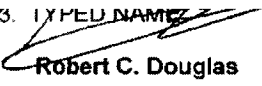
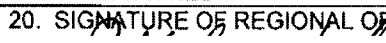


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <b>11-036</b>	2. STATE: <b>COLORADO</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One):  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 (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.130		7. FEDERAL BUDGET IMPACT a. FFY 2010-11    \$ 277,522 b. FFY 2011-12    \$ 615,144	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-A, page 6 only</b> <b>Supplement to Attachment 3.1-A, number 13.b, Screening Services</b> <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates, number 13.b., Screening Services</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 3.1-A (TN 03-022) page 6 only</b>	
10. SUBJECT OF AMENDMENT <b>This state plan amendment adds to the State Plan a Screening, Brief Intervention, and Referral to Treatment (SBIRT) benefit. This benefit allows providers to screen for potential substance use problems.</b>			
11. GOVERNOR'S REVIEW (Check One)  GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED  COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>Governor's letter dated 11 February 2011</b> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME  Robert C. Douglas		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE  Legal Division Director		Attn: Barbara Prehmus	
15. DATE SUBMITTED June 28, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <b>6/28/11</b>		18. DATE APPROVED <b>9/6/11</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>4/1/11</b>		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <b>PATRICK C. HORTON</b>		22. TITLE <b>ACTING ARA, DNCHO</b>	
23. REMARKS			

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

Item 13.b Screening Services

1. Screening, Brief Intervention, and Referral to Treatment (SBIRT)

The purpose of SBIRT services is to screen clients for potential risky substance use behaviors. These services are not designed for treatment of clients already diagnosed with a substance abuse disorder or those already receiving substance abuse treatment services.

a. Covered Services

- i. Full Screening, using an evidence-based screening tool approved by the Department. The full screening is indicated for clients with positive pre-screens and for clients with signs, symptoms, and medical conditions that suggest risky substance use. There is a limit of 2 full screens per client per state fiscal year. Providers are required to use an evidence-based screening tool for the full screen.
- ii. Brief Intervention and Referral to Treatment. A brief intervention may be a single session or multiple sessions of motivational discussion focused on raising a client's awareness of a problem and motivating a client to change a health behavior. Brief intervention services are covered for clients who are identified as at-risk for a substance abuse disorder through the use of an evidence-based screening tool. Brief intervention services may occur on the same date of service as the screening or on a later date. A brief intervention may only be done after a positive full screen has been obtained. There is a limit of 4 sessions per client per state fiscal year. Each session is limited to 2 units per session, at 15 minutes per unit.

b. Eligible Providers

- i. The following licensed professionals are eligible to provide services or supervise staff who provide services:
  - Physician/Psychiatrist
  - Psychologist, Psy.D/Ph.D
  - Masters Level Clinicians:
    - Licensed Clinical Social Worker (LSCW): 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.
    - Licensed Marriage and Family Therapist (LMFT): Provider has a Master's degree from a graduate program with course work

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

Item 13.b Screening Services

accredited by the Commission on Accreditation for Marriage and Family Therapy Education and is licensed as an LMFT pursuant to CRS 12-43-504.

- 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.
  - Nurse Practitioner
  - Physician Assistant
- ii. Non-licensed providers may deliver the SBIRT services under the supervision of licensed providers, if such supervision is within the legal scope of practice for that licensed provider. The licensed provider assumes professional responsibility for the services provided by the unlicensed provider. All non-licensed providers who deliver SBIRT services under the supervision of licensed providers must meet the following requirements:
- Complete a minimum of 60 hours professional experience such as coursework, internship, practicum, education or professional work within their respective field. This experience should include a minimum of 4 hours of training that is directly related to SBIRT services.
  - Complete a minimum of 30 hours of face-to-face client contact within their field. This may include internships, on-the-job training, or professional experience.

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

b. Screening services.

- Provided:     No limitations     With limitations\*  
 Not provided.

c. Preventive services.

- Provided:     No limitations     With limitations\*  
 Not provided.

d. Rehabilitative services.

- Provided:     No limitations     With limitations\*  
 Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

- Provided:     No limitations     With limitations\*  
 Not provided.

b. Skilled nursing facility services.

- Provided:     No limitations     With limitations\*  
 Not provided.

c. Intermediate care facility services.

- Provided:     No limitations     With limitations\*  
 Not provided.

\* Description provided on attachment.

TN No. 11-036

Approval Date SEP 27 2011

Supersedes TN No. 03-022, page 6 only

Effective Date April 1, 2011

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

13.b: SCREENING SERVICES

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

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

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Reimbursable SBIRT services include the following:

1. Full Screening, using an evidence-based screening tool approved by the Department. Limited to 2 full screens per client per state fiscal year.
2. Brief Intervention and Referral to Treatment. Limited to 4 sessions per client per state fiscal year. Each session is limited to 2 units per session, at 15 minutes per unit.

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, 2010 and dates of service on or after July 1, 2011 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](http://www.colorado.gov/hcpf).

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TN No. 11-036  
Supersedes TN No. NEW

Approval Date SEP 14 2011  
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