

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



Region VIII

March 24, 2016

CO -0961.R01.00 (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 renew Colorado's Persons with Spinal Cord Injury waiver, as authorized solely under 1915(c) of the Social Security Act, was approved on March 21, 2016. This waiver serves adults ages 18 and older, who have been diagnosed with a spinal cord injury and who would otherwise require a nursing facility or hospital level of care level of care. The renewal waiver was assigned control number 0961.R01.00, which should be used in all future correspondence regarding this waiver program.

The renewal is approved from July 1, 2015 through June 30, 2020, 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 | Hos | | | |
| Year 1 | 36 | 73 | \$60,511.18 | \$87968.70 | \$3,686,901.68 |
| Year 2 | 38 | 77 | \$62,497.15 | \$92045.04 | \$4,102,586.13 |
| Year 3 | 40 | 79 | \$64,926.00 | \$96335.80 | \$4,518,038.37 |
| Year 4 | 42 | 83 | \$67,308.18 | \$100853.31 | \$5,026,425.33 |
| Year 5 | 44 | 87 | \$69,829.89 | \$106610.67 | \$5,579,934.22 |

The major changes as a part of this renewal are as follows:

- 1) Increase in unduplicated client count.
- 2) Added Hospital Level of Care to the eligibility criteria.
- 3) Changes to the Complementary and Integrative Health Services provider model and service limitations.

- 4) Removal of references to ICD-9 codes to account for the transition to ICD-10 codes.
- 5) Changes to the In Home Support Services (IHSS) service delivery option.
- 6) Updated rate methodology for IHSS and agency-based Personal Care and Homemaker services and Consumer Directed Attendant Support Services (CDASS).
- 7) Changes to the Fiscal Management System (FMS) for CDASS
- 8) Changes to health and welfare assurance.
- 9) Changes to appeals language for CDASS.
- 10) Clarifying language regarding the EPSTD exception for Personal Care in the State Plan.
- 11) Increase to lifetime cap increase for the Home Modification benefit.
- 12) Added language regarding the Home Modification Interagency Agreement
- 13) Updates to the Quality Improvement Systems sections of the waiver to comply with March 2014 CMS guidance.
- 14) Alignment of spousal impoverishment policies with MCS regulations.
- 15) Updated SCI Waiver Specific Transition Plan.

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).

As a reminder for the time period in which this waiver was under a temporary extension (July 1, 2015- March 20, 2016), this waiver was operating according to the cost, utilization levels, waiver services and administration approved for the fifth year of the previous approved waiver, control number CO 0961.00.01, for Federal financial participation. The state’s data must reflect this in the 372 report that the state submits to CMS for this waiver.

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

Addendum-Reporting Expenditures under the Waiver

In order to track expenditures under this waiver, Colorado will report waiver expenditures through the Medicaid and Children’s Health Insurance Program Budget and Expenditure System (MBES/CBES), following routine CMS-64 reporting instructions outlined in section 2500 of the State Medicaid Manual (SMM).

All HCBS waiver expenditures claimed under the authority of Title XIX of the Act must be reported each quarter on separate Forms CMS-64.9 Waiver and/or CMS-64.9P Waiver, identified by the waiver number assigned by CMS.

Report only approved waiver services as designated in the State’s approved waiver application which are provided to eligible waiver recipients on the corresponding Line 19A-HCBS Payment Waiver Pop-Up Feeder Form, as illustrated in the table below.

| Children's Home and Community Based Services (CHCBS) Waiver CO.0961.R01.00 Effective (07/01/2015 to 06/30/2020) | | |
|--|--|---|
| Service Type | Service | CMS 64.9 Waiver Feeder Form (line to report on) |
| Statutory Service | Homemaker | Line 2 |
| Statutory Service | Personal Care | Line 4 |
| Statutory Service | Adult Day Health | Line 5 |
| Statutory Service | Respite | Line 8 |
| Other Service | Complementary and Integrative Health Services | Line 30 |
| Other Service | Consumer Directed Attendant Support Services (CDASS) | Line 30 |
| Other Service | Home Modification | Line 30 |
| Other Service | In Home Support Services (IHSS) | Line 30 |
| Other Service | Medication Reminder | Line 30 |
| Other Service | Non Medical Transportation | Line 30 |
| Other Service | Personal Emergency Response Systems (PERS) | Line 30 |

Administrative Costs

Administrative costs will not be included in the cost neutrality limit, but the State must separately track and report administrative costs that are directly attributable to the HCBS waiver on Forms 64.10 Waiver and/or 64.10P Waiver. Federal financial participation (FFP) will be available for direct (i.e. salaries, plan of care development, case management, level of care assessments and eligibility determination for benefits) and applicable indirect administrative costs to the State within the scope of the waiver.

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