

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER:  <b>11-027</b>	2. STATE:  <b>COLORADO</b>
	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 <b>July 1, 2011</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate transmittal for each amendment</i> )		
6. FEDERAL STATUTE/REGULATION CITATION  <b>42 CFR 440.80</b>	7. FEDERAL BUDGET IMPACT a. FFY 2011: (\$15,565) b. FFY 2012: (\$73,065)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 8. Private Duty Nursing Services</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 8. Private Duty Nursing Services (TN 10-021 and 02-005)</b>	
10. SUBJECT OF AMENDMENT <b>Methods and standards for establishing payment rates for private duty nursing services, reflecting the rate reductions effective July 1, 2011.</b>		
11. GOVERNOR'S REVIEW ( <i>Check One</i> )  GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED  COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>Governor's letter dated 11 February 2011</b> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO	
13. TYPED NAME  <b>Robert C. Douglas</b>	Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE  <b>Legal Division Director</b>	Attn: <b>Barbara Prehmus</b>	
15. DATE SUBMITTED  <b>June 28, 2011</b>		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED  <b>6/28/11</b>	18. DATE APPROVED  <b>8/19/11</b>	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL  <b>7/1/11</b>	20. SIGNATURE OF REGIONAL OFFICIAL	
21. TYPED NAME  <b>RICHARD C. ALLEN</b>	22. TITLE  <b>ARA, DMCHO</b>	
23. REMARKS		

TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

42 CFR 440.80

State of Colorado

Attachment 4.19-B

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 are reimbursed in units of one hour.

There is a maximum statewide 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.

Private duty nursing services provided by R.N. and L.P.N. providers are 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.

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, 2010 and for dates of service on or after July 1, 2011, 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](http://www.colorado.gov/hcpf).

TN# 11-027

APPROVAL DATE 8/19/11

Supersedes TN# 10-021 and 02-005

EFFECTIVE DATE: July 1, 2011