
Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-15-0033

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

November 13, 2015

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

RE: Colorado #15-0033

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0033. This State Plan Amendment revises the methods and standards for establishing payment rates for Targeted Case Management for Persons with a Developmental Disability. Additionally, this SPA revises the supplement to Attachment 3.1-A: Service 19 to correctly indicate the state agency responsible for designating the Community Centered Boards.

Please be informed that this State Plan Amendment was approved today with an effective date of September 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 24A - Targeted Case Management Services.


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

Sincerely,

/s/

Trinia J. Hunt
Acting Associate Regional Administrator
Division for Medicaid & Children's Health Operations

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 15-0033	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 September 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 42 CFR § 441.18		7. FEDERAL BUDGET IMPACT a. FFY 2014-15: \$ 71,119 b. FFY 2015-16: \$ 293,855	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <ul style="list-style-type: none"> Supplement to Attachment 3.1-A: 19. Targeted Case Management Services: Persons with a Developmental Disability (Page 3 of 4) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 19. Targeted Case Management Services: Persons with a Developmental Disability (Page 1 of 2) 		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) <ul style="list-style-type: none"> Supplement to Attachment 3.1-A: 19. Targeted Case Management Services: Persons with a Developmental Disability (Page 3 of 4) (TN 12-003) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 19. Targeted Case Management Services: Persons with a Developmental Disability (Page 1 of 2) (TN 12-003) 	
10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for Targeted Case Management, reflecting the rate increases effective September 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 Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus	
13. TYPED NAME Gretchen Hammer			
14. TITLE Medicaid Director			
15. DATE SUBMITTED November 2, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED Original submission 9/30/15, resubmitted 11/2/15		18. DATE APPROVED 11/13/15	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 9/1/15		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Trinia J. Hunt		22. TITLE Acting ARA, DMCHO	
23. REMARKS			

State Plan under Title XIX of the Social Security Act
State/Territory: Colorado

19. TARGETED CASE MANAGEMENT SERVICES: Persons with a Developmental Disability

- HCBS-CES at least once per quarter; or
- Early Intervention at least every six months

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible individual's needs and care, for the purposes of helping the eligible individual access services; identifying needs and supports to assist the eligible individual in obtaining services; providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Targeted Case Management services will be provided by Community Centered Boards (CCB) which are private, for profit or not-for-profit, corporations designated on an annual basis by the Colorado Department of Health Care Policy and Financing pursuant to CRS 25.5-10-209, as amended to serve the needs of individuals with developmental disabilities within specific geographic service areas. Providers must meet established program requirements. Community Centered Boards are the only agencies legally authorized to provide targeted case management services to individuals with developmental disabilities in community-based settings in Colorado. Case Managers who provide Targeted Case Management services will have, at a minimum, a bachelor's level degree of education, five (5) years of experience in the field of developmental disabilities, or some combination of education and experience appropriate to the requirements of the position.

Freedom of Choice (42 CFR 441.18(a)(1)):

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

X Target group consists of eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):

The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and

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

STATE OF COLORADO

Attachment 4.19-B

Page 1 of 2

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

19. Targeted Case Management Services: Persons with a Developmental Disability

Payment for targeted case management (TCM) services under the State Plan do not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The reimbursement methodology is based upon a market-based rate with a unit of service equal to 15 minutes according to the State's approved fee schedule.

TCM services for Persons with a Developmental Disability are 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 of TCM services for persons with developmental disabilities. The agency's fee schedule rate is set as of September 1, 2015 and is effective for services provided on or after that date. The reimbursement rates for these services can be found on the official web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

The TCM fee-for-services rate is based on the estimated average number of hours a case manager and a case manager supervisor will spend on a case each month. The base for the rate is the estimated personnel related costs for these hours, and included consideration for non-direct cost allocations. The proposed rate is based on the following assumptions.

- Direct Personnel Costs: There are two sets of wages, case manager and supervisor, in the TCM model. Both wages were derived from the May 2005 BLS statewide wage data. These wages were adjusted for inflation by using the average SSI inflation rates for the past three years, which adjusted the salary by 9.7 percent.
- Caseload: This drives the average number of hours assumed for a given case in a month, based on a 40-hour work week. The proposed rate assumes a caseload of 40 cases per case manager, which translates to an average of 3.67 hours devoted to each client each month.
- Supervisor Span of Control: The supervisor span of control is the number of employees providing direct service supervised by a supervisor. This component of the rate model captures the costs associated with direct supervision; other levels of management are