



**COLORADO**  
**Department of Health Care  
Policy & Financing**

Department of Health Care Policy & Financing  
1570 Grant Street  
Denver, CO 80203

August 14, 2019

Ms. Jennifer Gilroy  
Revisor of Statutes  
Office of Legislative Legal Services  
200 E Colfax Ave Rm 091  
Denver, CO 80203-1716

**RE: Notice to Repeal 25.5-5-306, C.R.S. and to Make Effective 25.5-6-903, C.R.S.**

Dear Ms. Gilroy:

This letter is to notify the Revisor of Statutes that on June 7, 2019 the Federal Department of Health and Human Services approved the changes authorized in House Bill 18-1328 to amend the Home and Community Based Services- Children's Habilitation Residential Program (HCBS-CHRP) waiver.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Kim Bimestefer'.

Kim Bimestefer  
Executive Director  
Department of Health Care Policy and Financing

Enclosure(s)

Approval Letter CP-0305.R05.00

cc: Chris Sykes, Medical Services Board Coordinator



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



**Denver Regional Operations Group**

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CO-0305.R05.00 (MLS)

June 7, 2019

Ms. Laurel Karabatsos  
Interim Medicaid Director  
Colorado Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203-1818

Dear Ms. Karabatsos:

This letter is to inform you that your request to renew Colorado's Children's Habilitation Residential Program (HCBS-CHRP) Home and Community Based Services Waiver, as authorized solely under 1915(c) of the Social Security Act, has been approved. The waiver serves children through 20 years of age with a developmental disability, who would otherwise require an intermediate care facility with intellectual and developmental disabilities (ICF/IID) level of care. This renewal has been assigned control number 0305.R05.00, which should be used in all future correspondence regarding this waiver program.

The renewal is approved from July 1, 2019 through June 30, 2024, and includes the following estimates of utilization and cost of waiver services:

	<b>Unduplicated Recipients (Factor C)</b>	<b>Estimated Community Costs Per Person (Factors D + D')</b>	<b>Estimated Institutional Costs Per Person (Factors G + G')</b>	<b>Total Waiver Estimated Costs</b>
Year 1	81	\$100,905.52	\$262,981.90	\$2,789,511.68
Year 2	97	\$106,645.25	\$283,706.66	\$3,458,219.25
Year 3	116	\$113,468.98	\$306,066.94	\$4,366,333.75
Year 4	139	\$117,449.95	\$330,191.95	\$5,426,537.46
Year 5	167	\$121,778.31	\$356,221.11	\$6,796,621.20

The major changes of this amendment are as follows: 1) The state is moving the Administrative Authority of the Waiver Operations to the Department of Health Care Policy & Financing from the Department of Human Services; 2) Revising the eligibility requirements to remove the SSI financial requirement; 3) Updating/adding additional contracting entities including post payment review contractor; 4) Modernizing the Intellectual and Developmental Disability Language; 5) Adding two new waiver services: Intensive Support Services and Transition Support Services;

6) Updating service definitions and provider qualifications for multiple services; 7) Adding new quality performance measures and revising multiple quality performance measures; 8) Updating Case Manager (CM)/ Case Management Agency (CMA) qualifications; 9) Updating the critical incident definition, reporting timelines and types; and 10) Updating cost neutrality projections.

The waiver services offered are: Habilitation, Respite, Hippotherapy, Intensive Support Services, Massage Therapy, Movement Therapy, Supported Community Connections, and Transition Support services.

Please see enclosed addendum for general HCBS waiver financial reporting requirements.

It is important to note that CMS' approval of this waiver solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at [http://www.ada.gov/olmstead/q&a\\_olmstead.htm](http://www.ada.gov/olmstead/q&a_olmstead.htm).

We would like to thank Dennis Roy and Julie Masters, of your staff for their work and cooperation during this review process. If you have any questions regarding this letter, please contact Mandy Strom at [Mandy.Strom@cms.hhs.gov](mailto:Mandy.Strom@cms.hhs.gov) or 303-844-7068.

Sincerely,



Mary Marchioni  
Acting Deputy Director

Enclosure

cc: Kevin Patterson, CMS Central Office  
Colin Laughlin, Colorado HCPF  
Lana Eggers, Colorado HCPF  
Dennis Roy, Colorado HCPF  
Jay Maitri, CMS  
Mandy Strom, 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.

<b>Children's Habilitation Residential Program (HCBS-CHRP) Waiver CO-0305.R05.00 Effective (7/01/2019 to 6/30/2024)</b>		
<b>Service Type</b>	<b>Service</b>	<b>CMS 64.9 Waiver Feeder Form (line to report on)</b>
Statutory Service	Habilitation (Residential)	Line 6A
Statutory Service	Respite	Line
Other Service	Hippotherapy	Line 30
Other Service	Intensive Support Services	Line 30
Other Service	Massage Therapy	Line 30
Other Service	Movement Therapy	Line 30
Other Service	Supported Community Connections	Line 30
Other Service	Transition Support Services	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.

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