
Table of Contents

State/Territory Name: Eqmqtcf q

State Plan Amendment (SPA) #: EQ/42/2254

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

September 13, 2023

Adela Flores-Brennan
Medicaid Director
Colorado Department of Health Care Policy and Financing
Medicaid & Child Health Plan Plus (CHP+)
1570 Grant Street
Denver, CO 80203-1818

Dear Adela Flores-Brennan:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number, CO-20-0032, received on June 24, 2020, with additional information submitted, September 11, 2023, has been approved. Through this SPA, Colorado has demonstrated compliance with section 5022 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, which requires child health and pregnancy related assistance to include coverage of services necessary to prevent, diagnose, and treat a broad range of behavioral health symptoms and disorders. This SPA has an effective date of October 24, 2019.

Additionally, Section 2103(c)(5)(B) of the Act requires that these behavioral health services be delivered in a culturally and linguistically appropriate manner. Colorado demonstrated compliance by providing the necessary assurances and benefit descriptions that the state covers a range of behavioral health services in a culturally and linguistically appropriate manner.

Your Project Officer is Joyce Jordan. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
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Page 2 – Adela Flores-Brennan

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

1.4

SPA #32

Date Amendment # 32 Submitted: 6/23/2020

Date Amendment # 32 Approved:

Date Amendment # 32 Effective: 10/24/2019

Effective October 24, 2019, Colorado amended its State Plan to document Colorado's compliance with Section 5022 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act).

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The State included consultation on this SPA in the tribal consultation log dated 04/14/2020. A copy of the relevant page of the consultation log is attached.

6.2-BH Behavioral Health Coverage Section 2103(c)(6) requires that states provide coverage to prevent, diagnose, and treat a broad range of mental health and substance use disorders in a culturally and linguistically appropriate manner.

Guidance: Please attach a copy of the state's periodicity schedule. For pregnancy-related coverage, please describe the recommendations being followed for those services.

Attached to this document is the State's periodicity scheduled.

6.2.1- BH Periodicity Schedule The state has adopted the following periodicity schedule for behavioral health screenings and assessments. Please specify any differences between any covered CHIP populations:

- State-developed schedule
- American Academy of Pediatrics
- Other Nationally recognized periodicity schedule (please specify):

All Developmental and Behavioral Health recommendations outlined in the United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B.

- Other (please describe:)

6.3- BH Covered Benefits Please check off the behavioral health services that are provided to

the state's CHIP populations, and provide a description of the amount, duration, and scope of each benefit. For each benefit, please also indicate whether the benefit is available for mental health and/or substance use disorders, and if there are differences in benefits based on the population or type of condition being treated, please specify those differences.

If EPSDT is provided, as described at Section 6.2.22 and 6.2.22.1, the state should only check off the applicable benefits. It does not have to provide additional information regarding the amount, duration, and scope of each covered behavioral benefit.

Guidance: Please include a description of the services provided in addition to the behavioral health screenings and assessments described in the assurance below at 6.3.1.1-BH.

6.3.1- BH Behavioral health screenings and assessments. (Section 2103(c)(6)(A))

In addition to the Behavioral Health benefits covered within the CHIP benefit as outlined by the AAP Bright Futures periodicity schedule and the USPSTF recommendations graded A or B, the State allows for flexibility among CHIP MCO's to go beyond services defined in the CHIP state plan to address the specific needs of individual patients and populations.

6.3.1.1- BH The state assures that all developmental and behavioral health recommendations outlined in the AAP Bright Futures periodicity schedule and United States Public Preventive Services Task Force (USPSTF) recommendations graded as A and B are covered as a part of the CHIP benefit package, as appropriate for the covered populations.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools in primary care practice, providing education, training, and technical resources, and covering the costs of administering or purchasing the tools.

This is a contractual requirement for the Contractor to provide access to all required components of periodic health screens, as set forth by the American Academy of Pediatrics Bright Futures periodicity schedule. American Society of Addiction Medicine (ASAM) and InterQual provide guidelines for determination of the appropriate levels of care. CHP plans in Colorado utilizes these tools for acute and intermediate-level services which require a prior authorization.

6.3.1.2- BH The state assures that it will implement a strategy to facilitate the use of age-appropriate validated behavioral health screening tools in primary care settings. Please describe how the state will facilitate the use of validated screening tools.

The State requires that CHIP MCO's use age-appropriate, validated behavioral health screening tool(s) in primary care as well as behavioral health care settings. MCO's are required to provide an individual needs assessment after enrollment, and at any other necessary time, that includes, but not limited to, the screening for behavioral health needs. Within these requirements, the State provides flexibility in the use of behavioral health screening tools to ensure practices are given

the freedom to select screening tools that fit with their practice workflow and patient population, and the screening is appropriate for the needs of the individual patient.

