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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-17-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion Letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

November 2, 2017

Susan E. Birch, MBA, BSN, RN, Executive Director
Department of Health Care Policy & Financing
303 East 17th Avenue, 7th Floor
Denver, CO 80203

RE: Colorado #17-0002

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0002. This Amendment expands the list of allowable qualified practitioners who may perform behavioral health services, in order to align with practitioner standards Implemented by the Colorado Department of Human Services, Office of Behavioral Health, and to promote more timely access to these services.

Please be informed that this State Plan Amendment was approved today with an effective date of June 30, 2017. 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 could affect expenditures reported on various lines of the Form CMS -64 dependent upon where the client receives services and the type of client.

- Line 6A - Outpatient Hospital Services
- Line 10 - Clinic Services
- Line 40 - Rehabilitative Services

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

Sincerely,



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

cc: Gretchen Hammer
John Bartholomew
David DeNovellis
Russell Ziegler

DEPARTMENT OF HEALTH & HUMAN SERVICES
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1961 Stout Street, Room 08-148
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REGION VIII - DENVER

November 2, 2017

Ms. Gretchen Hammer
State Medicaid Director
Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818

Re: CO-17-0002

Dear Ms. Hammer:

This letter is being sent as a companion to our approval of Colorado State plan amendment (SPA) 17-0002, which expands the list of allowable qualified practitioners who may perform behavioral health services, in order to align with practitioner standards implemented by the Colorado Department of Human Services, Office of Behavioral Health, and to promote more timely access to these services. During the review of this SPA, the Colorado Department of Health Care Policy and Finance (HCPF) withdrew the Supplement to Attachment 3.1-A, 13. B Screening Services - Screening, Brief Intervention, and Referral to Treatment (SBIRT) pages from the SPA submission, with the plan to resubmit those pages under a new SPA. Those pages need to be relocated in the state plan, and require additional changes. This action was taken to prevent further delay in the approval of SPA 17-0002.

The plan agreed upon with the state is to submit the new SPA as soon as proper Tribal consultation is completed, which is expected to be completed by the end of November 2017. This companion letter requires that new SPA to be submitted on or before December 31, 2017.


If you have any questions, please contact Curtis Volesky of my staff at either 303-844-7033 or by email at curtis.volesky@cms.hhs.gov.

Sincerely,



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

cc: David DeNovellis, HCPF
Russell Ziegler, HCPF

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0002	2. STATE: COLORADO
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE: June 30, 2017	
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 U.S.C. 1396n(b) and 42 CFR Parts 438, 434, and 431		7. FEDERAL BUDGET IMPACT: a. FFY 2016-17: \$0.00 b. FFY 2017-18: \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A – Limitations to Care and Services – Outpatient Behavioral Health Services – 13.d – Rehabilitative Services, Pages 1 – 3 of 3 Supplement to Attachment 3.1-A – Limitations to Care and Services – 13.d - Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children, Pages 1-3 of 3 Supplement to Attachment 3.1-A – Limitations to Care and Services – 13.d - Rehabilitative Services: Substance Use Disorder Treatment Services, Pages 1 – 2 of 2 Attachment 3.1-A – Amount, Duration and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy – 13.d. Rehabilitative Services, Page 6 of 12		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement to Attachment 3.1-A – Limitations to Care and Services - Outpatient Behavioral Health Services – 13.d – Rehabilitative Services, Pages 1 – 4 of 4 (TN: 10-041) Supplement to Attachment 3.1-A – Limitations to Care and Services – 13.d - Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children, Pages 1 – 4 of 4 (TN: 15-0031) Supplement to Attachment 3.1-A – Limitations to Care and Services – 13.d - Rehabilitative Services: Substance Use Disorder Treatment Services, Pages 1 – 2 of 2 (TN: 13-059) Attachment 3.1-A – Amount, Duration and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy – 13.d. Rehabilitative Services, Page 6 of 12 (TN: 14-049)	
10. SUBJECT OF AMENDMENT: The Department of Health Care Policy and Financing proposes to submit a State Plan Amendment expanding the list of allowable qualified practitioners who may perform behavioral health services, in order to align with practitioner standards implemented by the Colorado Department of Human Services, Office of Behavioral Health, and to promote more timely access to these services.			
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: David DeNovellis	
13. TYPED NAME: Gretchen Hammer			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: <u>Initial:</u> June 2, 2017 <u>Update #1:</u> August 25, 2017 <u>Update #2:</u> October 25, 2017 <u>Update #3:</u> November 2, 2017			

