

---

## Table of Contents

**State/Territory Name:** Colorado

**State Plan Amendment (SPA) #:** CO-14-0026

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  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



## **Region VIII**

---

April 14, 2015

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

RE: Colorado #14-0026

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-0026. The purpose of this amendment is to increase the Home Modification limit; add clarifying language to Personal Care services; and to add the Fiscal Management System change to the Consumer Direction Attendant Support Services (CDASS).

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 39-School Based Services and Line 40- Rehabilitative Services, dependent upon whether the rehabilitative service was provided in a school based environment.


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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>14-026</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"/> <b>AMENDMENT</b>			
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 440.130</b>		7. FEDERAL BUDGET IMPACT a. FFY_2013-14 \$ <u>20,919</u> b. FFY_2014-15 \$ <u>85,257</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  • <b>Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care: 13d. Rehabilitative Services: Behavioral Health Services</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  • <b>Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care: 13d. Rehabilitative Services: Behavioral Health Services TN: 13-026</b>	
10. SUBJECT OF AMENDMENT <b>Methods and standards for establishing payment rates for behavioral health services (FFS) 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"/> <b>OTHER, AS SPECIFIED</b>  COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>Governor's letter dated 01 September 2011</b> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO  Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818  Attn: Barbara Prehmus	
13. TYPED NAME  <b>Suzanne Brennan</b>			
14. TITLE  <b>Medicaid Director</b>			
15. DATE SUBMITTED <b>7/8/2014</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>7/8/14</b>		18. DATE APPROVED <b>4/14/15</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL  <b>7/1/14</b>		20. SIGNATURE OF REGIONAL OFFICIAL  <b>/s/</b>	
21. TYPED NAME  <b>Richard C. Allen</b>		22. TITLE  <b>ARA, DMCHO</b>	
23. REMARKS <b>Pen and ink change in box 7 done at request of State (tjt)</b>			

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

13d. Rehabilitative Services: Behavioral Health Services

a. Reimbursement for Services Provided by a Community Mental Health Center

Reimbursement for covered behavioral health services is made according to the methodology described in the Clinic Services reimbursement methodology page of the State Plan.

b. Reimbursement for Services Provided by Qualified Mental Health Professionals

Services provided by qualified mental health professionals 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. 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).