In accordance with Colorado Revised Statute 10-16-139(5), and as specified in Colorado’s managed care contracts, MCO’s “shall include coverage and reimbursement for behavioral health screenings using a validated screening tool for behavioral health; coverage and reimbursement may be no less extensive than the coverage and reimbursement for the annual physical examination.” Managed care contracts also specify the requirement that MCO’s must implement mechanisms to provide an individual needs assessment after enrollment, and at any other time necessary, which includes a screening for special healthcare needs, to identify any ongoing special conditions of the member that requires a course of treatment or regular care monitoring and develop a treatment plan as necessary.

6.3.2- BH Outpatient services (Sections 2110(a)(11) and 2110(a)(19))

Guidance: Psychosocial treatment includes services such as psychotherapy, group therapy, family therapy and other types of counseling services.

6.3.2.1- BH Psychosocial treatment

Provided for: Mental Health Substance Use Disorder

Benefit includes, but not limited to psychotherapy, individual therapy, group therapy, family therapy, and case and medication management. Routine outpatient psychosocial treatment services are covered with no limitations if medically necessary.

6.3.2.2- BH Tobacco cessation

Provided for: Substance Use Disorder

Benefit includes services for the medical management of withdrawal symptoms, inclusive of access to classes, FDA-approved medications, nicotine patches, and the Colorado QuitLine. Services have no limitations if medically necessary, however, some medications may have limitations. FDA-approved tobacco cessation medications are covered per age requirements for prescriptions. Nicotine Replacement Therapy is not currently approved for youth under 18 years old.

As the CHIP program in Colorado utilizes a managed care delivery model, MCOs have the latitude to select quantity limitations based on literature reviews and recommendations from their internal pharmacy and therapeutics committees. Colorado’s CHIP MCOs are not currently implementing any quantity limitations on tobacco cessation medications or are limiting to 180 days of treatment per 365 days.

Guidance: In order to provide a benefit package consistent with section 2103(c)(5) of the Act, MAT benefits are required for the treatment of opioid use disorders. However, if the state provides MAT for other SUD conditions, please include a description of those benefits below at section 6.3.2.3- BH.

6.3.2.3- BH Medication Assisted Treatment
Provided for: Substance Use Disorder

Colorado passed legislation HB19-1289, amending COLO. REV. STAT. § 10-16-148 requiring that health plans not impose any prior authorization requirements on any prescription medications approved by the Food and Drug Administration (FDA) for the treatment of substance use disorders.

Quantity limitations for Opioid Use Disorder MAT medications offered on the CHIP benefit include the following:

- Butorphanol Tartrate Nasal Spray (Quantity Limit = 1 bottle/30 days)
- Naloxone injection (Quantity Limit= 2 injections/fill)

Currently, there are no quantity limitations for Alcohol Use Disorder MAT medications on the CHIP benefit. Once in a 12-month period, health benefit plans must cover a 5-day supply of at least one FDA-approved substance use disorder treatment medication, without prior authorization per COLO. REV. STAT. § 10-16-104(5.5)(III)(B) (2018).

6.3.2.3.1- BH Opioid Use Disorder

MAT medications for Opioid Use Disorder are included on the CO CHIP formulary, and any other MAT medications may be obtained through a prior authorization process. Some MAT drugs may have quantity limitations in place.

6.3.2.3.2- BH Alcohol Use Disorder

MAT medications for alcohol use disorder are included on the CO CHIP formulary, and any other MAT medications may be obtained through a prior authorization process. Some MAT drugs may have quantity limitations in place.

6.3.2.3.3- BH Other

MAT medications for tobacco cessation are included on the CO CHIP formulary, and any other MAT medications may be obtained through a prior authorization process. Some MAT drugs may have quantity limitations in place.

6.3.2.4- BH Peer/ Caregiver Support
Provided for: Mental Health Substance Use Disorder

Peer and caregiver support services are not required covered benefits within the CHP+ benefit. However, while it is not a required benefit, CHIP MCO's have the option to cover caregiver support services. MCO's differentiate between peer and caregiver support. One of our plans covers peer support but not caregiver.

Another covers caregiver support when the caregiver is a MCO member. One MCO contracts peer, caregiver, and rehabilitation services to community mental health centers. One of our plans

does not offer peer or caregiver support.

6.3.2.5- BH Respite Care
Provided for: Mental Health Substance Use Disorder

Respite Care services are not required covered benefits within the CHP+ benefit. However, while it is not a required benefit, CHIP MCO's have the option to cover Respite Care services. When covered by CHP MCO's, Respite Care is based on medical necessity. Prior authorization may be required.

