



Benefits Collaborative FAQs: Private Duty Nursing (PDN)

This FAQ document summarizes:

- Frequently asked questions regarding Department efforts to codify the private duty nursing benefit through the Benefits Collaborative Process; and
- Suggestions made within the Benefits Collaborative Process for how to improve the private duty nursing benefit.

Below each item, the Department has provided a response.

Important Note: This FAQ document indicates the Department's position as of 11/24/2015. The Department's private duty nursing rule remains the current policy.

Item 1

The Department convened a listening session in February of 2015 to solicit feedback on a proposal to limit PDN services to clients who are ventilator dependent, as is the case in many other Medicaid states. What did the Department do with this feedback?

- Stakeholders who participated in the listening session provided several examples of non-ventilator dependent clients who currently receive PDN services whose needs are best met by the level of care provided by the current PDN benefit.
- The Department will continue to provide the scope of services detailed in the current PDN rule and will not limit the benefit to only those clients who are ventilator dependent.



COLORADO

**Department of Health Care
Policy & Financing**

Published: 11/24/2015

Item 2

On September 21, 2015, the Department reconvened stakeholders to discuss a draft PDN Benefit Coverage Standard, originally authored in 2013 with the help of PDN providers. Where can I find that draft?

To the best recollection of individuals who participated in the 2013 workgroup, there were a few criteria that the workgroup generated that were missing from the draft proposed on September 21, 2015.

- A copy of the draft Benefit Coverage Standard presented on September 21st can be found at the link below:
<https://www.colorado.gov/pacific/sites/default/files/Benefits%20Collaborative%20Private%20Duty%20Nursing%20Benefit%20Coverage%20Standard%20%28Draft%29%20September%2021%2C%202015.pdf>

What is the status of this draft?

- Response forthcoming

Item 3

On September 21, 2015, stakeholders proposed several changes to policy that would constitute an expansion of services. Examples are included below:

Several stakeholders requested that the Department reconsider the upper (16) hour per day limit on PDN services for adults 21 and older because, for example, those who require more than 16 hours of care may not otherwise be able to receive that care in their community and some caregivers require additional support.

Several stakeholders also requested that should the 16 hour ceiling remain standard policy, an exception process be created for adults with exceptional needs, and/or that a step-down process be created to ease the transition in care for children 20 and younger who received more than 16 hours of PDN prior to their 21st birthday.

Does the Department plan to make these changes?

- Response forthcoming



Item 4

The Department was asked how the policy works in a host home situation. Stakeholders conveyed that the requirements for host home supervisors are minimal and that skilled care cannot be provided by host home staff.

- Response forthcoming

Item 5

Several stakeholders stated that the requirements listed on page 5 of the draft proposed on September 21st, which require a client be technology-dependent to receive PDN services, are too limited. Examples of this feedback, include:

A patient with a history of tonic-clonic seizure, a ventriculoperitoneal shunt and a gastrostomy tube, who can decompensate quickly (airway patency declines, oxygen level changes), may need a nurse to provide oxygen, and engage in other activities, to stabilize the patient.

- Response forthcoming

Gastrostomy tubes and associated technologies should be added to the list of specified medical criteria on page 5, rather than be part of an exception process.

- Response forthcoming

The specified medical criteria on page 5 that states "Needs PDN services after tracheostomy decannulation to stabilize the client's condition" should be modified to include tracheostomy management. Perhaps by saying "Needs PDN services if tracheostomy is present with suctioning needs or after tracheostomy decannulation to stabilize the client's condition."

- Response forthcoming

Item 6

Is there, or will there be, an acuity tool that accompanies this benefit, to assist in the determination of how many hours of care clients should receive?

- Response forthcoming

Can the Department post the existing acuity tool to the web for the reference of interested stakeholders?

- Response forthcoming



Can the Department post the draft (newer) acuity tool to the web for the reference of interested stakeholders?

- Response forthcoming

When the Department worked with stakeholders to create similar acuity tools for pediatric home health and personal care, there were certain types of providers who were excluded from providing certain types of services. In creating the PDN benefit and acuity tool, please ensure that we do not limit the benefit to an extent that gaps across benefits exist and clients are unable to access medically necessary care from anyone.

- Noted

Item 7

Language in the second solid bullet on page 9 of the draft proposed on September 21st describes the practice of needing to close out a prior authorization when the client is changing providers. The new utilization management vendor, EQHealth, has asked providers, during this vendor transition period, not to close out a PAR but, instead, to have the family fill out a change-in-vendor authorization form. Moving forward, can the Department make this a permanent practice?

- Response forthcoming

Item 8

What are the next steps related to this effort?

- Response forthcoming