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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-14-0011

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

May 28, 2015

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

RE: Colorado #14-0011

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) CO-14-0011 (submitted under (TN) 14-011). This amendment allows for a rate change for emergent and non-emergent transportation.

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). This amendment would affect expenditures reported on the Form CMS 64.10 Base, Line 29 – Non Emergency Medical Transportation.

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.

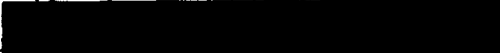
If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

/s/

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

cc: Gretchen Hammer John Bartholomew
Tess Ellis Barb Prehmus
Pat Connally Frank Herbst

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 14-011	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 July 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> 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 431.53		7. FEDERAL BUDGET IMPACT a. FFY 2014-15: \$37,155 b. FFY 2015-16: \$154,709	
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 Section 3.1-D: Methods of Assuring Transportation		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 24a. Transportation (TN 13-011, Attachment 4.19-B. only) Section 3.1-D: Methods of Assuring Transportation (TN 09-034)	
10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for emergency and non-emergency medical transportation services, reflecting the rate increases effective July 1, 2014.			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 15 January 2015 <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO	
13. TYPED NAME Gretchen M. Hammer		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prahmus	
14. TITLE Medical Director			
15. DATE SUBMITTED Original Submission Resubmitted: 3/12/15 July 8, 2014		18. DATE APPROVED 5/28/2015	
17. DATE RECEIVED 7/8/14, resubmitted 3/12/15		18. DATE APPROVED 5/28/2015	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/2014		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Richard C. Allen		22. TITLE 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 –
OTHER TYPES OF CARE

24a. TRANSPORTATION

Non-Brokered Transportation

Non-brokered 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.

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.

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

STATE OF COLORADO

Attachment 3.1-D

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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 eligible clients who do not have access to other means of transportation including free transportation, and, require transportation to obtain a non-emergency Medicaid service. 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.

Covered places of service may include transportation of clients to or from Medicaid-enrolled providers to receive Colorado Medicaid covered services. When necessary, transportation may include urgent care facilities, hospital to hospital transportation, and out-of-state transportation. Covered ancillary services may include escorts, meals, and lodging.

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

TN No. 14-011

Supersedes TN No. 09-034

Approval Date 5/28/2015

Effective Date 7/1/2014

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

STATE OF COLORADO

Attachment 3.1-D
Page 2

Non-covered services include: services provided solely for convenience of the client; charges incurred while client is not in the vehicle; , transportation to or from non-covered medical services, waiting time, cancellations, transportation which is covered by another entity, charges for additional passengers except when acting as an escort for a child or at-risk adult, or, the siblings or children of the client receiving medical services; charges for the cost of transporting siblings who are not receiving a medical service; and transportation for nursing facility or group home residents to medical or rehabilitative services required in the facility's program unless the facility does not have an available vehicle.

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

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.

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 an at-risk adult or child may be provided.

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