

OPERATIONAL MEMO

Title: Long-Term Home Health and Private Duty Nursing Use in Residential Habilitation Settings	Topic: Long Term Care			
Audience: Provider Agencies (PASA), Long-Term Home Health (LTHH) Agencies, Members, Stakeholders, Case Management Agencies (CMA), Certified Nursing Assistant (CNA), Private Duty Nursing (PDN)	Sub-Topic: Provider Guidance			
Supersedes Number: N/A	Division: Benefits and Services Management			
Effective Date: June 26, 2025	Office: Office of Community Living			
Expiration Date: June 26, 2027	Program Area: Home and Community- Based Services (HCBS) Developmental Disabilities (DD) waiver			
Key Words: Home and Community-Based Services (HCBS), Long-Term Home Health (LTHH), Residential Habilitation Services and Supports (RHSS), Certified Nursing Assistant (CNA), Developmental Disabilities (DD) Waiver, Private Duty Nursing (PDN)				
Legal Authority: 10 CCR 2505-10 Sections 8.520.5.B, 8.540.4.C and 8.7541				
Memo Author: Meg Janeba				
Operational Memo Number: HCPF OM 25-046				
Issue Date: June 26, 2025				
Approved By: Candace Bailey				

HCPF Memo Series can be accessed online: https://www.colorado.gov/hcpf/memo-series

Purpose and Audience:

This memo provides clarification on the scope of services included within Residential Habilitation Services and Supports (RHSS) under the HCBS Developmental Disabilities (DD) waiver. It also outlines appropriate processes for accessing Long-Term Home Health (LTHH) and Private Duty Nursing (PDN) services for individuals receiving 24-hour RHSS.

Information:

Providers play a vital role in ensuring members receive person-centered, medically appropriate services under the DD waiver. The expectation is that RHSS providers serve as the primary source of support for members receiving 24-hour services under the HCBS-DD waiver. Access to LTHH and PDN is reserved for clinically justified scenarios requiring skilled care outside the RHSS scope of services. Adherence to regulations along with collaboration across care providers is critical to ensuring member health, safety, and appropriate service delivery.

Scope of Residential Habilitation Services and Supports (RHSS) under the Developmental Disabilities (DD) Waiver

Residential Habilitation Services and Supports (RHSS) under the DD waiver are designed to provide 24-hour support in a residential setting for individuals with intellectual and developmental disabilities (IDD). RHSS includes:

- 24-hour supervision and assistance with activities of daily living (ADLs).
- **Protective oversight** to ensure safety and well-being.
- Health-related supports not requiring a licensed nurse.
- Support with **medication administration** as allowed by Colorado Nurse Practice Act and delegated nursing rules.
- Habilitative training and support to increase independence in activities of daily living (ADLs), such as dressing, hygiene, meal preparation, and money management.
- Behavioral support, if included in the Person-Centered Support plan.
- Facilitation of **community engagement** and integration.

RHSS is intended to be comprehensive, encompassing both residential support and care services for individuals who require around-the-clock support.

Residential Provider Agencies shall ensure that the agency, residential setting, and paid provider(s) are able to meet the needs of the member as identified in the Person-Centered Support Plan, prior to enrollment with their agency and placement in a setting. This includes any supervision or health care needs that may be required overnight, as the residential benefit covers 24 hours of support.

Members on the DD waiver, specifically those who need Certified Nursing Assistant (CNA) services, must have those services provided through the residential (Individual Residential Service and Supports (IRSS) or Group Residential Service and Supports (GRSS) benefit (10 CCR 2505-10 Section 8.7541.C.4). A Home Health Agency (HHA) may provide CNA services to members on the DD waiver, but they may only do so as a

contracted provider working with the residential agency. LTHH-CNA may not be billed for in addition to the RHSS benefit.

Provider Agencies may need to provide additional staffing support in the home to ensure the member's needs are met. If a primary caregiver, such as a Host Home provider or family caregiver, is unable to provide care during any part of the 24-hour period, such as awake overnight support, the Residential Provider Agency is responsible for scheduling and providing additional staff support to meet the needs of the member, per the Person-Centered Support Plan.

