# **Table of Contents**

State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-14-025

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-14-025 **Approval Date:** 07/30/2014 **Effective Date** 07/01/2014

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



## Region VIII

July 30, 2014

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

RE: Colorado #14-025

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-025. This amendment applies to methods and standards for establishing payment rates for Screening, Brief Intervention, Referral to Treatment (SBIRT), reflecting the rate increases effective July 1, 2014. SBIRT is a tool used in the primary care setting to identify substance abuse risk and briefly counsel and intervene as needed.

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 34- Diagnostic Screening & Preventive Services and Line 40-Rehabilitation Services dependent upon which definition at 42 CFR 440.130 the SBIRT optional service benefit meets.

- (a) "Diagnostic services", except as otherwise provided under this subpart, includes any medical procedures or supplies recommended by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law, to enable him to identify the existence, nature, or extent of illness, injury, or other health deviation in a recipient.
- (b) "Screening services" means the use of standardized tests given under medical direction in the mass examination of a designated population to detect the existence of one or more particular diseases or health deviations or to identify for more definitive studies individuals suspected of having certain diseases.

Page 2 of 2

- (c) "Preventive services" means services provided by a physician or other licensed practitioner of the healing arts within the scope of his practice under State law to:
  - (1) Prevent disease, disability, and other health conditions or their progression;
  - (2) Prolong life; and
- (d) "Rehabilitation services" includes any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, with the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level.

Please note if SBIRT is provided in the school based environment those costs need to be reported on the pop-up feeder form for Line 39-School Based Services.

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

ce: Suzanne Brennan
Pat Connally
Barb Prehmus
John Bartholomew
Max Salazar

CENTERS FOR MEDICARE & MEDICAID SERVICES		OMP NO. 0930-0193		
	1. TRANSMITTAL NUMBER:	2. STATE:		
TRANSMITTAL AND NOTICE OF APPROVAL OF	14-025	COLORADO		
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION:			
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	SECURITY ACT (MEDICAID)			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE			
CENTERS FOR MEDICARE & MEDICAID SERVICES	hub. 4, 2044			
DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. TYPE OF PLAN MATERIAL (Check One):	July 1, 2014			
5. TIPE OF PLAIN WATERIAL (Check One).				
NEW STATE PLAN AMENDMENT TO BE CONSID	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 2014-15: \$168			
	b. FFY 2013-14 :\$721			
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			
Screening, Brief Intervention, Referral to Treatment	Attachment 4.19-B (Methods of	of Payment), Item 13b.		
(SBIRT)	Screening, Brief Intervention,	Referral to Treatment,		
	TN: 13-025			
10. SUBJECT OF AMENDMENT				
Methods and standards for establishing payment rates Sci	reening, Brief intervention, Refe	erral to Treatment,		
reflecting the rate increases effective July 1, 2014.				
11. GOVERNOR'S REVIEW (Check One)				
11. GOVERNOR 3 REVIEW (Check One)				
GOVERNOR'S OFFICE REPORTED NO COMMENT	X OTHER, AS SPECIFIED			
GOVERNOR'S OFFICE REPORTED TO COMMENT	7 O 111213, 70 O1 2011 122			
	Governor's letter dated 0	1 September 2011		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		•		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL				
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO			
	Colorado Department of Health C	are Policy and Financing		
13. TYPED NAME	1570 Grant Street	aro i oney and i maneing		
	Denver, CO 80203-1818			
Suzanne Brennan				
44 TITLE	Attn: Barbara Prehmus			
14. TITLE				
Medicaid Director				
15. DATE SUBMITTED				
7/8/2014  FOR REGIONAL OFFICE USE ONLY				
47 DATE DECEMED		12.11		
7/8/14	7	130/14		
PLAN APPROVED - ON	NE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL	20 SIGNATURE OF REGIONAL O	PFFICIAL		
7/1/14				
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21. TYPED NAME		•		
RICHARD C. ALLEN	ARA DMCH	0		
23. REMARKS				
1				

# 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, 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.

TN No.	14-025	Approval Date _	7/30/14
Supersedes TN No.	13-025	Effective Date _	<b>July 1, 2014</b>