

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 10-041	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 10/1/10
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5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130	7. FEDERAL BUDGET IMPACT a. FFY 2010-11 \$0 c. FFY 2011-12 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 3.1-A: Limitations to Care and Services, Item 13.d., Rehabilitative Services	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement to Attachment 3.1-A: Limitations to Care and Services, Item 13.d., Rehabilitative Services (TN 03-036, Item 13.d. only)
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10. SUBJECT OF AMENDMENT
Clarifies the rehabilitative outpatient mental health benefits.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED

Governor's letter dated 29 July 2009

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL <i>[Signature]</i>	16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus
13. TYPED NAME Robert C. Douglas	
14. TITLE Legal Division Director	
15. DATE SUBMITTED 12-13-10	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 12-13-10	18. DATE APPROVED 6/13/11
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PLAN APPROVED - _____ OF REGIONAL OFFICIAL

10-1-10

21. TYPED NAME Richard C. Allen	22. TITLE ARA, DMCHO
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23. REMARKS

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

STATE OF COLORADO

Supplement to Attachment 3.1-A
Item 13.d. Rehabilitative Services, Outpatient Behavioral Health Services
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LIMITATIONS TO CARE AND SERVICES

Item 13.d Rehabilitative Services

Outpatient Behavioral Health Services

Outpatient Behavioral Health Services are a group of services designed to provide medically necessary behavioral health services to certain Medicaid clients in order to restore these individuals to their highest possible functioning level. These services are provided to, or directed exclusively toward the treatment of the Medicaid client. Services are provided in accordance with Section 1902(a)(23) of the Social Security Act with regard to free choice of providers, and services may be provided by any willing, qualified provider as described below.

a. Covered Services, Definitions, and Qualified Providers.

Outpatient Behavioral Health Services are comprised of the following individual services and may be provided by the following qualified providers:

Service	Definition	Provider Types
Individual Psychotherapy	Therapeutic contact with one client of more than thirty (30) minutes, but no more than two (2) hours. This service, in conjunction with Individual Brief Psychotherapy, is limited to thirty-five (35) visits per state fiscal year, except as otherwise required by EPSDT as described in 10 C.C.R. 2505- 10, Section 8.282.	<ul style="list-style-type: none"> • Physician/Psychiatrist • Psychologist, Psy.D/Ph.D • Master's Level Clinician • CMHC * See definitions below
Individual Brief Psychotherapy	Therapeutic contact with one client of up to and including thirty (30) minutes. This service, in conjunction with Individual Psychotherapy, is limited to thirty-five (35) visits per state fiscal year, except as otherwise required by EPSDT as described in 10 C.C.R. 2505-10, Section 8.282.	<ul style="list-style-type: none"> • Physician/Psychiatrist • Psychologist, Psy.D/Ph.D • Master's Level Clinician • CMHC
Family Psychotherapy	Therapeutic contact of up to and including two (2) hours with one client, typically a child/youth, with one or more of the client's family members and/or caregivers present and included in the therapeutic process and communications.	<ul style="list-style-type: none"> • Physician/Psychiatrist • Psychologist, Psy.D/Ph.D • Master's Level Clinician • CMHC • RHC