Clarification on Accessing Long Term Home Health (LTHH) and Private Duty Nursing (PDN) Services

Although RHSS is designed to cover the majority of a member's support needs, including some skilled care needs, there may be clinical circumstances where a member receiving 24-hour RHSS requires skilled nursing interventions beyond the scope RHSS benefit.

LTHH and PDN services may be accessed only when:

- A member has **documented complex skilled care needs** that are not appropriately met by RHSS providers and are beyond the RHSS capacity (e.g., wound care, complex medication administration, ventilator management).
- These needs are outlined in a physician's plan of care, meet medical necessity criteria as determined by the Utilization Management process and are prior authorized.
- The services are not duplicative of what the RHSS provider is expected to deliver and are coordinated with the RHSS provider to avoid overlapping services and ensure continuity of care.

RHSS should remain the primary service modality for members receiving 24-hour supports, with LTHH and PDN used only when clinically necessary and not otherwise available within RHSS scope.

		Permitted	
Example Tasks/Skills	Within RHSS (DD	by	Outside RHSS
	Waiver)	Delegation	Scope - Requires
	CNA/Direct	(e.g., RN-	LTHH/PDN RN/LPN
	Support	delegated	Not Delegable
		CNA tasks)	

Basic ADLs (bathing, dressing, grooming, toileting)	~	×	×
Meal preparation and feeding (non-complex)	~	×	×
Medication administration (oral, topical, inhaled)	(by QMAP or nurse-delegated)	~	×
Routine ostomy care (well-established)	✓ (if trained/delegated)	~	×
Catheter care (routine, stable)	(if trained/delegated)	✓	×
Blood glucose monitoring	(if delegated)	~	X
Seizure observation and response (per behavior plan)	>	×	×
Behavioral interventions, prompting, and redirection	>	×	×
Community integration support & habilitation	>	×	X
24-hour supervision and protective oversight	~	×	X
Skin checks and basic wound observation	(if trained)	~	X
Skilled wound care (e.g., pressure ulcers, debridement)	×	×	✓
Ventilator/tracheostomy care (suctioning, monitoring)	×	×	✓
Parenteral nutrition (TPN) administration	X	×	✓
IV therapy and medication administration via IV	×	×	✓
Tube feeding (initial setup or troubleshooting complications)	×	×	✓

Skilled nursing assessments and complex clinical judgments	×	×	~
Post-operative or high- risk wound assessment & care	×	×	*
Ventilator weaning protocols or titration of oxygen settings requiring frequent nurse assessment and intervention	×	×	✓

Legend

- **✓** = Within scope
- X = Outside scope
- "Delegated" means an RN must assess the task, the member, and the caregiver's competency to allow a CNA or Direct Care Worker (DCW) to perform it legally under Colorado's Nurse Practice Act and Board of Nursing rules.

Regulations on Long-Term Home Health services and reimbursement can be found in Section 8.520.5.B of the Colorado Code of Regulations. Regulations on Private Duty Nursing services and reimbursement can be found in Section 8.540.4.C of the Colorado Code of Regulations.

Action To Be Taken:

RHSS Provider Agencies and Home Health Agencies must confirm that services and supports outlined in the Person-Centered Support Plans and Service Plans are delivered as dictated and comply with regulations.

To ensure compliance with Medicaid rules and appropriate service coordination, RHSS providers must:

Conduct Internal Capacity Reviews

- Evaluate current staff skills and capacity to support members with high medical needs.
- Determine whether delegation of skilled tasks is feasible under nursing supervision.
- If current staffing and supports are insufficient to meet the needs of a member, the Provider Agency must make arrangements to meet those

needs either by employing and scheduling additional support staff, reimbursing home health and private duty nursing from the per diem rate, or seeking different accommodations for the member that meets their needs.

Avoid Duplication of Services

- o Review scope of RHSS vs. LTHH/PDN for every dual service situation.
- Use billing codes and documentation that clearly delineate nonoverlapping services.

• Staff Training and Policy Updates

- Ensure direct care and nursing staff are trained on scope limitations and documentation expectations.
- Update internal policies to align with HCBS-DD waiver rules and nursing regulations.

Attachment(s):

None

HCPF Contact:

For questions on the DD Waiver, please email: <u>HCPF_HCBS_Questions@state.co.us</u>

For questions on Long-Term Home Health and/or Private Duty Nursing, please email: Homehealth@state.co.us.