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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 23-0040

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 & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 14, 2024

Kim Bimestefer, Executive Director
Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

RE: TN 23-0040

Dear Director Bimestefer:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Colorado's State Plan Amendment (SPA) Transmittal #23-0040, submitted on December 18, 2023. The SPA updates the service unit limit from 240 to 360 per client for targeted case management-transition coordination, adds eligible individuals that reside in a hospital, adds eligible individuals that are at-risk of institutionalization, and changes the name of the service from Transition Services to Transition Coordination Services.

CMS approved SPA #23-0040 on March 14, 2024, with an effective date of October 1, 2023. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Colorado State Plan.

If you have any questions regarding this amendment, please contact Mandy Strom at mandy.strom@cms.hhs.gov or (303)844-7068.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. A blue ink scribble is visible below the redaction.

Digitally signed by James
G. Scott -S
Date: 2024.03.14 14:16:45
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosure

cc:
Adela Flores-Brennan, CO State Medicaid Director
Russ Zigler, Colorado Medicaid
Sarah Hoerle, Colorado Medicaid

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

1. TRANSMITTAL NUMBER <u>2 3 — 0 0 4 0</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
October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 441.18

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$0
b. FFY 2024 \$1,082,014

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement to Attachment 3.1-A Item 19.b. Targeted Case Management Services: Transition Services (pages 1-6 of 6).
Attachment 4.19-B Item 19.b Targeted Case Management: Transition Services (page 1 of 1).
Attachment 4.19-B Introduction Page (page 2 of 3)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Supplement to Attachment 3.1-A Item 19.b. Targeted Case Management Services: Transition Services (pages 1-6 of 6) (~~TN 23-0007~~). **Pages 1-5 TN 18-0021 and Page 6 TN 23-0007***
Attachment 4.19-B Item 19.b Targeted Case Management: Transition Services (page 1 of 1) (TN 18-0021).
Attachment 4.19-B Introduction Page (page 2 of 3) (TN 23-0019).

9. SUBJECT OF AMENDMENT
This amendment increases the unit limit from 240 to 360 service unit limit per client for targeted case management-transition coordination. This amendment has updated the eligible individuals for this service to those who are residing in a hospital. This amendment has updated the name of the service from Transition Services to Transition Coordination Services.

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:
Governor's letter dated 5 April 2023

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Bettina Schneider

13. TITLE
Chief Financial Officer

14. DATE SUBMITTED
December 18, 2023

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 December 18, 2023	17. DATE APPROVED March 14, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL Digitally signed by James G. Scott -S Date: 2024.03.14 14:17:56 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS
*** State requested pen & ink change in box 8 on 2/20/24.**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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19.b. TARGETED CASE MANAGEMENT SERVICES: Transition Coordination Services

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):
Medicaid recipients age 18 and older, who:

1. Reside in a nursing home, hospital, Intermediated Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF-IDD), Regional Center, or are at risk of institutionalization, and have expressed interest in moving to a home and community-based setting; or
2. Medicaid recipients eligible for HCBS waiver services provided by State operated Regional Centers who want to transition to a private HCBS provider.

X Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to available for up to 180 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- X Entire State
 Only in the following geographic areas:

Comparability of services (§§1902(a)(10)(B) and 1915(g)(1))

- Services are provided in accordance with §1902(a)(10)(B) of the Act.
X Services are not comparable in amount duration and scope (§1915(g)(1)).

Definition of services (42 CFR 440.169): Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted Case Management includes the following assistance:

- Comprehensive assessment and periodic reassessment of individual needs, to determine the need for any medical, educational, social or other services. These assessment activities include
 - taking client history;
 - identifying the individual's needs and completing related documentation; and
 - gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the eligible individual;Assessments are completed upon referral, when there is a change in the risk assessment plan, or when the member requests a revision.

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- ❖ Development (and periodic revision) of a specific care plan that is based on the information collected through the assessment that
 - specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
 - includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
 - identifies a course of action to respond to the assessed needs of the eligible individual;

- ❖ Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including
 - activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and

- ❖ Monitoring and follow-up activities:
 - activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
 - services are being furnished in accordance with the individual's care plan;
 - services in the care plan are adequate; and
 - changes in the needs or status of the individual are reflected in the care plan. Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Monitoring shall occur at the frequency and type to meet the member's community risk level and preference. Monitoring can occur as frequently as needed to meet the member's community risk level and preference.

