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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 20-0017

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

September 18, 2020

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

Re: Colorado 20-0017

Dear Ms. Johnson,

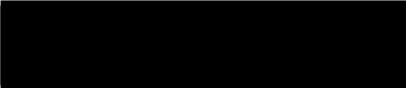
We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 20-0017. Effective for services on or after July 1, 2020, this amendment updates the methodology for existing, supplemental payments for nursing facilities (NFs). Specifically, the modifications made under this amendment will ensure that payments made to qualifying NFs, for state fiscal year (SFY) 2020-2021, are not unintentionally reduced as a result of the COVID-19 pandemic, and the subsequent reduction in the number of Minimum Data Set (MDS) assessments being completed.

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 20-0017 is approved effective July 1, 2020. The CMS-179 and the amended plan pages are attached.

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

Sincerely,


For
Rory Howe
Acting Director

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		1. TRANSMITTAL NUMBER: 20 – 0017	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 (<i>Check One</i>): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X 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 Section 1905(a)(4)(A) / 42 CFR 440.155		7. FEDERAL BUDGET IMPACT: a. FFY 2019-20: \$ <u>0</u> b. FFY 2020-21: \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D – Nursing Facility Benefits – Supplemental Medicaid Payment for Class 1 Nursing Facility Providers – Cognitive Performance Scale Supplemental Payment, Preadmission Screening and Resident Review II Resident Supplemental Medicaid Payment, and Preadmission Screening and Resident Review II Facility Supplemental Medicaid Payment – Page 35 & 36 of 66		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-D – Nursing Facility Benefits – Supplemental Medicaid Payment for Class 1 Nursing Facility Providers – Cognitive Performance Scale Supplemental Payment & Preadmission Screening and Resident Review II Resident Supplemental Medicaid Payment, and Preadmission Screening and Resident Review II Facility Supplemental Medicaid Payment – Page 35 & 36 of 66 (TN# 19-0003)	
10. SUBJECT OF AMENDMENT: Adds to the Cognitive Performance Scale Supplemental Payment section a new provision, effective April 1, 2020 and ending June 30, 2020, permitting a one-time revision for State Fiscal Year 2020-2021 to pull Minimum Data Set (MDS) data that is most recent and unaffected by Coronavirus Disease 2019 (COVID-19) emergency procedure. The Amendment also adds to the Preadmission Screening and Resident Review II Resident Supplemental Medicaid Payment and Preadmission Screening and Resident Review II Facility Supplemental Medicaid Payment sections a new provision, effective April 1, 2020 and ending June 30, 2020, permitting a one-time revision State Fiscal Year 2020-2021 to pull data from the previous 365 calendar days, ending March 1, 2020, to account for COVID-19 delays for MDS submissions.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): 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: Tracy Johnson			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: June 29, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED		18. DATE APPROVED 9/18/20	

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

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**

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5. A CPS score of 4, 5, or 6 shall be determined based on a Medicaid resident's score on the CPS used in the RUG-III classification system reported on the MDS assessment.
6. A Medicaid resident shall be included if they have an active MDS assessment on a nursing facility provider's most recent April roster.
 - a. Effective April 1, 2020 and ending June 30, 2020, a one-time revision will be exercised for State Fiscal Year 2020-2021 to pull MDS data that is most recent and unaffected by Coronavirus Disease 2019 (COVID-19) emergency procedures.
7. For non-state administered nursing facility providers the amount shall be divided by twelve and reimbursed monthly via Automated Clearing House (ACH) transaction or check. For state administered nursing facility providers the amount shall be divided by four and reimbursed quarterly via intergovernmental transfer.

Preadmission Screening and Resident Review II Resident Supplemental Medicaid Payment

The Department shall make a supplemental Medicaid payment to nursing facility providers who serve residents with severe mental health conditions that are classified at Level II by the Medicaid program's Preadmission Screening and Resident Review (PASRR) tool.