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

June 2, 2017

18. DATE APPROVED

November 2, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

June 30, 2017

20. SIGNATURE OF REGIONAL OFFICIAL



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

Supplement to Attachment 3.1-A
Page 1 of 3

LIMITATIONS TO CARE AND SERVICES

13.d. Rehabilitative Services

Outpatient Behavioral Health Services

Outpatient Behavioral Health Services are a group of services designed to provide medically necessary behavioral health services to certain Medicaid clients in order to restore these individuals to their highest possible functioning level. These services are provided to, or directed exclusively toward the treatment of the Medicaid client. Services are provided in accordance with Section 1902(a)(23) of the Social Security Act with regard to free choice of providers, and services may be provided by any willing, qualified provider as described below.

a. Covered Services, Definitions, and Qualified Providers.

Outpatient Behavioral Health Services are comprised of the following individual services and may be provided by the following qualified providers:

Service	Definition	Provider Types
Individual Psychotherapy	Therapeutic contact with one client.	<ul style="list-style-type: none">• Physician/Psychiatrist• Psychologist, Psy.D./Ph.D.• Licensed Clinician• CM HC* See definitions below
Individual Brief Psychotherapy	Therapeutic contact with one (1) client.	<ul style="list-style-type: none">• Physician/Psychiatrist• Psychologist, Psy.D/Ph.D• Licensed Clinician• CM HC
Family Psychotherapy	Therapeutic contact with one client, typically a child/youth, with one or more of the client's family members and/or caregivers present and included in the therapeutic process and communications.	<ul style="list-style-type: none">• Physician/Psychiatrist• Psychologist, Psy.D/Ph.D• Licensed Clinician• CM HC

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LIMITATIONS TO CARE AND SERVICES

Service	Definition	Provider Types
Group Psychotherapy	Therapeutic contact with more than one client.	<ul style="list-style-type: none"> • Physician/Psychiatrist • Psychologist, Psy.D/Ph.D • Licensed Clinician • CMHC
Behavioral Health Assessment	An initial or ongoing diagnostic evaluation of a client to determine the presence or absence of a behavioral health diagnosis, to identify behavioral health issues that impact health and functioning, and to develop an individual service/care plan.	<ul style="list-style-type: none"> • Physician/Psychiatrist • Psychologist, Psy.D/Ph.D • Licensed Clinician • CMHC
Pharmacological Management	Monitoring of medications prescribed and consultation provided to clients by a physician or other medical practitioner authorized to prescribe medications as defined by State law, including associated laboratory services as indicated.	<ul style="list-style-type: none"> • Physician/Psychiatrist • APN or PA with prescriptive authority • CMHC
Outpatient Day Treatment	Therapeutic contact with a client in a structured program of therapeutic activities lasting more than four (4) hours but less than 24 hours per day. Services include assessment and monitoring; individual/group/family therapy; psychological testing; medical/nursing support; psychosocial education; skill development and socialization training focused on improving functional and behavioral deficits; medication management; and expressive and activity therapies. When provided in an outpatient hospital program or other approved facility, may be called "partial hospitalization."	<ul style="list-style-type: none"> • CMHC • Physician/Psychiatrist
Emergency/Crisis Services	Services provided during a mental health emergency which involve unscheduled, immediate, or special interventions in response to a crisis situation with a client, including associated laboratory services, as indicated.	<ul style="list-style-type: none"> • Physician/Psychiatrist • Psychologist, Psy.D/Ph.D • Licensed Clinician • CMHC

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LIMITATIONS TO CARE AND SERVICES

