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**State/Territory Name:** Colorado

**State Plan Amendment (SPA) #:** CO-14-0049

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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March 12, 2015

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

RE: Colorado #14-0049

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-0049. This amendment removes the 45 day limitation on inpatient psychiatric services.

Please be informed that this State Plan Amendment was approved today with an effective date of October 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 2A- Mental Health Facility Services - Reg. Payments

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>14-049</b>	2. STATE: <b>COLORADO</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>October 1, 2014</b>	
5. TYPE OF PLAN MATERIAL (Check One):  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 (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION Section 1905(a)(16) of the SSA		7. FEDERAL BUDGET IMPACT a. FFY 2014-15: \$22,000 b. FFY 2015-16 \$50,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Supplement to Attachment 3.1-A Item 16 Attachment 3.1-A section 14a &amp; 16 (page 6-7)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Supplement to Attachment 3.1_a Section 14a and 16 (TN 03-036) Supplement to Attachment 3.1-A Item 16 (TN 06-017) Attachment 3.1-A Section 14a &amp; 16 (page 6-7) (TNs13-058 and 12-001)</b>	
10. SUBJECT OF AMENDMENT <b>This proposed state plan amendment removes the forty-five day limit on inpatient psychiatric care.</b>			
11. GOVERNOR'S REVIEW (Check One)  GOVERNOR'S OFFICE REPORTED NO COMMENT <b>X OTHER, AS SPECIFIED</b>  COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  <p style="text-align: right;"><b>Governor's letter dated 01 September 2011</b></p>			
12. [REDACTED] SOCIAL		16. RETURN TO	
13. TYPED NAME  <b>John Bartholomew</b>		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE  <b>Director, Finance Office</b>		Attn: <b>Barbara Prehmus</b>	
15. DATE SUBMITTED Revised submission <b>08/26/2015</b> Original Submission <b>12/16/14</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>12/16/14</b>		18. DATE APPROVED <b>3/12/15</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>10/1/14</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			

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

b. Screening services.

- Provided:     No limitations     With limitations\*  
 Not provided.

c. Preventive services.

- Provided:     No limitations     With limitations\*  
 Not provided.

d. Rehabilitative services.

- Provided:     No limitations     With limitations\*  
 Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

- Provided:     No limitations     With limitations\*  
 Not provided.

b. Skilled nursing facility services.

- Provided:     No limitations     With limitations\*  
 Not provided.

c. Intermediate care facility services.

- Provided:     No limitations     With limitations\*  
 Not provided.

\* Description provided on attachment.

TN No. 14-049

Approval Date 03/12/15

Supersedes TN No. 13-058

Effective Date 10/1/2014

State/Territory: COLORADO

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

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.
- Provided       No limitations     With limitations\*
- Not provided.
- b. Including such services in a public institution (or district part thereof) for the mentally retarded or persons with related conditions.
- Provided       No limitations     With limitations\*
- Not provided.
16. Inpatient psychiatric facility services for individuals under 22 years of age.
- Provided       No limitations     With limitations\*
- Not provided.
17. Nurse-midwife services.
- Provided       No limitations     With limitations\*
- Not provided.
18. Hospice care (in accordance with section 1905(o) of the Act.
- Provided     No limitations     Provided in accordance with Section 2302 of the Affordable Care Act
- With limitations\*     Not provided.

\* Description provided on attachment.

TN No. 14-049

Approval Date: 03/12/15

Supersedes TN No. 12-001

Effective Date: 10/1/2014

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

STATE OF COLORADO

Supplement to Attachment 3.1-A  
Page 1 of 1

LIMITATIONS TO CARE AND SERVICES

Item 16. Inpatient psychiatric facility services for individuals under 21 years of age

Inpatient psychiatric services are provided under the direction of a physician and in accordance with 42 CFR §441.151 Subpart D (a) (1). Services are furnished in either a freestanding psychiatric hospital or a Psychiatric Residential Treatment Facility to Medicaid clients under the age of 21. If the client was receiving services immediately before he or she turned 21, services shall be furnished until the date the client no longer requires the services or the date the client reaches the age of 22. The need for services must be certified prior to admission, as required in 42 CFR §441 Subpart D, except in an emergency.

1. Freestanding Psychiatric Hospital

- a. Eligible Providers: Psychiatric hospitals that meet all hospital enrollment requirements as defined in 42 CFR §441.151 Subpart D (2) (i).
- b. The reimbursement methodology for Freestanding Psychiatric Hospitals is described in Attachment 4.19-A.

2. Psychiatric Residential Treatment Facility (PRTF)

- a. Eligible Providers. A PRTF must meet the following criteria to be eligible to provide PRTF services:
  - i. Is a separate, stand-alone facility other than a hospital
  - ii. Provides a range of services to treat the psychiatric condition of clients under the age of 21 on an inpatient basis under the direction of a physician
  - iii. Meets the Conditions of Participation found at 42 C.P.R. Part 441, Subpart D, including the accreditation requirements
  - iv. Meets the Condition of Participation for Use of Restraint or Seclusion in Psychiatric Facilities or Programs, found at 42 C.P.R. Part 483, Subpart G
- b. The reimbursement methodology for Psychiatric Residential Treatment Facilities is described in Attachment 4.19-D.