

Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: 20-0025

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

October 27, 2020

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

Re: Colorado 20-0025

Dear Ms. Johnson,

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 20-0025. Effective for services on or after July 1, 2020, this amendment provides for a two percent increase to the statewide average Medicaid Management Information Systems (MMIS) reimbursement rate.

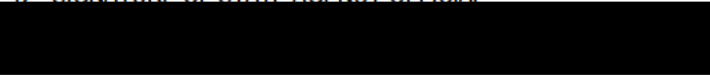

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 20-0025 is approved effective July 1, 2020. The CMS-179 and the amended plan page are attached.

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

Sincerely,

[Redacted Signature]

For
Rory Howe
Acting Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 20 – 0025	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, 2020	
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: Social Security Act Section 1905(a)(4)(A) / 42 CFR 440.155		7. FEDERAL BUDGET IMPACT: a. FFY 2019-20: \$930,730 b. FFY 2020-21: \$4,855,501	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D – Nursing Facility Benefits – Page 15 of 66		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-D – Nursing Facility Benefits – Page 15 of 66 (TN 19-0003)	
10. SUBJECT OF AMENDMENT: Revise the calculation of the Medicaid Management Information Systems (MMIS) reimbursement rate for nursing home providers. Currently, the statewide average MMIS reimbursement rate increases three-percent (3.00%) per year. The SPA revises the increase to two-percent (2.00%) per year.			
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 11 October, 2019 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: Lauren Reveley	
13. TYPED NAME: John Bartholomew			
14. TITLE: Chief Financial Officer			
15. DATE SUBMITTED: 07/31/2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 07/31/2020		18. DATE APPROVED 10/27/20	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL		 For	
21. TYPED NAME Rory Howe		22. TITLE Acting Director, FMG	
23. REMARKS			

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

ATTACHMENT 4.19-D
Page 15

1. Medicare statutes.
2. Medicare regulations.
3. Medicaid and Medicare guidelines.
4. Generally accepted accounting principles.

Effective July 1 of each year, a MMIS per diem reimbursement rate for Class 1 nursing facility providers shall be established for reimbursement of billed claims.

1. The MMIS per diem reimbursement rate shall equal a nursing facility provider's Core Component per diem rate multiplied by a percent factor. The percent factor shall be a percentage such that the statewide average MMIS per diem reimbursement rate net of patient payment equals the previous year statewide average MMIS per diem reimbursement rate net of patient payment increased by 3.00%.
2. For State Fiscal Year (SFY) 2019-20, if the MMIS per diem reimbursement rate is less than ninety-five percent (95%) of the SFY 2018-19 MMIS per diem reimbursement rate, the SFY 2019-20 MMIS per diem reimbursement rate shall be the lesser of 95% of the SFY 2018-19 MMIS per diem reimbursement or the SFY 2019-20 Core Component per diem rate.
3. For State Fiscal Years (SFY) 2020-21 and 2021-22, the percent factor shall be a percentage such that the statewide average MMIS per diem reimbursement rate net of patient payment equals the previous year statewide average MMIS per diem reimbursement rate of patient payment increased by 2.00%.
4. A nursing facility provider shall be notified, in writing or by electronic notification, at least ten business day before any change to their Core Component per diem rate, MMIS per diem reimbursement rate or percent factor.

The Core Component per diem rate shall be determined using information on the MED-13, the Minimum Data Set (MOS) resident assessment information and information obtained by the Department or its designee retained for cost auditing purposes.

The Core Component per diem rate includes the following components:

1. Health Care,
2. Administrative and General, and
3. Fair Rental Allowance for Capital-Related Assets.