
Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-11-047

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



Region VIII

April 17, 2012

Susan E. Birch, MBA, BSN, RN, Executive Director
Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203-1818

RE: Colorado #12-001

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 12-001. This SPA assures that hospice services are provided in accordance with Section 2302 of the Affordable Care Act, adding a limitation that requires a certified prognosis of nine months or fewer to receive hospice services and to update the State's reimbursement page.

Please be informed that this State Plan Amendment was approved on April 13, 2012 with an effective date of January 1, 2012. We are enclosing the CMS-179 and the amended plan page(s).

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: Suzanne Brennan
Pat Connally
Barb Prehmus
John Bartholomew
Sharon Parga

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 12-001	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 January 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 1905(o) of the Social Security Act 42 CFR §418		7. FEDERAL BUDGET IMPACT a. FFY_2011-12 \$ 0 b. FFY_2012-13 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <ul style="list-style-type: none"> Attachment 3.1-A, Amt, Duration & Scope, page 7 Supplement to Attachment 3.1-A, Limitations to Care and Services, Item 18: Hospice Services Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, Item 18: Hospice Svcs. 		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <ul style="list-style-type: none"> Attachment 3.1-A, page 7 (TN 03-022) Supplement to Attachment 3.1, Limitations to Care and Services, Item 18: Hospice Services (new) Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, Item 18: Hospice Services (91-07) 	
10. SUBJECT OF AMENDMENT This amendment (1) indicates on Attachment 3.1-A that Hospice Services have limitations; (2) adds a Limitations page for Hospice in Supplement to Attachment 3.1-A, that requires a certified prognosis of nine months or fewer to receive hospice services; and (3) cleans up and updates Attachment 4.19-B to reflect current reimbursement methodology.			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 01 September 2011 <input type="checkbox"/> NO [REDACTED] WITHIN 45 DAYS OF SUBMITTAL			
12. SIGN [REDACTED] AGENCY OFFICIAL		16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus	
13. TYPED NAME Suzanne Brennan		15. DATE SUBMITTED 31 Jan 2012	
14. TITLE Director, Medical & CHP+ Program Administration Office			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 1/9/12		18. DATE APPROVED 4/13/12	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/12		[REDACTED] ONAL OFFICIAL	
21. TYPED NAME RICHARD C. ALLEN		22. TITLE ARA, DNCHO	
23. REMARKS			

State/Territory: COLORADO

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE
AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.
- Provided No limitations With limitations*
 Not provided.
- b. Including such services in a public institution (or district part thereof) for the mentally retarded or persons with related conditions.
- Provided No limitations With limitations*
 Not provided.
16. Inpatient psychiatric facility services for individuals under 22 years of age.
- Provided No limitations With limitations*
 Not provided.
17. Nurse-midwife services.
- Provided No limitations With limitations*
 Not provided.
18. Hospice care (in accordance with section 1905(o) of the Act.
- Provided No limitations Provided in accordance with Section 2302 of the Affordable Care Act
 With limitations* Not provided.

* Description provided on attachment.

TN No. 12-001

Approval Date: 4/13/12

Supersedes TN No. 03-022

Effective Date: 1/1/2012

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

STATE OF COLORADO

Attachment 4.19-B

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

18. HOSPICE SERVICES

1. Hospice services are reimbursed according to the Medicare rates published in 42 CFR 418.306, except when the Medicare rates are lower than the national Medicaid rates. The State does not set hospice rates that are lower than the national Medicaid rates under any circumstances. .
 - a. For both Medicaid and Medicare rates, the per diem rate is subject to a wage index multiplier, to compensate for regional differences in wage costs, plus a fixed non-wage component.
 - b. The State reviews and updates the rates annually to compare Medicaid and Medicare rates and calculate the new hospice rate.
2. Services that are included in the hospice reimbursement are:
 - a. Hospice Routine Home Care
 - b. Continuous Home Care
 - c. Hospice Inpatient Respite Care
 - d. Hospice General Inpatient Care
3. Hospice nursing facility room and board per diem rates are reimbursed to the hospice provider at a rate equal to 95% of the skilled nursing facility rate, less any Post Eligibility Treatment of Income (PETI) amount, for Medicaid clients who are receiving hospice services. The hospice provider is responsible for passing the room and board payment through to the nursing facility.
4. Physician services are not included in Hospice reimbursement but are reimbursed directly to the provider of the service.

Except as otherwise noted in the State Plan, state-developed rates are the same for both governmental and private providers. Reimbursement rates can be found at 42 CFR 418.306.

TN No. 12-001
Supersedes TN No. 91-07

Approval Date 4/13/12
Effective Date 1/1/2012

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

STATE OF COLORADO

Supplement to Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

18. Hospice Care

1. Hospice care is available to any Medicaid client if:
 - a. The client elects to receive the hospice benefit, and
 - b. The client's attending physician has certified a prognosis of nine months or fewer to live, if the individual has an attending physician. Otherwise, Medical Director of the hospice or the physician member of the Interdisciplinary Team will certify the prognosis.

2. Hospice care includes the following services:
 - a. Nursing care provided by or under the supervision of a registered nurse;
 - b. Medical social services provided by a social worker who has at least a bachelor's degree from a school accredited or approved by the Council on Social Work Education, and who is working under the direction of a physician.;
 - c. Counseling services, including dietary and spiritual counseling, provided to the client and his or her family members or other persons caring for the client;
 - d. Bereavement counseling delivered through an organized program under the supervision of a qualified professional. The plan of care for these services should reflect family needs, as well as a clear delineation of services to be provided and the frequency of service delivery (up to one year following the death of the patient);
 - e. Short-term general inpatient care necessary for pain control and/or symptom management up to 20 percent of total hospice days;
 - f. Short-term inpatient care of up to five consecutive days per benefit period to provide respite for the client's family or other home caregiver, that conforms to the written plan of care;
 - g. Medical appliances and supplies, including drugs and biologicals which are used primarily for symptom control and relief of pain related to the terminal illness;
 - h. Intermittent hospice home health aide services available and adequate in frequency to meet the needs of the client. Hospice home health aide services may include unskilled personal care and homemaker services that are incidental to a visit;
 - i. Occupational therapy, physical therapy, and speech-language pathology appropriate to the terminal condition, provided for the purposes of symptom

TN No. 12-001
Supersedes TN No. NEW

Approval Date 4/13/12
Effective Date 1/1/2012

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

STATE OF COLORADO

Supplement to Attachment 3.1-A

- control or to enable the terminal client to maintain activities of daily living and basic functional skills;
- j. Physician services provided by a physician as defined in 42 CFR 410.20, except that the services of the hospice medical director or the physician member of the interdisciplinary group must be performed by a doctor of medicine or osteopathy; and
 - k. Any other service that is specified in the client's plan of care as reasonable and necessary for the palliation and management of the client's terminal illness and related conditions and for which payment may otherwise be made under Medicaid.
3. A client aged 21 and over who has elected hospice is not eligible to receive services that are related to the treatment of the client's condition for which a diagnosis of terminal illness has been made. A client under the age of 21 is eligible to receive hospice services concurrently with services related to the treatment of the child's condition for which a diagnosis of terminal illness has been made.

TN No. 12-001
Supersedes TN No. NEW

Approval Date 4/13/12
Effective Date 1/1/2012