

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

January 22, 2016

CO-0006.R07.02 (LJ)

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

Dear Ms. Hammer:

This letter is to inform you that your request to amend Colorado's Elderly, Blind, and Disabled waiver, as authorized solely under 1915(c) of the Social Security Act, has been approved. This waiver serves individuals who are aged, blind and/or physically disabled and who would otherwise require a nursing facility level of care. The amendment waiver has been assigned control number 0006.R07.02, which should be used in all future correspondence regarding this waiver program.

The amendment is approved from February 1, 2016, through June 30, 2018, and includes the following estimates of utilization and cost of waiver services:

	Unduplicated Recipients (Factor C)	Estimated Community Costs Per Person (Factors D + D')	Estimated Institutional Costs Per Person (Factors G + G')	Total Waiver Estimated Costs
Year 3	28,009	\$20,644.19	\$82,335.00	\$365,046,479.92
Year 4	29,597	\$21,390.10	\$82,642.00	\$404,120,295.01
Year 5	31,275	\$22,271.61	\$82,959.00	\$450,660,558.55

The major changes as a part of this amendment are as follows: 1) increase the Home Modification limit, 2) add the Home Modification Interagency Agreement Language to Appendix A, 3) modifications to IHSS, 4) rate increase for personal care and homemaker services including and IHSS, 5) Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) State Plan Personal Care Exception, 6) language surrounding Spousal Impoverishment, 7) updated quality performance measures, 8) Health and Welfare Assurance and Appeals Language for CDASS, 9) Fiscal Management System (FMS) Change, 10) rate increase for In-Home Respite, and 11) HCB Settings Rule Waiver Specific transition Plan Add-Ins.

The waiver services offered are: Adult Day Health, Homemaker, Personal Care, Respite, Alternative Care Facility (ACF), Community Transition Service (CTS), Consumer Directed

Attendant Support Services (CDASS), Home Modification, In Home Support Services (IHSS), Non-Medical Transportation, Personal Emergency Response Systems (PERS), and Supplies, Equipment, & Medication Management.

This approval is subject to your agreement to provide home and community-based services, on an annual basis, to no more than those indicated as the value of “Factor C” in your approved per capita expenditure estimates (shown above).

Should you require further clarification regarding HCBS financial reporting on the Form CMS-64, please contact, Jay Maitri at Jay.Maitri@cms.hhs.gov or 303-844-2682.

We would like to thank you and your staff, especially Jen Martinez, Candace Bailey, and Colin Laughlin for the cooperation we received during this review process. If you have any questions, please feel free to contact Laurie Jensen at 303-844-7126 or via email at Laurie.Jensen@cms.hhs.gov.

Sincerely,



Richard C. Allen
Associate Regional Administrator
Division of Medicaid and Children’s Health Operations

Enclosure

cc: Ondrea Richardson, CMS
Jay Maitri, CMS