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Service	Definition	Provider Types
Group Psychotherapy	Therapeutic contact with more than one client of up to and including two (2) hours.	<ul style="list-style-type: none"> • Physician/Psychiatrist • Psychologist, Psy.D/Ph.D • Master's Level Clinician • CMHC • RHC
Behavioral Health Assessment	An initial or ongoing diagnostic evaluation of a client to determine the presence or absence of a behavioral health diagnosis, to identify behavioral health issues that impact health and functioning, and to develop an individual service/care plan.	<ul style="list-style-type: none"> • Physician/Psychiatrist • Psychologist, Psy.D/Ph.D • Master's Level Clinician • CMHC • RHC
Pharmacological Management	Monitoring of medications prescribed and consultation provided to clients by a physician or other medical practitioner authorized to prescribe medications as defined by State law, including associated laboratory services as indicated.	<ul style="list-style-type: none"> • Physician/Psychiatrist • APN or PA with prescriptive authority • CMHC • RHC
Outpatient Day Treatment	Therapeutic contact with a client in a structured program of therapeutic activities lasting more than four (4) hours but less than 24 hours per day. Services include assessment and monitoring; individual/group/family therapy; psychological testing; medical/nursing support; psychosocial education; skill development and socialization training focused on improving functional and behavioral deficits; medication management; and expressive and activity therapies. When provided in an outpatient hospital program, may be called "partial hospitalization."	<ul style="list-style-type: none"> • CMHC • RHC • Hospital
Emergency/Crisis Services	Services provided during a mental health emergency which involve unscheduled, immediate, or special interventions in response to a crisis situation with a client, including associated laboratory services, as indicated.	<ul style="list-style-type: none"> • Physician/Psychiatrist • Psychologist, Psy.D/Ph.D • Master's Level Clinician • CMHC • RHC • Hospital

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Provider Type	Definition
Physician/Psychiatrist	Provider has a Doctor of Medicine or Osteopathic Medicine degree, engages in the practice of medicine as defined by, and is licensed as a physician pursuant to, the Colorado Revised Statutes (CRS) at CRS 12-36-101.
Psychologist, Psy.D/Ph.D	Provider has a doctoral degree from an accredited program offering psychology courses approved by the American Psychological Association and is licensed as a psychologist by the State Board of Psychologist Examiners pursuant to CRS 12-43-304.
Master's Level Clinician	<p>Licensed Clinical Social Worker (LCSW): Provider has a Master's degree from an accredited graduate program offering full-time course work approved by the Council on Social Work Education and is licensed as an LCSW pursuant to CRS 12-43-404.</p> <p>Licensed Marriage and Family Therapist (LMFT): Provider has a Master's degree from a graduate program with course work accredited by the Commission on Accreditation for Marriage and Family Therapy Education and is licensed as an LMFT pursuant to CRS 12-43-504.</p> <p>Licensed Professional Counselor (LPC): Provider has a Master's or doctoral degree in professional counseling from an accredited college or university and is licensed as an LPC pursuant to CRS 12-43-603.</p> <p>Advanced Practice Nurse (APN): Provider is a Registered Nurse with a master's degree in Nursing and is registered as an advanced practice nurse by the Colorado Department of Regulatory Agencies pursuant to CRS 12-38-111.5.</p>
Physician Assistant (PA)	Provider is a graduate of an education program accredited by the Accreditation Review Commission on Education for the Physician Assistant, certified by the National Commission on Certification of Physician Assistants, and licensed as a physician assistant pursuant to CRS 12-36-106.
Community Mental Health Center (CMHC)	<p>Either a physical plant or a group of services under unified administration or affiliated with one another, and including at least the following services provided for the prevention and treatment of mental illness and behavioral disorders in persons residing in a particular community in or near the facility so situated:</p> <ul style="list-style-type: none"> • Inpatient services; • Outpatient services; • Partial hospitalization; • Emergency services; and

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Provider Type	Definition
	<ul style="list-style-type: none"> • Consultative and educational services. <p style="text-align: right;">(CRS 27-1-201)</p>
Rural Health Center (RHC)	<p>A facility that:</p> <ul style="list-style-type: none"> • Has been determined by the Secretary of the Department of Health and Human Services to meet the requirements of Section 1861(aa)(2) of the Social Security Act and 42 CFR §§ 491; and • Has filed an agreement with the Secretary of Health and Human Services in order to provide rural health clinic services under the Medicare program. <p style="text-align: right;">(42 CFR §§ 405.2401)</p>

b. Non-Covered Services

Outpatient Behavioral Health Services do not include, and federal financial participation is not available for, any of the following:

- Room and board services
- Educational, vocational and job training services
- Habilitation services
- Services to inmates in public institutions as defined in 42 CFR §§ 435.1010
- Services to individuals residing in institutions for mental diseases as described in 42 CFR §§ 435.1010
- Recreational and social activities
- Services that must be covered elsewhere in the Medicaid State Plan