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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 19-0001

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



Regional Operations Group

March 1, 2019

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) 19-0001. This amendment authorizes the closure of the 1915(i) State Plan Benefit effective February 12, 2019. Individuals previously receiving services under the 1915(i) State Plan Benefit have transitioned to receiving services under the Home and Community Based Services – Supported Living Services waiver.

Please be informed that this State Plan Amendment was approved February 28, 2019, with an effective date of February 12, 2019. 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 Deputy Director
Western Regional Operations Group

cc: Laurel Karabatsos
John Bartholomew
David DeNovellis
Russell Ziegler
Whitney McOwen
Jami Gazarro

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 19-0001	2. STATE: COLORADO
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		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: February 12, 2019	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): 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 (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: SOCIAL SECURITY ACT 1915(i) / 42 CFR 440.180		7. FEDERAL BUDGET IMPACT: a. FFY 2018-19: \$(472,198) b. FFY 2019-20: \$(688,049)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-C – §1915(i) HCBS State Plan Services – Page 1 of 1 Attachment 4.19-B -- §1915(i) HCBS State Plan Services – Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-C – §1915(i) HCBS State Plan Services – Pages 1-24, and Quality Matrix pages 25-27, of 27 (TN CO-07-016) Attachment 4.19-B -- §1915(i) HCBS State Plan Services – Page 1-4 of 4 (TN CO-07-016)	
10. SUBJECT OF AMENDMENT: The State Plan Amendment discontinues the 1915(i) State Plan Home and Community Based Services (HCBS) benefit. Clients served by the 1915(i) State Plan HCBS benefit will be transitioned to the HCBS Supported Living Services (HCBS-SLS) waiver.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> 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: Laurel Karabatsos			
14. TITLE: Interim Medicaid Director			
15. DATE SUBMITTED: <u>Initial</u> : February 11, 2019 Update #1: February 26, 2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED February 11, 2019		18. DATE APPROVED February 28, 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL February 12, 2019		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Mary Marchioni		22. TITLE Acting Deputy Director, ROG	
23. REMARKS			

1915(i) HCBS State Plan Services

Administration and Operation

This Section has been deleted effective February 12, 2019.

