



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 0 6 -- 0 0 9	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, 2006 and July 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. Sections 441.150-182, 42 C.F.R. Sections 483.350-376	7. FEDERAL BUDGET IMPACT a. FFY 05-06 \$ (6,878,370) b. FFY 06-07 \$ (20,635,114)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 3.1-A, paragraph 13d, Mental Health Services in TRCCFs Attachment 4.19-B, page 5, Methods and Standards for Establishing Payment Rates – Mental Health Rates in TRCCFs Attachment 4.19-D, page 39, Methods and Standards for Establishing Payment Rates - PRTFs	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
10. SUBJECT OF AMENDMENT Services provided in a Psychiatric Residential Treatment Facility and Mental Health Services provided in a Therapeutic Residential Child Care Facility		
11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED GOVERNOR'S letter dated 26 January 2009 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO	
13. TYPED NAME Sandeep Wadhwa, MD, MBA	Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE Medicaid Director Medical & CHP+ Administration Office	Attn: Rachel Gibbons	
15. DATE SUBMITTED 9/28/09		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED 9/28/09	18. DATE APPROVED 4/28/10	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/06	20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME 	Acting Associate Regional Administrator	
23. REMARKS		

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



CENTERS for MEDICARE & MEDICAID SERVICES

Region VIII

April 28, 2010

Joan Henneberry
Executive Director
Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203

Re: Colorado State Plan Amendment # 06-009

Dear Ms. Henneberry:

We are pleased to inform you that CMS is approving Colorado's State Plan Amendment 06-009 effective July 1, 2006. This amendment defines units of mental health rehabilitative services that Medicaid eligible children can receive pursuant to 42 CFR 440.130(d) and establishes a fee schedule reimbursement methodology for each individual service.

We are enclosing a copy of the approved CMS-179 form and the approved amendment pages. If you have any questions regarding this amendment, please contact Sophia Hinojosa at (303) 844-7129 or via email at Sophia.Hinojosa@cms.hhs.gov.

Sincerely,

/s/

D. Stephen Nose, CPA
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Sean-Casey King
Barbara Prehmus

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

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SUPPLEMENT TO
Attachment 3.1-A

Services

Limitations

13.e. Mental Health
and Substance Abuse
Rehabilitation Services
for children

Mental health rehabilitative services treatment, including substance abuse treatment, are ordered by a licensed physician or licensed mental health provider in accordance with Colorado state laws governing their practice, and are for the maximum reduction of mental disability and restoration of function to the best possible level. Recipients of these services may reside in a congregate setting, however, these clients are not residents of an Institution for Mental Disease (IMD). The determination of individual recipient disability, treatment goals, care plan to achieve treatment goals, progress benchmarks and assessment of progress will be made by a licensed practitioner in keeping with accepted standards and/or best practices of mental health treatment and documented in the recipient's record. Licensed mental health providers include licensed psychologist, licensed psychiatrist, licensed clinical social worker, licensed marriage and family therapist, licensed professional counselor, and licensed social worker supervised for a licensed clinical social worker.

Psychiatric diagnostic interview examination upon out-of-home placement is limited to one unit upon admission into treatment, unless justification for additional units is documented in the recipient's plan of care and ordered by a licensed physician or licensed mental health provider.

The following benefits are limited to a maximum of one unit per day, unless multiple units and/or procedures are ordered by a licensed physician or licensed mental health provider and documented in the recipient's plan of care.

- Individual psychotherapy (brief), insight oriented behavior modifying and/or supportive, including, when indicated, therapy for substance abuse, in an office or outpatient clinic provided by an individual licensed to practice medicine or mental health care; or
- Individual psychotherapy (long), insight oriented behavior modifying and/or supportive, including, when indicated,

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therapy for substance abuse, in an office or outpatient clinic face-to-face with the patient, provided by an individual licensed to practice medicine or mental health care.

Family psychotherapy (conjoint therapy) for the exclusive benefit of the child recipient and with the recipient present, unless recipient and family contact is contraindicated, including, when indicated, therapy for substance abuse, provided by a licensed physician or licensed mental health provider, limited to a maximum of one unit per day, unless units in excess of one per day are ordered by a licensed physician or licensed mental health provider and documented in the recipient's plan of care.

Group psychotherapy, excluding a multifamily group, including, when indicated, therapy for substance abuse, provided by a physician, or licensed mental health provider, limited to eight 15-minute units per day, unless units in excess of eight per day are ordered by a licensed physician or licensed mental health provider and justification is documented in the recipient's plan of care.

The following benefits are limited to a maximum of one unit per day, unless units in excess of one per day are ordered by a licensed physician or licensed mental health provider and documented in the recipient's plan of care.

- Psychological testing (professional) includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report, provided by a physician, or licensed mental health provider. Face-to-face with the patient time only; or
- Psychological testing (technician) includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g., MMPI

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and WAIS), with licensed mental health provider interpretation and report, administered by technician, per hour of technician time, under the supervision of a licensed physician or licensed mental health provider. Face-to-face with the patient time only.

