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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-15-0014

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
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

August 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 #15-0014

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-00146. This amendment increases reimbursement rates for hospice services, reflecting the rate increases effective October 1, 2015.

Please be informed that this State Plan Amendment was approved today with an effective date of October 1, 2015. 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- Hospice Benefits.


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

Sincerely,

/s/

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

cc: Gretchen Hammer John Bartholomew
Tess Ellis Barb Prehmus
Pat Connally Amanda Forsythe

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|---|---|------------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER: 15-0014 | 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, 2015 | |
| 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: Section 1905 (a)(18) of the Social Security Act | 7. FEDERAL BUDGET IMPACT: a. FFY 2014-15: \$7,983 b. FFY 2015-16: \$32,757 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 18. Hospice Services | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 18. Hospice Services (TN 14-048) | |
| 10. SUBJECT OF AMENDMENT: Methods and standards for establishing payment rates for hospice services, reflecting the rate increases effective October 1, 2015. | | |
| 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 15 January 2015 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL  | 16. RETURN TO: Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus | |
| 13. TITLE: Gretchen Hammer | | |
| 14. DATE SUBMITTED: Originally submitted 6/2/15 July 23, 2015 - Updated version | | |
| 15. DATE RECEIVED July 2, 2015 | | |
| FOR REGIONAL OFFICE USE ONLY | | |
| 17. DATE RECEIVED July 2, 2015 | 18. DATE APPROVED August 11, 2015 | |
| PLAN APPROVED – ONE COPY ATTACHED | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2015 | 20. SIGNATURE OF REGIONAL OFFICIAL /s/ | |
| 21. TYPED NAME Richard C. Allen | 22. TITLE 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 a specified percentage.
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. As of October 1, 2015, the applied percentage increase will be 10.98% and the resulting rates are effective for services provide on or after that date. 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>.