*(Medicaid PASRR II Resident Count * Days in Prior Calendar Year) *
(2.00% * Statewide Average MMIS Per Diem Reimbursement Rate)*

1. Annually, the Department shall calculate the payment by multiplying a PASRR II per diem rate by Medicaid PASRR II days.
2. The PASRR II per diem rate shall equal 2.00% of the statewide MMIS per diem reimbursement rate as of July 1 of the state fiscal year.
3. Medicaid PASRR II days shall be the count of Medicaid PASRR II residents multiplied by the days in the calendar year ending prior to the state fiscal year.
4. A Medicaid PASRR II resident shall be determined based on the most recently completed MDS assessment occurring during the previous 365 days ending May 1 of the prior state fiscal year.
 - a. Effective April 1, 2020 and ending June 30, 2020, a one-time revision will be exercised for State Fiscal Year 2020-2021 to pull data from the previous 365 calendar days ending March 1, 2020 to account for COVID-19 delays for MDS submissions.
5. For non-state administered nursing facility providers the amount shall be divided by twelve and reimbursed monthly via ACH transaction or check. For state administered nursing facility providers the amount shall be divided by four and reimbursed quarterly via intergovernmental transfer.

Preadmission Screening and Resident Review II Facility Supplemental Medicaid Payment

The Department shall pay a supplemental Medicaid payment to facilities that offer specialized behavioral services to residents who have severe behavioral health needs. These services shall include enhanced staffing, training, and programs designed to increase the resident's skills for successful community reintegration.

TN No. 20-0017
Supersedes TN No. 19-0003

Approval Date 9/18/20
Effective Date 7/1/2020

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*If specialized behavioral services nursing facility provider then:
(Medicaid PASRR II Resident Count * Days in Prior Calendar Year) *
(2.00% * Statewide Average MMIS Per Diem Reimbursement Rate)*

1. Annually, the Department shall determine those nursing facility providers with a specialized behavioral services program. A nursing facility provider has a specialized behavioral services program if they can demonstrate annually that they provide additional staff training/credentialing, therapeutic groups and work programs, life skills training, community reintegration efforts, and a Memorandum of Understanding with local mental health providers in March of the prior state fiscal year.
2. For those nursing facility providers with a specialized behavioral services program, the Department shall calculate the payment by multiplying a PASRR II per diem rate by Medicaid PASRR II days.
3. The PASRR II per diem rate shall equal 2.00% of the statewide MMIS per diem reimbursement rate as of July 1 of the state fiscal year.
4. Medicaid PASRR II days shall equal the count of PASRR II residents on May 1, multiplied by the days in the calendar year ending prior to the state fiscal year.
5. A Medicaid PASRR II resident shall be determined based on the most recently completed MDS assessment occurring during the previous 365 days ending May 1 of the prior state fiscal year.
 - a. Effective April 1, 2020 and ending June 30, 2020, a one-time revision will be exercised for State Fiscal Year 2020-2021 to pull data from the previous 365 calendar days ending March 1, 2020 to account for COVID-19 delays for MDS submissions.
6. For non-state administered nursing facility providers the amount shall be divided by twelve and reimbursed monthly via ACH transaction or check. For state administered nursing facility providers the amount shall be divided by four and reimbursed quarterly via intergovernmental transfer.

Medicaid Utilization Supplemental Medicaid Payment

The Department shall pay a nursing facility provider a supplemental Medicaid payment for care and services rendered to Medicaid residents.

1. Annually, the Department shall calculate the percentage of Medicaid patient days to total patient days.
2. The percentage of Medicaid patient days shall then be multiplied by the Provider Fee.
3. Percentage of Medicaid patient days shall be Medicaid patient days divided by total patient days.
4. Medicaid patient days shall be from the MMIS for the calendar year prior the state fiscal year. Total patient days shall be from the nursing facility provider for the calendar year.