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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-15-0020

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

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

RE: Colorado #15-0020

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0020. This amendment addresses methods and standards for establishing payment rates for Tobacco Cessation Counseling for Pregnant Women services, reflecting the rate increases effective 7/1/15.

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 44 - Tobacco Cessation for Pregnant Women.


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

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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER: 15-0020 | 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 Patient Protection and Affordable Care Act (P.L. 111-148), §4107; Section 1905(a)(4)(D) of the Social Security Act | | 7. FEDERAL BUDGET IMPACT a. FFY 2014-15: \$2 b. FFY 2015-16: \$7 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 4.d. Tobacco Cessation Counseling for Pregnant Women | | 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 – Other Types of Care – 4.d. Tobacco Cessation Counseling for Pregnant Women (TN 14-020) | |
| 10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for Tobacco Cessation Counseling for Pregnant Women services, 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 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | Governor's letter dated 15 January 2015 | |
| 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 6/2/15 | | 18. DATE APPROVED 6/11/15 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/15 | | 20. SIGNATURE OF REGIONAL OFFICIAL /s/ | |
| 21. TYPED NAME Richard C. Allen | | 22. TITLE ARA, DMCHO | |
| 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

4.d. Tobacco Cessation Counseling for Pregnant Women

Tobacco Cessation Counseling for Pregnant Women is 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, 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.