# **Table of Contents**

State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-13-025

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

**TN:** CO-13-025 **Approval Date:** 09/19/2013 **Effective Date** 07/01/2013

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



# **Region VIII**

September 19, 2013

Susan E. Birch, MBA, BSN, RN-Executive Director Department of Health Care Policy & Financing 1570 Grant Street Denver, CO 80303-1818

RE: Colorado #13-025

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-025. This amendment changes the reimbursement for Screening, Brief Intervention, Referral to Treatment (SBIRT), reflecting rate increases.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2013. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

/s/

Richard C. Allen Associate Regional Administrator Divisions of Medicaid & Children's Health Operations

CC Suzanne Brennan
Pat Connally
Barb Prehmus
John Bartholomew
Max Salazar

CENTERS FOR MEDICARE & MEDICAID SERVICES		OMB NO. 0938-0193		
	1. TRANSMITTAL NUMBER:	2. STATE:		
TRANSMITTAL AND NOTICE OF APPROVAL OF	40.000	00100100		
STATE PLAN MATERIAL	13-025	COLORADO		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
CENTERS FOR MEDICARE & MEDICAID SERVICES				
DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. TYPE OF PLAN MATERIAL (Check One):	July 1, 2013			
5. THE OF PLAN WATERIAL (CHECK CHE).				
NEW STATE PLAN AMENDMENT TO BE CONSIDE	ERED 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	7. FEDERAL BUDGET IMPACT			
Section 1905(a)(13) of the Social Security Act	a. FFY 2012-13: \$2,549 b. FFY 2013-14:\$10,197			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE			
Attachment 4.19-B (Methods of Payment), Item 13b.	SECTION OR ATTACHME Attachment 4.19-B (Methods of			
Screening, Brief Intervention, Referral to Treatment (SBIRT)	Screening, Brief Intervention,	Referral to Treatment.		
(SDIKT)	TN: 11-036	,		
10. SUBJECT OF AMENDMENT				
Methods and standards for establishing payment rates Scr	eening, Brief Intervention, Refe	rral to Treatment,		
reflecting the rate increases effective July 1, 2013.				
11. GOVERNOR'S REVIEW (Check One)				
11. GOVERNOR'S REVIEW (Check One)				
GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED				
Governor's letter dated 01 September 2011				
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED				
NO REPLY, RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
12. SIGNATURE AND ATTACH AGENCY OFFICIAL	16. RETURN TO			
13. TYPED NAME	Colorado Department of Health C	are Policy and Financing		
	1570 Grant Street Denver, CO 80203-1818			
Suzanne Brennan				
14. TITLE	Attn: Barbara Prehmus			
Medicaid Director				
15. DATE SUBMITTED				
(0)				
FOR REGIONAL OFFICE USE ONLY				
17. DATE RECEIVED / 6/13/17	18. DATE APPROVED	19/13		
PLAN APPROVED - ONE COPY ATTACHED				
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL C	FFICIAL		
7/1/13				
•	THE THE PARTY OF T			
21. TYPED NAME	22. TITLE			
RICHARD C. ALLEN	ARA, DMCHO			
23. REMARKS				

# 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. The reimbursement rates were set as of July 1, 2013 and are effective for services provided on or after that date. All rates can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

>>>>>			
TN No.	13-025	Approval Date _	9/19/13
Supersedes TN No	11-036	Effective Date	<b>July 1, 2013</b>