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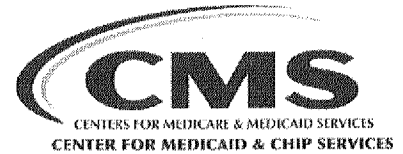
State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-15-0040

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

AUG 22 2017

John Bartholomew
Finance Office Director
Colorado Department of Health Care
Policy and Financing
1570 Grant Street
Denver, Co 80203-1818

Re: Colorado: 15-0040

Dear Mr. Bartholomew:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 15-0040. Effective for services on or after July 1, 2017, this amendment creates a supplemental payment for privately-owned nursing facilities that serve physically, behaviorally, and/or socially complex patients.



We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act (the Act) and the regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 15-0040 is approved effective July 1, 2017. The CMS-179 and the plan pages are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044.

Sincerely,



Kristin Fan
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 15-0040	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: July 1, 2017	
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 CFR 447.272; and 42 CFR 433.50-433.51	7. FEDERAL BUDGET IMPACT: a. FFY 2016-17: \$ 0 b. FFY 2017-18 \$ 500,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-D, Pages 65-66	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) NEW	
10. SUBJECT OF AMENDMENT Creates a supplemental Medicaid payment for privately-owned nursing facilities that serve physically, behaviorally, and/or socially complex patients.		
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: David DeNovellis	
13. TYPED NAME Gretchen Hammer		
14. TITLE: Medicaid Director		
15. DATE SUBMITTED: Initial: 12/31/2015 updated: 6/23/2017		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED	18. DATE APPROVED AUG 22 2017	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL JUL 01 2017	20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Kristin FAN	22. TITLE Director, FMC	
23. REMARKS		

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

STATE OF COLORADO

ATTACHMENT 4.19-D

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**NURSING FACILITY SUPPLEMENTAL PAYMENT FOR PHYSICALLY,
BEHAVIORALLY, AND/OR SOCIALLY COMPLEX PATIENTS**

Effective Date of Payment

Effective July 1, 2017, eligible privately-owned nursing facilities shall receive supplemental Medicaid reimbursement for costs incurred treating complex clients, such that the sum of all Medicaid reimbursement remains below the Upper Payment Limit (UPL) for privately-owned nursing facilities. This supplemental payment will be referred to as the “Nursing Facility Supplemental Payment for Physically, Behaviorally, and/or Socially Complex Patients” (the Payment).

The Nursing Facility Supplemental Payment for Physically, Behaviorally, and/or Socially Complex Patients will only be made if there is available federal financial participation under the aggregate Upper Payment Limit (UPL) for privately-owned nursing facilities after all Medicaid reimbursement – as defined in Colorado State Plan 4.19-D – is completed.

Qualifying Criteria

To be eligible for the Payment, a nursing facility must meet the following criteria:

1. Be privately-owned;
2. Have a client census that is at least ninety (90) percent Medicaid days based on its most recently audited Med-13 cost report;
3. Demonstrate that for at least eighty (80) percent of the most recent cost report year it served at least two (2) uninsured clients lacking the resources to pay for care (not including clients that have a pending Medicaid eligibility);
4. Be located within the city and county of Denver; and,
5. Certify to the state its commitment to provide long term care services and supports in the least restrictive manner for such complex patients discharged from a hospital operated by the Denver Health and Hospital Authority created pursuant to Colorado Revised Statutes § 25-29-101, et seq.

Certification Process

Prior to issuing the supplemental Payment, the state will notify, by electronic mail, each privately-owned nursing facility located within the city and county of Denver with a client census count of at least ninety (90) percent Medicaid days based on its most recently audited Med-13 cost report that it may be eligible to receive a “Nursing Facility Supplemental Payment

TN No. 15-0040

Approval Date: AUG 22 2017

Supersedes TN No. NEW

Effective Date 07/1/2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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for Physically, Behaviorally, and/or Socially Complex Patients". In order to receive this Payment the nursing facility must comply with the instructions and deadlines contained in the electronic mail notification and:

- Provide documentation to the state that demonstrates that for at least eighty (80) percent of the most recent cost report year it served at least two (2) uninsured clients lacking the resources to pay for care (not including clients that have a pending Medicaid eligibility); and
- Provide a signed statement from its administrator, chief financial officer, or chief executive officer that certifies to the state its commitment to provide long term care services and supports in the least restrictive manner for complex patients discharged from Denver Health Medical Center and report annually to the state on the number of patients accepted and patient outcomes.

Payment Methodology

The Payment pool will equal total funds of \$1,000,000 in each calendar year, subject to the UPL described above. The pool Payments will be distributed to eligible nursing facilities based on their relative share of Medicaid days to Medicaid days of all eligible nursing facilities based on the most recently audited Med-13 of each eligible facility. Payment will occur as a lump-sum payment in the third quarter of the state fiscal year (SFY), and will not exceed 75 percent of the available UPL. If the payment pool is not paid in its entirety due to its exceeding the 75 percent UPL availability, then the remainder not paid during the third quarter will be paid in the following quarter, up to the available UPL room left for the state fiscal year.

TN No. 15-0040

Supersedes TN No. NEW

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