only.
5. "Group" is defined as XXX.

*To be discussed with stakeholders*



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# Next Steps

- Future Engagement Opportunities and Meetings
- Meeting documents and recordings available here: [Private Duty Nursing Webpage](#)
- How to submit feedback and comments
  - Submit a Google Form here: [PDN Rule Comments](#)
  - Email [HomeHealth@state.co.us](mailto:HomeHealth@state.co.us) - title “PDN Rule Comments”
  - Call 303-866-5349 and leave a message with your name, phone number, and comments



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# Ways to Provide Public Comment

## Email

[HomeHealth@state.co.us](mailto:HomeHealth@state.co.us)

## Public Comment Information and Opportunities

[Google Form](#)

## FAX

303-866-2786  
ATTN: PDN Rule  
Comments

## Letter

Department of Health  
Care Policy and Financing  
ATTN: PDN Rule  
Comments  
1570 Grant Street  
Denver, CO 80203



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# Questions?



# Contact Info

Home Health Inbox  
[homehealth@state.co.us](mailto:homehealth@state.co.us)



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# Thank you!



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