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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-14-0041

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

TN: CO-14-0041 **Approval Date:** 01/20/2015 **Effective Date** 01/01/2015

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



Region VIII

January 22, 2015

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

RE: Colorado #14-0041

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-0041. This amendment increases the basic minimum personal needs amount for persons residing in nursing and intermediate care facilities for individuals with intellectual disabilities from \$50.00 per month to \$75.00 per month, plus an annual adjustment equal to the statewide average nursing facility reimbursement rate.

Please be informed that this State Plan Amendment was approved January 20, 2015 with an effective date of January 1, 2015. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

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

cc:

Gretchen Hammer

Tess Ellis
Pat Connally

Barb Prehmus

John Bartholomew

Frank Herbst

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0936-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE:
STATE PLAN MATERIAL		COLORADO
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2015	
5. TYPE OF PLAN MATERIAL (Check one):		
Î NEW STATE PLAN Î AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$ \$923,527	
1924 of the Act; 42 CFR 435.725	b. FFY 2016 \$ \$1,338,713	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if applicable):	
Attachment 2.6-A, Pages 4a	Attachment 2.6-A, Page 4a (TN No. CO 2000-002)	
10. SUBJECT OF AMENDMENT:		
Increases the State Plan Amendment that establishes the basic minimum monthly personal needs amount of		
\$50.00 to \$75.00, plus an annual adjustment equal to the statewide average nursing facility reimbursement rate in		
nursing facilities and intermediate care facilities with intellectual disabilities. 11. GOVERNOR'S REVIEW <i>(Check One)</i> :		
GOVERNOR'S OFFICE REPORTED NO COMMENT 1X OTHER AS SPECIFIED		
Governor's Letter date 01 September 2011		
i COMMENTS OF GOVERNOR'S OFFICE ENCLOSED i NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TIFEDINAMIC.	Colorado Department of Health Ca	are Policy and Financing
	1570 Grant	
Suzanne Brennan 14. TITLE:	Denver, Colorado 80203	
Director, Medical Assistance Office 15: DATE SUBMITTED:	Attn: Suzanne Brennan	
10/22/14		
FOR REGIONAL OF	FICE USE ONLY	
17. DATE RECEIVED: 10/22/14	18. DATE APPROVED: 01/20/15	
PLAN APPROVED – ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL O	FFICIAL:
01/01/15	Isl	TO THE RESERVE
21. TYPED NAME:	22. TITLE:	
Richard C. Allen	ARA, DMCHC	
23. REMARKS:	, 2	
23. REMARING.		

Attachment 2.6-A

Page 4a

Revision: HCFA-PM-97-2

December 1997

State: Colorado

OMB.: 0938-0673

Citation

Condition or Requirement

1924 of the Act 435.725 435.733

435.832

2. The following monthly amount for personal needs is deducted from the total monthly income in the application of an institutionalized individual's income to the cost of care at a nursing facility or intermediate care facility for individuals with intellectual disabilities.

Beginning January 1, 2015, and on January 1 of each year thereafter, the basic minimum Personal Needs Allowance (PNA) of \$75 is increased for individuals by the same percentage as the increase in the nursing facility (NF) provider reimbursement rate that is detailed in Attachment 4.19-D.

- a. Aged, blind, disabled.
 Individuals: \$75.00 + annually by the same percentage as the increase in the NF rate.
- b. TANF related:
 Children: \$75.00 + annually by the same
 percentage as the increase in the NF rate.
 Adults: \$75.00 + annually by the same
 percentage as the increase in the NF rate.
- c. Individuals under age 21 covered in the plan as specified in Item B.7 of Attachment 2.2-A.: \$75.00 + annually by the same percentage as the increase in the NF rate.

For the above persons with greater need:

Supplement 12 to Attachment 2.6.-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

TN No.CO 14-041

Supersedes TN No. 2000-002

Approval Date 01/20/15

Effective Date: January 1, 2015

Attachment 2.6-A

4b

Revision: HCFA-PM-97-2 OMB.: 0938-0673

December 1997

State: Colorado

Citation(s)

1924 of the Act 3. In addition to the amounts under item 2, the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:

a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

X The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.

____The poverty level component is calculated using a percentage greater than the applicable percentage, equal to____%, of the official poverty level (still subject to maximum maintenance needs standard.)

The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

TN No.CO 14-041

Supersedes TN No. 2000-002

Approval Date: 01/20/15

Effective Date: January 1, 2015