Transition period means the period of time in which the member receives TCM-TCS for the purpose of successful integration into the community living. A transition period is completed when the member has successfully established community residence and is no longer in need of TCM-TCS based on the risk mitigation plan.

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs.
(42 CFR 440.169(e))

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Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Targeted Case Management: Transition Services may be provided by: a Transition Coordinator employed by a Transition Coordination Agency or Case Management Agency.

Providers must meet established program requirements and attend all required trainings. Transition Coordinators must have a Bachelor's degree in a human behavioral science or related field of study. An individual who does not meet the minimum educational requirement may qualify as a coordinator under the following conditions:

- Experience working with LTSS population, in a private or public social services agency may substitute for the required education on a year for year basis.
- When using a combination of experience and education to qualify, the education must have a strong emphasis in a human behavioral science field or a related field.
- The Agency shall request a waiver/memo from the Department in the event that the Coordinator does not meet minimum educational requirements. A copy of this waiver/memo stating Department approval will be kept in the Coordinator's personnel file that justifies the hiring of a Coordinator who does not meet the minimum educational requirements.

Freedom of choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

_____ Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services:

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and
- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

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Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Case Records (42 CFR 441.18(a)(7)):

Providers maintain case records that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

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Case management services do not include:

- Program activities of the agency itself that do not meet the definition of targeted case management.
- Administrative activities necessary for the operation of the agency providing case management services.
- Diagnostic, treatment, or instructional services, including academic testing.
- Services that are an integral part of another service already reimbursed by Medicaid.

Non-Duplication of Services:

To the extent any eligible recipients in the identified target population are receiving Targeted Case Management services from another provider agency as a result of being members of other covered target groups, the provider agency will ensure that case management activities are coordinated to avoid unnecessary duplication of service. The State assures that it will not seek Federal Financial Participation (FFP) for case management services that are duplicative.

To the extent that any of the services required by the client are a Title XIX benefit of a managed care organization of which the client is a member, the provider will ensure that timely referrals are made, and that coordination of care occurs.

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this service.

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Unit Limitations:

Effective October 1, 2023, the total number of Targeted Case Management: Transition Coordination Service units per individual is limited to 360 units per service year. If medically necessary, an individual may exceed the 360 units per services year. A unit of service is defined as each completed 15-minute increment that meets the description of a Targeted Case Management: Transition Coordination activity. The service unit per client limit may be exceeded based on a determination of medical necessity.

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

Attachment 4.19-B
Page 1 of 1

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

19.b. Targeted Case Management: Transition Coordination Services shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Fee schedule as determined by the Department of Health Care Policy and Financing.

<https://hcpf.colorado.gov/sites/hcpf/files/TCM%20Fee%20Schedule%20November%20FY2324%20v1.1.pdf>

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.

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

STATE OF COLORADO

Attachment 4.19-B
Introduction
Page 2 of 3

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

Effective Dates for Reimbursement Rates for Specified Services

Service	Attachment	Effective Date
9. Clinic Services	Attachment 4.19-B, Page 1-3 of 4	July 1, 2023
10. Dental Services	Attachment 4.19-B, Page 1 of 3	July 1, 2023
11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services	Attachment 4.19-B	July 1, 2023
12.b. Dentures	Attachment 4.19-B	July 1, 2023
12.c. Prosthetics	Attachment 4.19-B	July 1, 2023
12.d. Eyeglasses and Contact Lenses	Attachment 4.19-B	July 1, 2023
13.c. Preventive Services - Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Attachment 4.19-B	July 1, 2023
13.d. Rehabilitative Services: Substance Use Disorder Treatment	Attachment 4.19-B	July 1, 2023
13.d. Rehabilitative Services: Behavioral Health Services	Attachment 4.19-B	July 1, 2023
13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children	Attachment 4.19-B, Page 1-2 of 2	July 1, 2023
19. Targeted Case Management: Persons with a Developmental Disability	Attachment 4.19-B, Page 1-2 of 2	July 1, 2023
19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment	Attachment 4.19-B, Page 1 of 2	July 1, 2023
19.b. Targeted Case Management: Transition Coordination Services	Attachment 4.19-B, Page 1 of 1	October 1, 2023

TN No. 23-0040

Approval Date: March 13, 2024

Supersedes TN No. 23-0019

Effective Date: October 1, 2023