DEPARTMENT	OF HEALTH AND	HUMAN SERVICES
CENTERS FOR	MEDICARE & ME	EDICAID SERVICES

* P/I change (form APPROVED OMB NO. 0938-0193

	1. TRANSMITTAL NUMBER:	2. STATE:		
TRANSMITTAL AND NOTICE OF APPROVAL OF	09-037 O N	COLORADO		
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	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, 2009			
5. TYPE OF PLAN MATERIAL (Check One):	J			
NEW STATE PLAN AMENDMENT TO BE CONSIDE	ERED AS A NEW PLAN	X AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	• •	h amendment)		
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.80	7. FEDERAL BUDGET IMPACT a. FFY 2009 \$ (67,301) b. FFY 2010 \$ (447,418) c. FFY 2011 \$ (526,075)			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE S SECTION OR ATTACHME	NT (If Applicable)		
Page 3A of Attachment 4.19-B	Pages 2E of Attachment 4.19-E #8-Private Duty Nursing Service			
#8 – Private Duty Nursing Services of Supplement to Attachment 3.1-A	Attachment 3.1-A	es or supplement to		
10. SUBJECT OF AMENDMENT				
Amendment updates the reimbursement methodology for I	private duty nursing services.			
11. GOVERNOR'S REVIEW (Check One)				
GOVERNOR'S OFFICE REPORTED NO COMMENT	X OTHER, AS SPECIFIED			
Governor's letter dated 29 July 2009 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO			
Harley Wast				
13. TYPED NAME	Colorado Department of Health Ca	re Policy and Financing		
Sandeep Wadhwa, MD, MBA	1570 Grant Street			
14. TITLE Medicaid Director	Denver, CO 80203-1818			
15. DATE SUBMITTED	Attn: Rachel Gibbons			
November 20, 2009 FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED 9/30/09	18. DATE APPROVED /2/7/0			
PLAN APPROVED – ON	<u> </u>	9		
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OF	FFICIAL		
7/1/09	(M) ()			
21. TYPED NAME	22. TITLE			
Richard C. Allen	Associate Regional	Administrator		
23. REMARKS		, January I I I I I I I I I I I I I I I I I I I		

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1600 Broadway, Suite 700 Denver, CO 80202-4967



Region VIII

December 7, 2009

Joan Henneberry, Executive Director Medical Assistance Office Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203

RE: Colorado #09-038

Dear Ms. Henneberry:

This is your official notification that Colorado State Plan amendment 09-038 has been approved effective July 1, 2009. This State Plan updates the reimbursement methodology for private duty nursing services with July, September and December, 2009 rate changes.

If you have any questions concerning this amendment, please contact Diane Dunstan-Murphy at (303) 844-7040.

Sincerely,

/s/

Richard C. Allen Associate Regional Administrator Division for Medicaid & Children's Health Operations

cc: Sandeep Wadhwa, M.D.
Jennifer Evans
Rachel Gibbons

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

42 CFR 440.80

State of Colorado

Supplement to Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

8. Private Duty Nursing Services

Private Duty Nursing is face-to-face skilled nursing that is more individualized and continuous than the nursing care that is available under the Home Health benefit or routinely provided in a hospital or nursing facility. Private Duty Nursing is provided in the home, or outside of the home when normal life activities take the client away from the home. Private Duty Nursing shall not be reimbursed in a hospital or nursing facility. Private Duty Nursing services provided to eligible clients shall be provided through Medicaid licensed Home Health agencies.

To be eligible for Private Duty Nursing, a Medicaid client must meet medical necessity criteria.

Private Duty Nursing services are provided by a registered nurse or a licensed practical nurse; under the direction of the recipient's physician.

Private Duty Nursing services may be provided by one nurse to more than one client at the same time, in the same setting, at a reduced rate.

The amount of Medicaid-reimbursed Private Duty Nursing per day may not exceed the hours that are determined necessary under the medical criteria up to sixteen hours per day.

For EPSDT clients, Private Duty Nursing will be provided up to the amount of medical need.

All Private Duty Nursing services must be prior authorized.

TN# 09-038

SUPERCEDES TN# 04-006

APPROVAL DATE _/2/7/09

EFFECTIVE DATE: July 1, 2009

TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

42 CFR 440.80

State of Colorado

Attachment 4.19-B

Page 3d

<u>METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE</u>

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, and dates of service on or after September 1, 2009, and dates of service on or after December 1, 2009, 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# 09-038

SUPERCEDES TN# 02-005

APPROVAL DATE 12/07/09

EFFECTIVE DATE: July 1, 2009