6.3.2.6- BH Intensive in-home services
Provided for: Mental Health Substance Use Disorder

Treatment for mental health or substance use disorder in a home-setting allows for a strong focus on community and home-based care. Services may be like intensive outpatient, for example, but not limited to, individual counseling/therapy, family therapy, case and medication management, crisis intervention, diagnostic evaluation. In-home treatment is provided when medically necessary. Prior authorization may be required.

In-home mental health and SUD benefits are only covered when determined medically necessary, and require prior authorization. MCOs cover these services in-home when mental health and SUD services traditionally covered in an outpatient setting have been determined to have not been effective.

6.3.2.7- BH Intensive outpatient
Provided for: Mental Health Substance Use Disorder

Benefit includes, but not limited to individual therapy, group therapy, family therapy, crisis intervention, diagnostic evaluation, case and medication management. Intensive outpatient services covered without limitation if medically necessary.

In-home mental health and SUD benefits are only covered when determined medically necessary, and require prior authorization. MCOs cover these services in-home when mental health and SUD services traditionally covered in an outpatient setting have been determined to have not been effective.

6.3.2.8- BH Psychosocial rehabilitation
Provided for: Mental Health Substance Use Disorder

CHIP MCO's cover a variety of psychosocial rehabilitation services, based on the individuals needs of the patient. These services are covered without limitation if medically necessary.

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

6.3.3- BH Day Treatment
Provided for: Mental Health Substance Use Disorder

Day treatment services for mental health can include, but not limited to, evaluation, observation, monitoring, and individual, group, or family therapy. This benefit has no limitation if medically necessary. The state considers day treatment and partial hospitalization to be the same benefit.

Day treatment services for substance use disorder can include services that are provided for the purposes of completing a medically safe withdrawal from alcohol or substances, observation, evaluation, medical monitoring and addiction treatment for alcohol and substance abuse.

6.3.3.1- BH Partial Hospitalization
Provided for: Mental Health Substance Use Disorder

The state considers day treatment and partial hospitalization to be the same benefit. Currently, one of our health plans does not cover partial hospitalization for substance use disorder, as it is not part of our Medicaid benefit package. Network adequacy allows for intensive outpatient services rather than partial hospitalization, as one is required from ASAM level 2.

Day treatment services for substance use disorder can include services that are provided for the purposes of completing a medically safe withdrawal from alcohol or substances, observation, evaluation, medical monitoring and addiction treatment for alcohol and substance abuse.

6.3.4- BH Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))
Provided for: Mental Health Substance Use Disorder

This benefit includes acute treatment provided in a psychiatric or general hospital, with covered services inclusive of, but not limited to, provider visits during a covered admission, room and board, ancillary services, group/individual therapy, medication management, medical supplies. Inpatient services require prior authorization to determine medical necessity. No limits apply if medically necessary.

Guidance: If applicable, please clarify any differences within the residential treatment benefit (e.g. intensity of services, provider types, or settings in which the residential treatment services are provided).

6.3.4.1- BH Residential Treatment
Provided for: Mental Health Substance Use Disorder

This benefit covers a 24-hour structured treatment in a licensed residential facility in order to stabilize and provide a safe and supportive living environment, and/or to provide a supportive treatment environment to assist with the initiation or continuation of a patient's recovery process. These services require prior authorization to determine medical necessity. Benefit has no

limitation if medical necessary.

6.3.4.2- BH Detoxification
Provided for: Substance Use Disorder

The MCO plans cover detoxification for Alcoholism and Substance Abuse, this includes services that are provided for the purpose of completing a medically safe withdrawal from alcohol or substances. Limit: Must be medically necessary, and member must complete the recommended course of treatment. Benefit has no limitation if medical necessary.

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility-based services in order to avoid inpatient hospitalization.

6.3.5- BH Emergency services
Provided for: Mental Health Substance Use Disorder

This benefit includes emergency services provided in a hospital emergency department for treatment and stabilization of mental health or substance use disorder-related crisis. These services are covered without limitation.

6.3.5.1- BH Crisis Intervention and Stabilization
Provided for: Mental Health Substance Use Disorder

This benefit covers unanticipated services rendered in the process of resolving a patient crisis, requiring immediate attention, that without intervention, which could result in the patient requiring a higher level of care. These services can be provided in a variety of settings, including, but not limited to, a via mobile crisis or a crisis stabilization unit. These services are covered without limitation.

6.3.6- BH Continuing care services
Provided for: Mental Health Substance Use Disorder

Members new to the CHIP program can receive medically necessary covered services at the level of care received prior to enrollment for a transition period of up to 60 calendar days. Prenatal individuals who are in their second or third trimester of pregnancy, may continue to see their current provider until the completion of postpartum care.

