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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-09-034

This file contains the following documents in the order listed:

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- 2) 179
- 3) Approved SPA Pages

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



Region VIII

December 14, 2009

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

RE: Colorado #09-034

Dear Ms. Henneberry:

This is your official notification that Colorado State Plan amendment 09-034 has been approved effective July 1, 2009. This State Plan updates the reimbursement methodology for non-brokered emergent and non-emergent medical transportation with July, September and December, 2009 rate changes. The effective date of this SPA is July 1, 2009.

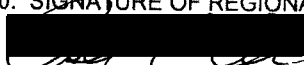
If you have any questions concerning this amendment, please contact Diane Dunstan-Murphy at (303) 844-7040.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Sandeep Wadhwa, M.D.
David Smith
Rachel Gibbons

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 09-034	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 7/1/09	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 431.53		7. FEDERAL BUDGET IMPACT a. FFY 2009 (\$49,701) w/ ARRA b. FFY 2010 (\$300,932) w/ ARRA c. FFY 2011 (\$302,395) w/ ARRA	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 24a. Transportation Attachment 3.1-D: Methods for Assuring Transportation, Page 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) (Reimb) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 24a. Transportation (Supersedes TN 03-014, Attachment 4.19-B and deletes 04-014, Attachment 4.19-B, Pages 2 and 3) Attachment 3.1-D: Methods for Assuring Transportation, Page 1 (TN 04-014, Attachment 3.1-D, Page 1)	
10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for non-brokered and brokered emergent and non-emergent medical transportation and methods for assuring transportation. July, Sept, and Dec 2009 Rate Changes.			
11. GOVERNOR'S REVIEW (<i>Check One</i>) GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 26 January 2009 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 Attn: Rachel Gibbons	
14. TITLE Director, Medical and CHP+ Program Administration Office			
15. DATE SUBMITTED 9/30/09			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 9/30/09		18. DATE APPROVED 12/14/09	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/09		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Richard C. Allen		22. TITLE Associate Regional Administrator	
23. REMARKS			

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

STATE OF COLORADO

Attachment 3.1-D
Page 1

METHODS OF ASSURING TRANSPORTATION

The Colorado Medical Assistance Program provides non-emergent medical transportation (NEMT) as an administrative service and administrative expense.

The state-designated entity shall assure that necessary NEMT services covered by the Colorado Medical Assistance Program for clients who have no other means of transportation are provided. The state-designated entity can be either county departments of human/social services or a designated broker. Payment will be made for the least expensive transportation suitable to the client's condition. The distance to be traveled, transportation methods available, treatment facilities available, and the physical condition and welfare of the client shall all determine the type of NEMT authorized. The type of transportation available may vary by region because of rural and urban conditions.

Reimbursable NEMT methods shall include personal vehicle, ambulance, taxi, mobility vehicle, wheelchair van, bus, train, air, and other forms of public and private conveyance. Reimbursement for non-brokered NEMT shall be the lower of submitted charges or fee schedule rate as determined by the Department of Health Care Policy and Financing. Brokered NEMT, which is used only in non-emergency circumstances, shall be reimbursed through negotiated contracts based on fee-for-service rates and expenditures.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. Reimbursement rates can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

Clients are made aware of NEMT services through the following methods:

- Informational packet mailed to all newly enrolled Medicaid clients
- EPSDT outreach coordinators (for children and families)
- Official Web site of the Department of Health Care Policy and Financing
- Enrollment broker
- Customer Service Contact Center
- County departments of human/social services
- Transportation broker via outreach to Medicaid providers in the service area

Clients residing in counties covered by the NEMT broker may contact the broker by calling a toll-free telephone number.

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

STATE OF COLORADO

Attachment 3.1-D
Page 2

METHODS OF ASSURING TRANSPORTATION (Continued)

Some NEMT services require prior authorization. Transportation to out-of-state locations shall require prior authorization and shall be covered when it has been determined, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are not able to be provided by a provider/facility within the state, or when it is the general practice for clients in a particular locality to use medical resources in another state.

Services ancillary to NEMT shall include meals and lodging and are only covered if the trip cannot be completed in one calendar day. The maximum per diem reimbursement rates for meals and lodging and NEMT prior authorization requirements can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf. NEMT, meals, and lodging for one escort attending to an at-risk adult or child may be provided.

Transportation to a service that is not a Medicaid benefit is not covered.

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

STATE OF COLORADO

Supplement to Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

24a. TRANSPORTATION

- Non-emergent medical transportation shall be provided, with limitations, as an administrative service. See Attachment 3.1-D: Methods of Assuring Transportation.
- Emergency medical transportation shall be provided as a medical service.
 - Emergency medical transportation shall include land and air ambulance as certified by the health care provider to be appropriate for the particular circumstances.
 - Coverage of emergency medical transportation shall require a physician's statement of medical necessity or a trip report.
 - Ambulance transportation is not considered medically necessary when any other means of transportation can be safely utilized without risk to the client's health.

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

STATE OF COLORADO

Attachment 4.19-B

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

24a. TRANSPORTATION

a1. Non-Brokered Transportation

Non-brokered emergent and non-emergent medical transportation shall be reimbursed at the lower of the following:

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

a2. Brokered Transportation

The Department of Health Care Policy and Financing contracts with a competitively procured transportation broker for the provision of non-emergent medical transportation services for eligible clients residing in select Colorado counties. Compensation for the brokered services is negotiated based on an analysis of non-brokered fee-for-service transportation reimbursement rates and expenditures.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. Reimbursement rates for dates of service on or after July 1, 2009, dates of service on or after September 1, 2009, and dates of service on or after December 1, 2009, for these services can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.