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State/Territory Name: CO

State Plan Amendment (SPA) #:24-0042-A

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 & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group/ Division of Reimbursement Review

August 28, 2025

Adela Flores-Brennan,
State Medicaid Director
Colorado Department of Health Care Policy and Financing
303 E. 17th Avenue, Suite 1100
Denver, CO 80203-1818

Dear Director Flores-Brennan,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Colorado State Plan Amendment (SPA) to Attachment 4.19-B TN: #24-0042-A, which was submitted to CMS on December 24, 2024. This plan amendment proposes to increase Hospice provider rates and update the fee-schedule date effective October 11, 2024.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 11, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Matthew Klein at 214-767-4625 or matthew.klein@cms.hhs.gov

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Division of Reimbursement Review Director

Enclosures

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 4 2-A

2. STATE

CO3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

October 11, 2024

5. FEDERAL STATUTE/REGULATION CITATION

Section 1905(a)(18) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 175,229b. FFY 2026 \$ 180,674

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B: Methods and Standards for Establishing
Payment Rates – Other Types of Care – 18. Hospice Services,
Page 1 of 2Att. 4.19-B Introduction Pages, Effective Dates for Reimbursement
Rates for Specified Services, Pages 2-38. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Attachment 4.19-B: Methods and Standards for
Establishing Payment Rates – Other Types of Care –
18. Hospice Services, Page 1 of 2 (TN 23-0035)Att. 4.19-B Introduction Pages, Effective Dates for
Reimbursement Rates for Specified Services, Pages 2
(TN 24-0039 and 3 (TN 24-0026))

9. SUBJECT OF AMENDMENT

Methods and standards for establishing payment rates for hospice services, reflecting rate changes effective October 11, 2024.

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Bettina Schneider13. TITLE
Chief Financial Officer14. DATE SUBMITTED
December 24, 2024

15. RETURN TO

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

Attn: Jessica Farnen

FOR CMS USE ONLY

16. DATE RECEIVED
12/24/202417. DATE APPROVED
August 28, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
10/11/2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillon21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

- 3/10/25: State authorizes Pen & Ink changes to the following:
- Item 7: add "Att. 4.19-B Introduction Pages, Effective Dates for Reimbursement Rates for Specified Services, Pages 2-3"
- 7/14/25: State authorizes Pen & Ink change to the following:
- Item 8: add "Att. 4.19-B Introduction Pages, Effective Dates for Reimbursement Rates for Specified Services, Page 2 (TN 24-0039)"
 - 7/17/25: State authorizes Pen & Ink change to the following:
 - Item 8: add "Att. 4.19-B Introduction Pages, Effective Dates for Reimbursement Rates for Specified Services, Page 3 (TN 24-0026)"

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

STATE OF COLORADO

Attachment 4.19-B
Introduction
Page 2 of 3

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

Effective Dates for Reimbursement Rates for Specified Services

Service	Attachment	Effective Date
9. Clinic Services	Attachment 4.19-B, Page 1-3 of 4	July 1, 2024
10. Dental Services	Attachment 4.19-B, Page 1 of 3	July 1, 2024
11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services	Attachment 4.19-B	July 1, 2024
12.b. Dentures	Attachment 4.19-B	July 1, 2024
12.c. Prosthetics	Attachment 4.19-B	July 1, 2024
12.d. Eyeglasses and Contact Lenses	Attachment 4.19-B	July 1, 2024
13.c. Preventive Services - Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Doula Services	Attachment 4.19-B	July 1, 2024
13.d. Rehabilitative Services: Substance Use Disorder Treatment	Attachment 4.19-B	July 1, 2024
13.d. Rehabilitative Services: Behavioral Health Services	Attachment 4.19-B	September 11, 2024
13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children	Attachment 4.19-B, Page 1-2 of 2	July 1, 2024
18. Hospice Services	Attachment 4.19-B, Page 1-2 of 2	October 11, 2024
19. Targeted Case Management: Persons with a Developmental Disability	Attachment 4.19-B, Page 1-2 of 2	July 1, 2024
19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment	Attachment 4.19-B, Page 1 of 2	July 1, 2024

TN No. 24-0042-A

Supersedes TN No. 24-0039

Approval Date: August 28, 2025

Effective Date: October 11, 2024

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MEDICAL ASSISTANCE PROGRAM

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Attachment 4.19-B
Introduction
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

19.b. Targeted Case Management: Transition Services	Attachment 4.19-B, Page 1 of 1	July 1, 2024
20. Extended Services for Pregnant Women (Prenatal Plus Program)	Attachment 4.19-B	July 1, 2024
24.a. Transportation	Attachment 4.19-B	July 1, 2024
28. Freestanding Birth Center Services	Attachment 4.19-B	July 1, 2024

TN No. 24-0042-A

Supersedes TN No. 24-0026

Approval Date: August 28, 2025

Effective Date: October 11, 2024

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Attachment 4.19-B
Page 1 of 2

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –
OTHER TYPES OF CARE

18. HOSPICE SERVICES

1. Services that are included in the hospice reimbursement are:
 - a. Routine Home Care where most hospice care is provided-Days 1-60
 - b. Routine Home Care where most hospice care is provided-Days 61 and over.
 - c. Continuous Home Care
 - d. Hospice Inpatient Respite Care
 - e. Hospice General Inpatient Care
 - f. Service Intensity Add-On (SIA), effective for hospice services with dates of service on or after October 1, 2016, will be made for a visit by a social worker or a registered nurse (RN), when provided during routine home care provided in the last 7 days of a Medicaid member's life. The SIA payment is in addition to the routine home care rate. The SIA Medicaid reimbursement will be equal to the Continuous Home Care hourly payment rate (as calculated annually by CMS), multiplied by the amount of direct patient care hours provided by an RN or social worker for up to four (4) hours total that occurred on the day of service, and adjusted by the appropriate hospice wage index published by CMS.
2. Hospice nursing facility room-and-board per diem rates are reimbursed to the hospice provider at a rate equal to 95% of the skilled nursing facility rate, less any Post Eligibility Treatment of Income (PETI) amount, for Medicaid clients who are receiving hospice services. The hospice provider is responsible for passing the room-and-board payment through to the nursing facility.
3. Physician services are not included in Hospice reimbursement but are reimbursed directly to the provider of the service.

Except as otherwise noted in the State Plan, state-developed rates are the same for both governmental and private providers. Effective October 11, 2024, the hospice rates for each of the hospice levels of care listed above will be the greater of the State's Hospice Fiscal Year 2024 rates multiplied by 2% or the published CMS Medicaid hospice rates, effective October 1 annually, with the hospice wage indices applied. The hospice fee schedule can be found on the Department of Health Care Policy & Financing website at: <https://hcpf.colorado.gov/provider-rates-fee-schedule>. The rates are effective for services provided on or after the date listed on the Attachment 4.19-B Introduction Page.