Per state managed care contracts, MCO's are required to implement mechanisms to provide an individual needs assessment after enrollment, and at any other time necessary, which includes a screening for special healthcare needs, to identify any ongoing special conditions of the member that requires a course of treatment or regular care monitoring and develop a treatment plan as necessary. For children who are identified as having special healthcare needs, MCO's are required to establish and maintain procedures and policies to coordinate healthcare services with other agencies or entities such as those dealing with mental health and substance use disorders, public health, home and community-based care, Early Interventions and Supports, local school

districts, child welfare, IDEA programs, Title V, and families, guardians, caregivers, and advocates.

Additionally, in accordance with Colorado Revised Statute 25.5-5-406(1)(g), members with special healthcare needs may continue to receive services from ancillary, or non-network providers at a level of care received prior to enrollment into an MCO's plan, for a period of seventy-five calendar days.

6.3.7- BH Care Coordination
Provided for: Mental Health Substance Use Disorder

Care coordination services are offered at no cost to CHIP members. Care coordinators is designed to support members navigating and understanding their benefits. CHIP MCO's are required to provide comprehensive needs assessment and periodic reassessment, and care coordination services to help coordinate with various systems, community organizations, providers, family members advocates, and other necessary individuals and entities to address the complex, multi-factorial needs of each patient. These services are provided without limitation.

6.3.7.1- BH Intensive wraparound
Provided for: Mental Health Substance Use Disorder

This benefit is based on an assessment of individual needs, this benefit offers comprehensive wraparound supports and resources to promote, maintain, and/or restore successful community living. These services are provided without limitation.

6.3.7.2- BH Care transition services
Provided for: Mental Health Substance Use Disorder

Care transition services are provided to members throughout transitions from institutional and inpatient settings to the community. Transition services can include but are not limited to, assisting members with chronic disease self-management, medication reconciliation, barrier mitigation, and navigation of the healthcare system.

CHIP MCO's are required to establish policies and procedures to ensure coordination and continuity of care for members transitioning between healthcare setting or different levels of care. Care coordinators and care transition services and are provided to members throughout transitions from inpatient and institutional settings to the community. MCOs are required to implement transition of care procedures in a manner that promotes person and family centered care, assures service accessibility, attention to individual needs, continuity of care, maintenance of health, and independent living. The policies and procedures established by MCO's are required to be comprehensive to ensure coordination of care between services a member receives from all providers, community-based organizations, and social supports. These services are provided without limitation and without prior authorization.

6.3.8- BH Case Management
Provided for: Mental Health Substance Use Disorder

Benefit includes case managers, available to CHIP members to provide services designed to assist and support a patient to gain access to needed medical, social, education, and other services as well as provide care coordination and care transition services, continuing care, and complex case management. These services are covered without limitation. Case management includes Transitions of Care, Continuing Care, Care Coordination and Complex Case Management. These services are considered routine services and are covered without prior authorization or benefit limits.

6.3.9- BH Other

Provided for: Mental Health Substance Use Disorder

6.4- BH Assessment Tools

6.4.1- BH Please specify or describe the tool(s) used by the state or each managed care entity:

- ASAM Criteria (American Society Addiction Medicine)
 - Mental Health Substance Use Disorders
- InterQual
 - Mental Health Substance Use Disorders
- MCG Care Guidelines
 - Mental Health Substance Use Disorders
- CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)
 - Mental Health Substance Use Disorders
- CASII (Child and Adolescent Service Intensity Instrument)
 - Mental Health Substance Use Disorders
- CANS (Child and Adolescent Needs and Strengths)
 - Mental Health Substance Use Disorders
- State-specific criteria (e.g. state law or policies) (please describe)
 - Mental Health Substance Use Disorders
- Plan-specific criteria (please describe)
 - Mental Health Substance Use Disorders
- Other (please describe)
 - Mental Health Substance Use Disorders
- No specific criteria or tools are required
 - Mental Health Substance Use Disorders

The State requires the use of validated, age-appropriate behavioral health assessment tool(s) by CHIP MCO's. However, the State does not require the use of specific criteria or tools for mental health and substance use disorders, to allow for appropriate assessment, treatment, and intervention, as necessary.

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

6.4.2- BH Please describe the state's strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

The State requires that CHIP MCO's provide an individual needs assessment at the time of enrollment, and at any other necessary time, inclusive of, but not limited to, assessment for behavioral health needs. MCO's are required to develop an individual treatment plan, as necessary, based on the needs assessment and to avoid duplication of treatment, and are required to establish treatment objectives, treatment follow-up, the monitoring of outcomes and a process to ensure that treatment plans are revised as necessary. MCO contracts also require needs assessment findings to inform member outreach and care coordination. The State allows for flexibility in use of behavioral health assessment tools to allow for appropriate assessment, treatment, and intervention, as necessary. The MCO's are responsible for conducting trainings and communications to providers to utilize the required assessment tools and follow-up for compliance.

6.2.5- BH Covered Benefits The State assures the following related to the provision of behavioral health benefits in CHIP:

All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.

The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex, or serious conditions.