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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 18-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

July 5, 2018

Kim Bimestefer, Executive Director
Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

Dear Ms. Bimestefer:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0002. This amendment revises the limitations imposed upon on Post Eligibility Treatment of Income deductions for institutionalized individuals.



Please be informed that this State Plan Amendment was approved today with an effective date of April 1, 2018. 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,

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

cc: Gretchen Hammer
John Bartholomew
David DeNovellis
Russell Ziegler
Whitney McOwen

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 18-0002	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: April 1, 2018	
5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN 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: Title XIX of the Social Security Act, Sections 1902(r)(1)(A); 42 CFR Section 435.725		7. FEDERAL BUDGET IMPACT: a. FFY 2017-18: \$0 b. FFY 2018-19: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 3 to Attachment 2.6-A – Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered Under Medicaid		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 3 to Attachment 2.6-A – Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered Under Medicaid (06-006)	
10. SUBJECT OF AMENDMENT: This amendment will update the reasonable limits on Post Eligibility Treatment of Income deductions by individuals in nursing facilities for medical/remedial care not covered by Medicaid or third party insurance. Specifically, prior authorization will be required for all medical expenses incurred post-eligibility and deduction of pre-eligibility medical/remedial care expenses are restricted to the 3 months prior to Medicaid eligibility.			
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 29 March, 2018 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: June 6, 2018 Update*1: June 11, 2018 Update*2: June 20, 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED June 6, 2018		18. DATE APPROVED July 3, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2018		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Mary Marchioni		22. TITLE Acting ARA, DMCHO	
23. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Colorado

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Post Eligibility Treatment of Income deductions by institutionalized individuals for amounts of incurred expenses for medical or remedial care that are not subject to payment by Colorado Medicaid or other third party insurance.

Reasonable limits imposed are:

- For medical expenses incurred after an individual becomes eligible, prior authorization by the Colorado Department of Health Care Policy and Financing or its designee for all expenses.
- Verification of medical necessity required by attending physician.
- Validation that requested expense is not a benefit of Colorado Medicaid program.
- Determination that the allowable cost for services or supplies does not exceed the basic Medicaid rate.
- Restriction that cost will not be allowed for items that are for cosmetic reasons only.
- Determination if expenses requested are a duplication of expenses previously authorized.
- The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of assets penalty period is limited to zero.
- Medical and remedial care expenses incurred up to 3 months prior to Medicaid eligibility.