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## Table of Contents

**State/Territory Name:** Colorado

**State Plan Amendment (SPA) #:** CO-14-027

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**

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August 12, 2014

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

RE: Colorado #14-027

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-027. This amendment applies methods and standards for establishing payment rates for outpatient substance abuse treatment services, reflecting rate increases as of July 1, 2014.

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 6A -Outpatient Hospital 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

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>14-027</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 <b>X 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 2014-15: \$10,831 b. FFY 2015-16: \$44,308	
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 – 13.d. Rehabilitative Services: Outpatient Substance Abuse Treatment</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 – 13.d. Rehabilitative Services: Outpatient Substance Abuse Treatment (TN 13-027)</b>	
10. SUBJECT OF AMENDMENT <b>Methods and standards for establishing payment rates for outpatient substance abuse treatment services, reflecting the rate increases effective July 1, 2014.</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> )  GOVERNOR'S OFFICE REPORTED NO COMMENT <b>X OTHER, AS SPECIFIED</b>  COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>Governor's letter dated 1 September 2011</b> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO  <b>Colorado Department of Health Care Policy and Financing</b> <b>1570 Grant Street</b> <b>Denver, CO 80203-1818</b>  <b>Attn: Barbara Prehmus</b>	
13. TYPED NAME  <b>Suzanne Brennan</b>			
14. TITLE  <b>Medicaid Director</b>			
15. DATE SUBMITTED <b>June 19, 2014</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>June 19, 2014</b>		18. DATE APPROVED <b>August 12, 2014</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL  <b>July 1, 2014</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			

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

13.d. REHABILITATIVE SERVICES: OUTPATIENT SUBSTANCE ABUSE TREATMENT

Outpatient substance abuse treatment services shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Market-based fee schedule as determined by the Department of Health Care Policy and Financing based on an analysis of private sector behavioral health care management corporation reimbursement rates and reimbursement rates of similar services covered by the Department.

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).