Interactive group psychotherapy provided by a licensed physician or licensed mental health provider, including, when indicated, therapy for substance abuse, limited to a maximum of one unit per day, unless units in excess of one per day are ordered by a licensed physician or licensed mental health provider as medically necessary and documented in the recipient's plan of care.

Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy, provided by a licensed physician, licensed nurse practitioner or licensed physician assistant is limited to a maximum of one unit per day, unless units in excess of one per day are ordered by a licensed physician, nurse practitioner or physician assistant as medically necessary and documented in the recipient's plan of care.

Exclusions

Mental Health and Substance Abuse Rehabilitative Services for Children do not include the following:

- Room and board services;
- Educational, vocational and job training services;
- Recreational or social activities;
- Habilitative care for children who are developmentally disabled or mentally retarded;
- Services provided to inmates of public institutions or residents of institutions for mental diseases; and
- Services that are covered elsewhere in the state Medicaid plan

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Provider Qualifications

Physicians and Osteopaths:

- Proof of graduation from medical school;
- Passage of national recognized examinations;
- Satisfactory completion of postgraduate education;
- Verification of Federation of State Medical Boards disciplinary history; and
- Submission of reference letters from previous practice locations

Physician Assistants:

- Graduation from an NCCPA-approved physician assistance program;
- Verified practice history;
- Passage of the NCCPA National Board Exam; and
- Verification of Federation of State Medical Boards disciplinary history

Advance Practice Nurses:

- Graduate degree or higher as a nurse practitioner or graduate degree in nursing and post-graduate degree or post graduate certificate as a Nurse Practitioner; and
- Active, unencumbered Colorado Registered Nurse license or an active, unencumbered Multi-state Compact Registered Nurse license.

Licensed psychologist

- At least 21 years old
- Doctoral degree with a major in psychology from an APA-approved program or equivalent as approved by the Examiners Board;
- Passage of psychologist board exam;
- At least 1 year experience practicing under supervision; and;
- Passage of an Examiner's Board developed mail-in jurisprudence law and ethics exam

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Master's Level Licensed Clinicians

- Licensed Clinical Social Worker (LCSW). Master's degree from an accredited graduate program offering full time course work approved by the Council on Social Work Education, and licensed as a LCSW by DORA.
- Licensed Professional Counselor (LPC). Holds a master's degree or doctoral degree in professional counseling from an accredited college or university, and licensed by DORA.
- Marriage and Family Therapist. Master's degree from a graduate program with course study accredited by the Commission on Accreditation for Marriage and Family Therapy Education, and licensed by DORA.

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Attachment 4.19-B

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT
RATES – MENTAL HEALTH AND SUBSTANCE ABUSE REHABILITATION SERVICES
FOR CHILDREN

Mental Health and Substance Abuse Rehabilitation Services for Children are reimbursed on a fee-for-service basis per units of service per practitioner. Rates for services include only Medicaid allowable costs. These services are available for all Medicaid clients for whom the services are found to be medically necessary. Rates do not include the cost of any room and board. Applicable practitioner provider salaries were considered in developing payment fee schedules. Rates for these services were compared with rates for similar services provided by Community Mental Health Centers under cost-based payment methodologies to ensure that rates for mental health rehabilitative services are not greater than the estimated costs of providing services. Also, rates for these services were compared with Medicare rates for similar service. Rates for these services are less than that for comparable Medicare and cost-based services, thereby ensuring an economical and efficient fee schedule.

Mental Health Services units of service are as follows:

- a. Psychiatric diagnostic examination unit of service shall be 1 hour per date of service.
- b. Individual psychotherapy (brief) unit of service shall be 20-30 minutes, face-to-face, per unit, up to 2 units per date of service.
- c. Individual psychotherapy (long) unit of service shall be 45-50 minutes, face-to-face, per unit, up to 2 units per date of service.
- d. Family psychotherapy unit of service shall be 1 hour per date of service.
- e. Group psychotherapy unit of service shall be 15 minutes, up to 8 units per date of service.
- f. Psychological testing (professional) unit of service shall be 1 hour, face-to-face, interpreting or preparing report.
- g. Psychological testing (technician) unit of service shall be 1 hour, face-to-face.

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Attachment 4.19-B

- h. Interactive group psychotherapy unit of service shall be 15 minutes, up to 8 units per date of service.
- i. Pharmacologic management unit of service shall be 1 hour per date of service.

The mental health services fee schedule is reviewed annually and published in the provider billing manual accessed through the Department's fiscal agent's web site.

Payment is based on a statewide fee schedule. State developed fee schedule rates are the same for both public and private providers of mental health services and the fee schedule and any annual/periodic adjustments to the fee schedule are published in the provider bulletin accessed through the Department's fiscal agent's web site.

Reimbursement for services shall be the lower of:

- 1. Submitted charges;
- 2. Fee schedule published in the provider bulletin

The Agency's rates were set as of July 1, 2006 and are effective for services on or after that date.

The Agency's rates for psychological testing (professional and technician) were updated on July 1, 2009.

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