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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 20-0023

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

December 21, 2020

John Bartholomew, Chief Financial Officer
Attn: Lauren Reveley
Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818

Re: Colorado 20-0023

Dear Mr. Bartholomew:

We have reviewed the proposed amendment to Attachment 4.19-B and 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 20-0023. Effective for services on or after July 1, 2020, this amendment implements a 1% across-the-board rate decrease for non-institutional services and psychiatric residential treatment facilities (PRTFs) as appropriated by the legislature during the 2020 legislative session. Additionally, dialysis rates are being aligned with Medicare per state statute.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 20-0023 is approved effective July 1, 2020. The CMS-179 and the amended plan pages are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044 or LaJoshica (Josh) Smith at 214-767-6453.

Sincerely,


For

Rory Howe
Acting Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 20-0023	2. STATE: COLORADO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: July 1, 2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act Title XIX, Section 1902(a)(30)(A)	7. FEDERAL BUDGET IMPACT:	
	3. Laboratory and Radiology Services FFY 2019-20: (\$200,412) FFY 2020-21: (\$827,164)	
	4.b. Early and Periodic Screening, Diagnosis and Treatment Services FFY 2019-20: (\$247,268) FFY 2020-21: (\$1,020,551)	
	4.c. Family Planning FFY 2019-20: (\$13,346) FFY 2020-21: (\$55,082)	
	4.d. Tobacco Cessation Counseling for Pregnant Women FFY 2019-20: (\$4) FFY 2020-21: (\$16)	
	5.a.2.a. Physician Services – Comprehensive fee schedule FFY 2019-20: (\$778,393) FFY 2020-21: (\$3,486,957)	
	5.a.2.b. Physician Services – Alternative Payment Model Code Set FFY 2019-20: (\$133,442) FFY 2020-21: (\$550,757)	
	5.b. Medical and Surgical Services Furnished by a Dentist FFY 2019-20: (\$1,336) FFY 2020-21: (\$5,494)	
	6.d. Services Provided by Non-Physician Practitioners FFY 2019-20: (\$67,333) FFY 2020-21: (\$276,870)	
	7.A.-B. Home Health Care Services FFY 2019-20: (\$46,530) FFY 2020-21: (\$192,044)	
	7.C. Durable Medical Equipment FFY 2019-20: (\$227,610) FFY 2020-21: (\$939,420)	
	8. Private Duty Nursing Services FFY 2019-20: (\$120,558) FFY 2020-21: (\$497,583)	
	9. Clinic Services FFY 2019-20: (\$59,170) FFY 2020-21: (\$243,306)	
	10. Dental Services	

	<p>FFY 2019-20: (\$746,806) FFY 2020-21: (\$3,082,307)</p> <p>11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services FFY 2019-20: (\$97,248) FFY 2020-21: (\$399,882)</p> <p>12.b. Dentures FFY 2019-20: (\$13,213) FFY 2020-21: (\$54,332)</p> <p>12.c. Prosthetics FFY 2019-20: (\$8,731) FFY 2020-21: (\$35,903)</p> <p>12.d. Eyeglasses and Contact Lenses FFY 2019-20: (\$64,493) FFY 2020-21: (\$67,112)</p> <p>13.c. Preventive Services – Screening, Brief Intervention, and Referral to Treatment (SBIRT) FFY 2019-20: (\$211) FFY 2020-21: (\$869)</p> <p>13.d. Rehabilitative Services: Substance Use Disorder Treatment FFY 2019-20: (\$815) FFY 2020-21: (\$3,350)</p> <p>13.d. Rehabilitative Services: Behavioral Health Services FFY 2019-20: (\$156,412) FFY 2020-21: (\$628,106)</p> <p>13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children FFY 2019-20: (\$52,676) FFY 2020-21: (\$211,591)</p> <p>19. Targeted Case Management: Persons with a Developmental Disability FFY 2019-20: (\$40,464) FFY 2020-21: (\$165,227)</p> <p>19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment FFY 2019-20: (\$75) FFY 2020-21: (\$307)</p> <p>19.b. Targeted Case Management: Transition Services FFY 2019-20: (\$356) FFY 2020-21: (\$1,461)</p> <p>20. Extended Services for Pregnant Women FFY 2019-20: (\$1,252) FFY 2020-21: (\$5,149)</p> <p>24.a. Transportation FFY 2019-20: (\$82,929) FFY 2020-21: (\$342,275)</p> <p>28. Freestanding Birth Center Services FFY 2019-20: (\$2,359) FFY 2020-21: (\$2,655)</p> <p>Aggregate FFY 2019-20: (\$3,163,445) FFY 2020-21: (\$13,095,771)</p>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

<p>Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Page 1-3 of 3</p> <p>Attachment 4.19-D – Methods and Standards for Establishing Payment Rates – Other Types of Care – 16. Psychiatric Residential Treatment Facilities, Page 64</p>	<p>Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Pages 1-3 of 3 (TNs 19-0006 and 19-0028)</p> <p>Attachment 4.19-D – Methods and Standards for Establishing Payment Rates – Other Types of Care – 16. Psychiatric Residential Treatment Facilities, Page 64 (TN 19-0007)</p>
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10. SUBJECT OF AMENDMENT:

