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## Table of Contents

**State/Territory Name:** Colorado

**State Plan Amendment (SPA) #:** CO-15-0039

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

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November 5, 2015

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

RE: Colorado #15-0039

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0039. This amendment shows the methods and standards for establishing payment rates for Family Planning Services, reflecting the rate increases effective September 26, 2015.

Please be informed that this State Plan Amendment was approved today with an effective date of September 26, 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.

In accordance with section 1903(a)(5) of the Social Security Act, only services and supplies clearly furnished for family planning purposes may be claimed at the enhanced 90 percent federal medical assistance percentage (FMAP) rate. Consequently, this amendment could affect expenditures reported under column (D) on various lines of the Form CMS-64 report.


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

Sincerely,

/s/

Mary Marchioni  
Acting Associate Regional Administrator  
Divisions for Medicaid & Children's Health Operations

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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: 15-0039	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 26, 2015	
5. TYPE OF PLAN MATERIAL (Check One): 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 (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.210		7. FEDERAL BUDGET IMPACT a. FFY 2014-15: \$13,625 b. FFY 2015-16: \$55,294	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – Family Planning (Page 2B)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – Family Planning (Page 2B) (TN 14-009)	
10. SUBJECT OF AMENDMENT: Methods and standards for establishing payment rates for Family Planning Services, reflecting the rate increases effective September 26, 2015.			
11. GOVERNOR'S REVIEW (Check One) 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: Originally 9/25/15, resubmitted Oct. 26, 2015			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED September 25, 2015		18. DATE APPROVED November 5, 2015	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL September 26, 2015		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Mary Marchioni		22. TITLE Acting ARA, DMCHO	
23. REMARKS			

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

STATE OF COLORADO

Attachment 4.19-B  
Page 2B

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
Other Types of Care

Family Planning

- A. Family planning 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 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 September 26, 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](http://www.colorado.gov/hcpf).