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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-15-0017

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

June 11, 2015

Gretchen Hammer
Medicaid Director
Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203-1818

RE: Colorado #15-0017

Dear Ms. Hammer:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0017. This SPA allows for an increase in reimbursement for Screening, Brief Intervention, Referral to Treatment services.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2015. 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 and Preventive Services.

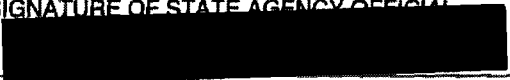
If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

/s/

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

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 15-0017	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, 2015	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):		
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: SECTION 1905(A)(13) OF THE SOCIAL SECURITY ACT	7. FEDERAL BUDGET IMPACT a. FFY 2014-15: \$42 b. FFY 2015-16 :\$184	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – 13.b. Screening Services – Screening, Brief Intervention, and Referral to Treatment (SBIRT)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – 13.b. Screening Services – Screening, Brief Intervention, and Referral to Treatment (SBIRT) (TN 14-025)	
10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for Screening, Brief Intervention, and Referral to Treatment, reflecting the rate increases effective July 1, 2015.		
11. GOVERNOR'S REVIEW (<i>Check One</i>)		
GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 15 January 2015 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO	
13. TYPED NAME Gretchen Hammer	Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE Medicaid Director	Attn: Barbara Prehmus	
15. DATE SUBMITTED June 2, 2015		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED 6/2/2015	18. DATE APPROVED 6/11/2015	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/2015	20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Richard C. Allen	22. TITLE Associate Regional Administrator	
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

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 two (2) full screens per client per state fiscal year.
2. Brief Intervention and Referral to Treatment. Limited to four (4) sessions per client per state fiscal year. Each session is limited to two (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, 2015 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.