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## Table of Contents

**State/Territory Name:** Colorado

**State Plan Amendment (SPA) #:** CO-14-0009

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Region VIII**

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September 8, 2015

Susan E. Birch, MBA, BSN, RN, Executive Director  
Department of Health Care Policy & Financing  
1570 Grant Street  
Denver, CO 80203-1818

RE: Colorado #14-0009

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-0009. This amendment would revise limitations to care and services and reimbursement pages for Family Planning Services. Specifically, it adds Teen Pregnancy and Dropout Prevention under the Family Planning service category.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

In order to track expenditures associated with this amendment, Colorado should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Base.

This amendment would affect expenditures reported on Line 49-Other Care Services.



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

Sincerely,



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

cc: Gretchen Hammer      John Bartholomew  
Tess Ellis                  Barb Prehmus  
Pat Connally                Amanda Forsythe

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>14-0009</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 <b>July 1, 2014</b>	
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 <b>42 CFR §440.210</b>		7. FEDERAL BUDGET IMPACT a. FFY 2014-15: \$2,081,606 b. FFY 2015-16: \$1,784,234	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-A, page 2</b> <b>Supplement to Attachment 3.1-A Limitations to Care and Services, Family Planning</b> <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care Family Planning (Page 2B)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) <b>Attachment 3.1-A, page 2 (CO TN 11-049)</b> <b>Supplement to Attachment 3.1-A Limitations to Care and Services, Family Planning (NEW)</b> <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care Family Planning (CO TN 13-014)</b>	
10. SUBJECT OF AMENDMENT <b>Methods and standards for establishing payment rates for Family Planning Services, reflecting the rate increases effective July 1, 2014.</b>			
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 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<b>Governor's letter dated 15 January 2015</b>	
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO	
13. TYPED NAME <b>Gretchen Hammer</b>		<b>Colorado Department of Health Care Policy and Financing</b> <b>1570 Grant Street</b> <b>Denver, CO 80203-1818</b>	
14. TITLE <b>Medicaid Director</b>		<b>Attn: Barbara Prehmus</b>	
15. DATE SUBMITTED <b>Original Submission 04/24/2014</b> <b>September 1, 2015</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>04/24/2015</b>		18. DATE APPROVED <b>09/08/15</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>07/01/2014</b>		 FICIAL	
21. TYPED NAME <b>Richard C. Allen</b>		22. TITLE <b>ARA, DMCHO</b>	
23. REMARKS			

State of Colorado

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

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.  
Provided:  No limitations     With limitations\*
- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*
- 4.c. Family planning services and supplies for individuals of child-bearing age.  
Provided:            No limitations     With limitations\*
- 4.d. Face-to-Face Tobacco Use Cessation Counseling Services for Pregnant Women  
Provided:     No limitations     With limitations\*
- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.  
Provided:     No limitations     With limitations\*
- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).  
Provided:     No limitations     With limitations\*
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' services.  
Provided:     No limitations     With limitations\*

\* Description provided on attachment.

TN: 14-009

Approval Date: 9/8/15

Supersedes TN:11-049

Effective Date: July,1, 2014

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

4.c. Family Planning Services and Supplies

- A. The Department of Health Care Policy and Financing (the Department) covers family planning services and supplies, with the exception of infertility services and supplies.

The Colorado Department of Health Care Policy and Financing (the Department) covers family planning services and supplies, as noted under Section 1905(a)(4)(c) of the Social Security Act and 42 CFR 441.20.

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

STATE OF COLORADO

Attachment 4.19-B  
Page 2B

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
Other Types of Care

Family Planning

- A. Family planning 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 Financing.

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, 2014 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](http://www.colorado.gov/hcpf).