Effective July 1, 2019, 1% across-the-board rate decreases for the included services per state statute. Additionally, dialysis rates are being aligned with Medicare per state statute.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT **X OTHER, AS SPECIFIED**
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **Governor's letter dated 11 October, 2019**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

John Bartholomew

14. TITLE:

Chief Financial Officer

15. DATE SUBMITTED:

16. RETURN TO:

**Colorado Department of Health Care Policy and Financing
 1570 Grant Street
 Denver, CO 80203-1818**

Attn: Lauren Reveley

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

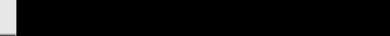
18. DATE APPROVED 12/21/20

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

7/1/20

20. SIGNATURE OF REGIONAL OFFICIAL



For

21. TYPED NAME

Rory Howe

22. TITLE

Acting Director, FMG

23. REMARKS

12/18/20: State authorized P&I change to Block 10; date should be 7/1/2020.

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

STATE OF COLORADO

Attachment 4.19-B
Introduction
Page 1 of 3

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

Effective Dates for Reimbursement Rates for Specified Services

Reimbursement rates for the services listed below on this Attachment 4.19-B introduction page are effective for services provided on or after the corresponding effective date. All payment rates can be found on the official website of the Department of Health Care Policy and Financing at <https://www.colorado.gov/hcpf/provider-rates-fee-schedule>

Service	Attachment	Effective Date
3. Laboratory and Radiology Services	Attachment 4.19-B	July 1, 2020
4.b. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Attachment 4.19-B, Page 1 of 1	July 1, 2020
4.c. Family Planning	Attachment 4.19-B	July 1, 2020
4.d. Tobacco Cessation Counseling for Pregnant Women	Attachment 4.19-B	July 1, 2020
5.a.2.a. Physician Services – Comprehensive fee schedule	Attachment 4.19-B	July 1, 2020
5.a.2.b. Physician Services – Alternative Payment Model Code Set	Attachment 4.19-B	July 1, 2020
5.b. Medical and Surgical Services Furnished by a Dentist	Attachment 4.19-B, Page 1 of 1	July 1, 2020
6.d. Services Provided by Non-Physician Practitioners	Attachment 4.19-B	July 1, 2020
7.A.-B. Home Health Care Services	Attachment 4.19-B, Page 1 of 7	July 1, 2020
7.C. Durable Medical Equipment	Attachment 4.19-B, Pages 2a and 2b of 7	July 1, 2020
8. Private Duty Nursing Services	Attachment 4.19-B	July 1, 2020

TN No. 20-0023

Approval Date: 12/21/20

Supersedes TN No. 19-0028

Effective Date: July 1, 2020

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, 2020
10. Dental Services	Attachment 4.19-B, Page 1 of 3	July 1, 2020
11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services	Attachment 4.19-B	July 1, 2020
12.b. Dentures	Attachment 4.19-B	July 1, 2020
12.c. Prosthetics	Attachment 4.19-B	July 1, 2020
12.d. Eyeglasses and Contact Lenses	Attachment 4.19-B	July 1, 2020
13.c. Preventive Services - Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Attachment 4.19-B	July 1, 2020
13.d. Rehabilitative Services: Substance Use Disorder Treatment	Attachment 4.19-B	July 1, 2020
13.d. Rehabilitative Services: Behavioral Health Services	Attachment 4.19-B	July 1, 2020
13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children	Attachment 4.19-B, Page 1-2 of 2	July 1, 2020
19. Targeted Case Management: Persons with a Developmental Disability	Attachment 4.19-B, Page 1-2 of 2	July 1, 2020
19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment	Attachment 4.19-B, Page 1 of 2	July 1, 2020
19.b. Targeted Case Management: Transition Services	Attachment 4.19-B, Page 1 of 1	July 1, 2020

TN No. 20-0023

Approval Date: 12/21/20

Supersedes TN No. 19-0006

Effective Date: July 1, 2020

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

STATE OF COLORADO

Attachment 4.19-B
Introduction
Page 3 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
20. Extended Services for Pregnant Women (Prenatal Plus Program)	Attachment 4.19-B	July 1, 2020
24.a. Transportation	Attachment 4.19-B	July 1, 2020
28. Freestanding Birth Center Services	Attachment 4.19-B	July 1, 2020

TN No. 20-0023

Supersedes TN No. 19-0006

Approval Date: 12/21/20

Effective Date: July 1, 2020

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State of Colorado

Attachment 4.19-D

Page 64

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

16. Psychiatric Residential Treatment Facilities

UPPER PAYMENT LIMIT (UPL) CALCULATION

The Department conducts an analysis of the prevailing private-pay and commercial-insurance rates for PRTF-like services for the purposes of setting the Upper Payment Limit (UPL) for PRTF services according to 42 CFR 447.325.

PAYMENT RATES

The PRTF rate is set according to the methodology outlined in this document and is adjusted according to Colorado General Assembly appropriation.

PRTF services shall be reimbursed at the lower of the following:

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

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The reimbursement rates were set as of July 1, 2020 and are effective for services provided on or after that date. All rates can be found on the official website of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

TN No. 20-0023
Supersedes TN No. 19-0007

Approval _____ Date_ 12/21/20
Effective Date July 1, 2020