

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <u>1 0 -- 0 2 1</u>	2. STATE: COLORADO
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2010	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.80		7. FEDERAL BUDGET IMPACT a. FFY 09-10 \$ (27,357) b. FFY 10-11 \$(109,429) c. FFY 11-12 \$(126,838)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 3d of Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 8. Payment Rates for Private Duty Nursing Services		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Page 3d of Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 8. Payment Rates for Private Duty Nursing Services TN# 09-038.	
10. SUBJECT OF AMENDMENT Amendment updates the reimbursement methodology for private duty nursing services.			
11. GOVERNOR'S REVIEW (<i>Check One</i>) GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 26 January 2009 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME Bob Douglas		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: David Smith	
14. TITLE Legal Director			
15. DATE SUBMITTED September 28, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <u>9/29/10</u>		18. DATE APPROVED <u>11/17/10</u>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <u>7/1/10</u>		20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME <u>Richard C. Allen</u>		22. TITLE <u>ARA, DMCH</u>	

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

42 CFR 440.80

State of Colorado

Attachment 4.19-B

Page 3d

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER
TYPES OF CARE

8. Payment Rates for Private Duty Nursing Services

Private Duty Nursing services provided to eligible clients by Medicaid certified home health agencies shall be reimbursed in units of one hour.

There is a maximum state-wide rate for R.N. services and a maximum rate for L.P.N. services.

Reduced maximum rates are also established for one nurse providing Private Duty Nursing to more than one client at the same time in the same setting. These rates were originally based on eighty percent of the rates for one to one Private Duty Nursing, and are increased whenever the Colorado General Assembly authorizes and appropriates rate increases.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. Reimbursement rates for dates of service on or after July 1, 2009, dates of service on or after September 1, 2009, dates of service on or after December 1, 2009, and dates of service on or after July 1, 2010, for these services can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

Private duty nursing services provided by R.N. and L.P.N. providers shall be reimbursed at the lower of the following:

1. Submitted charges; or
2. Private duty nursing fee schedule determined by the Department of Health Care Policy and Financing.

TN# 10-021

APPROVAL DATE 11/17/10

SUPERCEDES TN# 09-038

EFFECTIVE DATE July 1, 2010