

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



Region VIII

July 25, 2016

CO-0961.R01.01 (LJ)

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

Re: CO.0961.R01.01

Dear Ms. Hammer:

This letter is to inform you that your request to amend Colorado’s Persons with Spinal Cord Injury (HCBS-SCI), as authorized solely under 1915(c) of the Social Security Act, has been approved. This waiver serves individuals, living in the Denver metro area, aged 18 and older who have a diagnosis of Spinal Cord Injury and who would otherwise require a nursing facility or hospital level of care. The amendment has been assigned control number 0961.R01.01, which should be used in all future correspondence regarding this waiver program.

The amendment is approved from August 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
	NF	H			
Year 4	83	42	\$67,308.18	\$100,853.31	\$5,026,425.33
Year 5	87	44	\$69,829.89	\$106,610.67	\$5,579,934.22

The major changes as a part of this amendment include removing the Agency with Choice from the Financial Management Services model for Consumer Directed Attendant Support Services. The state contends that the Fiscal Employer Agent (F/EA) Financial Management Service model allows a client to have greater control over their Consumer Directed Attendant Support Services (CDASS) budget for services by ensuring the client is able to effectively identify and manage overtime costs in order to comply with the Fair Labor Standards Act (FLSA). Under the F/EA model, overtime and travel costs would be predictable and managed within the consumer’s individualized budget for services.

The waiver services offered are: Adult Day Health, Personal Care, Homemaker, Respite, Complementary and Integrative Health Services, Consumer Directed Attendant Support Services, Home Modification, Non-medical Transportation, Personal Emergency Response System, Medication Reminder, and In Home Support Services.

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).

Please see enclosed addendum for general HCBS waiver financial reporting requirements. 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
Trinia Hunt, CMS