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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-14-0048

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

March 11, 2015

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

RE: Colorado #14-0048

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-0048. This amendment increases reimbursement rates for Hospice Services.

Please be informed that this State Plan Amendment was approved today with an effective date of October 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

In order to track expenditures associated with this amendment, Colorado should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Base.

This amendment would affect expenditures reported on Line 26.


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

Sincerely,

/s/

Mary Marchioni
Acting Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Gretchen Hammer John Bartholomew
Tess Ellis Barb Prehmus
Pat Connally Frank Herbst

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 14-048	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 October 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One): 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 (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 USCS § 1396d(a)(18)		7. FEDERAL BUDGET IMPACT a. FFY 2014-15: \$ 875,260 b. FFY 2015-16: \$ 919,023	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT • 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) • Attachment 4.19-B, Methods and Standards for Establishing Payment Rates, Item 18: Hospice Services (13-056)	
10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for hospice services, reflecting the rate increases effective October 1, 2014.			
11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 01 September 2011 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
 Laurel Karabatsos		16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus	
14. TITLE Acting Director, Medical & CHP+ Program Administration Office			
15. DATE SUBMITTED 12/12/14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 12/12/14		18. DATE APPROVED 3/11/15	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 10/1/14		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Mary Marchioni		22. TITLE Acting ARA, DMCHO	
23. REMARKS			

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. The Department begins with the annual change in Medicaid hospice payment rates, applies the CMS wage index, and increases the final rate by 10.43%.
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. Medicaid hospice payment reimbursement rates were set as of October 1, 2014, and are effective for services provided on or after that date. Medicaid Hospice payments rates are published to the Provider Bulletin by the Department annually. The Provider rate is available on the Department of Health Care Policy and Financing's website at: <https://www.colorado.gov/hcpf/provider-rates-fee-schedule>.