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**State/Territory Name: Colorado**

**State Plan Amendment (SPA) #: 19-0011**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 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



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**Financial Management Group**

June 27, 2019

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

Re: Colorado: 19-0011

Dear Mr. Bartholomew:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 19-0011. Effective for services on or after April 1, 2019, this amendment updates the supplemental payment pool amount for privately-owned nursing facilities that serve chronically acute, 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 19-0011 is approved effective April 1, 2019. The CMS-179 and the plan page are attached.

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

Sincerely,



Kristin Fan

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  19 - 0011	2. STATE:  COLORADO
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE:  April 1, 2019	
5. TYPE OF PLAN MATERIAL (Check One):  NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS A NEW PLAN <b>X AMENDMENT</b>			
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 2018-19: <u>\$200,000</u> b. FFY 2019-20: <u>\$200,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-D – Nursing Facility Supplemental Payment for Physically, Behaviorally, and/or Socially Complex Patients (page 66)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19-D – Nursing Facility Supplemental Payment for Physically, Behaviorally, and/or Socially Complex Patients (page 66) (TN 15-0040)	
10. SUBJECT OF AMENDMENT:  Increases the total amount allowable of a supplemental payment to reimburse private nursing facilities for the nursing care of chronically acute, long-stay patients currently treated in an inpatient hospital setting.			
11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT <b>X OTHER, AS SPECIFIED</b> 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:  John Bartholomew			
14. TITLE:  Director, Finance Office			
15. DATE SUBMITTED:  April 18, 2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED  JUN 27 2019	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVAL  APR 01 2019		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME  Kristin Fan		22. TITLE  Director, FMG	
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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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

For state fiscal year (SFY) 2017-2018, the payment pool will equal total funds of \$1,000,000. For SFY 2018-2019 and onwards, the payment pool will have total funds of \$1,400,000, subject to the UPL described above. The pool payments will be distributed to eligible nursing facilities based on their relative share of Medicaid fee for service (FFS) days to Medicaid FFS days of all eligible nursing facilities based on the most recently audited Med-13 of each eligible facility. Payment will occur as an annual lump-sum payment in the third quarter of the 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.

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TN No. 19-0011

Supersedes TN No. 15-0040

Approval Date: JUN 27 2019

Effective Date 4/1/2019