

## **Table of Contents**

**State/Territory Name: Colorado**

**State Plan Amendment (SPA) #: 21-0038**

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



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**Financial Management Group**

March 23, 2022

Tracy Johnson  
Medicaid Director  
Colorado Department of Health Care  
Policy and Financing  
1570 Grant Street  
Denver, CO 80203-1818

Re: Colorado 21-0038

Dear Ms. Johnson,

We have reviewed the proposed amendment to Attachment 4.19-C of your Medicaid State plan submitted under transmittal number (TN) 21-0038. Effective for services on or after October 1, 2021, this amendment updates the state plan to reflect current policy for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs). Specifically, this amendment clarifies that ICF/IIDs, in addition to nursing facilities, are qualifying providers eligible to receive payments for reserved bed days while the ICF/IID resident is temporarily absent from the facility.

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 and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 21-0038 is approved effective October 1, 2021. The CMS-179 and the amended plan page are attached.

If you have any questions, please contact Christine Storey at [Christine.storey@cms.hhs.gov](mailto:Christine.storey@cms.hhs.gov).

Sincerely,

Rory Howe  
Director

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 1 — 0 0 3 8</u>	2. STATE <u>CO</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>October 1, 2021</b>
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5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 447.40</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>0</u> b. FFY <u>2023</u> \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-C -- Payments for Reserved Beds -- Nursing Homes, Page 1 of 1</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4.19-C -- Payments for Reserved Beds -- Nursing Homes, Page 1 of 1 (TN 88-4)</b>
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9. SUBJECT OF AMENDMENT  
**Updates state plan to reflect the current Department policy that intermediate care facilities for individuals with intellectual disabilities are eligible for reserved beds reimbursement.**

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
**Governor's letter dated 14 July, 2021**

11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818  Attn: Amy Winterfeld
12. TYPED NAME Tracy Johnson	
13. TITLE Medicaid Director	
14. DATE SUBMITTED <span style="border: 1px solid red; padding: 2px;"><b>December 30, 2021</b></span>	

FOR CMS USE ONLY	
16. DATE RECEIVED <b>December 30, 2021</b>	17. DATE APPROVED <b>March 23, 2022</b>

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>October 1, 2021</b>	
20. TYPED NAME OF APPROVING OFFICIAL <b>Rory Howe</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Financial Management Group</b>

22. REMARKS

TITLE XIX OF THE SOCIAL SECURITY  
ACT MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-C

State of Colorado

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PAYMENTS FOR RESERVED BEDS - NURSING HOMES

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The Medical Assistance Program reimburses nursing home providers and intermediate care facilities for individuals with intellectual disabilities for costs incurred for reserved beds for recipients absent from the home up to a maximum of forty-two (42) days per calendar year. These absences must be provided for in the patient's plan of care, must be authorized by a physician's written order, and may not be due to the recipient's admittance to a hospital or other institution.

Reserved bed costs incurred for leave in excess of forty-two (42) days per calendar year will not be reimbursed by Medicaid.

Regardless of the source of payment, the specific bed occupied by the recipient prior to his absence must be reserved, and may not be utilized by any other person.

TRANSMITTAL NO. 21-0038  
Date Approved March 23, 2022  
Effective Date 10/1/2021  
Supersedes Transmittal 88-4