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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 23-0037

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

November 20, 2023

Adela Flores-Brennan
State Medicaid Director
Colorado Department of Health Care
Policy and Financing
1570 Grant Street
Denver, CO 80203-1818

Re: Colorado 23-0037

Dear Ms. Flores-Brennan,

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 23-0037. Effective for services on or after July 1, 2023, this amendment adds a new supplemental payment for Class 1 nursing facilities with disproportionately high Medicaid utilization or that are geographically critical to ensuring access to care.

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 23-0037 is approved effective July 1, 2023. 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.

Sincerely,

A solid black rectangular box used to redact the signature of the sender.

Rory Howe
Director

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

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 3 7</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
July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
Social Security Act, Section 1905(a)(4)(A) / 42 CFR 440.155

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 2,463,705
b. FFY 2024 \$ 10,024,602

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19-D -- Nursing Facility Benefits -- Page 37a (NEW)

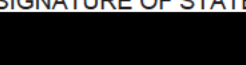
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
N/A

9. SUBJECT OF AMENDMENT
This amendment adds a new supplemental payment for Class 1 nursing facilities with disproportionately high Medicaid utilization or that are geographically critical to ensuring access to care.

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 Schneider

13. TITLE
Chief Financial Officer

14. DATE SUBMITTED

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

Attn: Alex Lyons


FOR CMS USE ONLY

16. DATE RECEIVED: September 27, 2023

17. DATE APPROVED
November 20, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2023:

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL: Rory Howe

21. TITLE OF APPROVING OFFICIAL: Director, Financial Management Group (FMG)

22. REMARKS

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

ATTACHMENT 4.19-D
Page 37a

Essential Access Supplemental Medicaid Payment

The Department shall make a supplemental Medicaid payment to Class 1 nursing facility providers with either a disproportionately high Medicaid utilization rate or are geographically critical to ensuring access to care for Colorado residents.

1. Annually, the Department shall calculate the payment by multiplying an essential access per diem rate by Medicaid patient days for eligible Class 1 nursing facility providers.
2. An eligible Class 1 nursing facility provider shall have a Medicaid utilization rate greater than or equal to 75.00%, or are the only Class 1 nursing facility provider within the county.
 - a. The Medicaid utilization rate shall equal Medicaid patient days divided by total patient days.
 - i. Medicaid patient days shall be pulled from the MMIS and, where necessary, from the Class 1 nursing facility provider records for non-payors or Veterans Administration days, for the calendar year ending prior to the state fiscal year. Total patient days shall be from the Class 1 nursing facility provider for the calendar year ending prior to the state fiscal year, exempting uninsured patient days and Department of Veterans Affairs (VA) patient days.
3. The essential access per diem rate for eligible Class 1 nursing facility providers shall be determined in accordance with the following table:

Medicaid Utilization Rate	Per Diem Rate
75% to 84.99%	\$5.00
Greater than or equal to 85%	\$10.00

The essential access per diem rate for the remaining geographically eligible Class 1 nursing facility providers shall be \$5.00.

4. Medicaid patient days shall be from the MMIS and/or from the Class 1 nursing facility provider for the calendar year ending prior to the state fiscal year.
5. The supplemental payment will only be made if there is available federal financial participation under the Upper Payment Limit (UPL). For the purposes of UPL limitations, this payment shall be prioritized after all provider fee supplemental but prior to all other Class 1 nursing facility provider supplemental payments.
6. For the non-state administered Class 1 nursing facility providers, the supplemental payment shall be divided by twelve and reimbursed monthly via an Automated Clearing House (ACH) transaction or a check paid to the order of the facility. For state administered Class 1 nursing facility providers, the supplemental payment shall be divided by four and reimbursed quarterly.