Provider Type	Definition
Licensed Health Practitioners	Physician/Psychiatrist pursuant to CRS 12-36-101. Advanced Practice Nurse (APN) pursuant to CRS 12-38-111.5. Physician assistant pursuant to CRS 12-36-106.
Licensed Clinician	Licensed Addiction Counselor (LAC) pursuant to CRS 12-43-804. Licensed Clinical Social Worker (LCSW) pursuant to CRS 12-43-404. Licensed Marriage and Family Therapist (LMFT) pursuant to CRS 12-43-504. Licensed Professional Counselor (LPC) pursuant to CRS 12-43-603. Psychologist, Psy.D/Ph.D pursuant to CRS 12-43-304.
Community Mental Health Center (CMHC)	A facility that meets the definition of a CMHC as set forth in CRS 27-66-101 and is licensed in accordance with CRS 25-3-101.

b. Non-Covered Services

Outpatient Behavioral Health Services do not include, and federal financial participation is not available for, any of the following:

- Room and board services
- Educational, vocational and job training services
- Habilitation services
- Services to inmates in public institutions as defined in 42 CFR § 435.1010
- Services to individuals residing in institutions for mental diseases as described in 42 CFR § 435.1010
- Recreational and social activities
- Services that must be covered elsewhere in the Medicaid State Plan

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LIMITATIONS TO CARE AND SERVICES

13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children

Mental health rehabilitative services treatment, including substance abuse treatment, are ordered by a licensed physician or licensed mental health provider in accordance with Colorado state laws governing their practice, and are for the maximum reduction of mental disability and restoration of function to the best possible level. All limitations on services may be exceeded based on medical necessity. Recipients of these services may reside in a congregate setting, however, these clients are not residents of an Institution for Mental Disease (IMD). The determination of individual recipient disability, treatment goals, care plan to achieve treatment goals, progress benchmarks and assessment of progress will be made by a licensed practitioner in keeping with accepted standards and/or best practices of mental health treatment and documented in the recipient's record. Licensed mental health providers include licensed psychologist, licensed psychiatrist, licensed clinical social worker, licensed marriage and family therapist, licensed professional counselor, and licensed social worker supervised by a licensed clinical social worker.

Services Include:

- Psychiatric diagnostic interview examination upon out-of-home placement including history, mental status, or disposition, provided by a licensed health practitioner or a licensed clinician.
- Individual psychotherapy (brief), insight oriented behavior modifying and/or supportive, including, when indicated, therapy for substance abuse, provided face-to-face in an office or outpatient clinic by a licensed health practitioner, a licensed clinician, or a CMHC.
- Individual psychotherapy (long), insight oriented behavior modifying and/or supportive, including, when indicated, therapy for substance abuse, provided face-to-face in an office or outpatient clinic by a licensed health practitioner, a licensed clinician, or a CMHC.
- Psychotherapy for Crisis, including psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize trauma, provided face-to-face by a licensed health practitioner, a licensed clinician, or a CMHC.

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- Family psychotherapy (conjoint therapy) for the exclusive benefit of the child recipient and with the recipient present, unless recipient and family contact is contraindicated, including, when indicated, therapy for substance abuse, provided by a licensed health practitioner, a licensed clinician, or a CMHC.
- Group psychotherapy, excluding a multifamily group, including, when indicated, therapy for substance abuse, provided by a licensed health practitioner, a licensed clinician, or a CMHC.
- Psychological testing (professional) includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report, provided by a licensed health practitioner, a licensed clinician, or a CMHC. Face-to-face with the patient time only.
- Psychological testing (technician) includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g., MMPI and WAIS), with licensed mental health provider interpretation and report, administered by technician, per hour of technician time, under the supervision of a licensed health practitioner or a licensed clinician. Face-to-face with the patient time only.
- Interactive group psychotherapy provided by a licensed health practitioner, a licensed clinician, or a CMHC, including when indicated, therapy for substance abuse.
- Pharmacologic management, including prescription, use, and review of medication, when performed with psychotherapy services, provided by a licensed health practitioner.

Exclusions

Mental Health and Substance Abuse Rehabilitative Services for Children do not include the following:

- Room and board services;
- Educational, vocational and job training services;
- Recreational or social activities
- Services provided to inmates of public institutions or residents of institutions for mental diseases; and
- Services that are covered elsewhere in the state Medicaid plan.

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Provider Qualifications

1. Licensed health practitioners include:
 - a. Advanced Practice Nurse (APN) pursuant to CRS 12-38-111.5.
 - b. Physician/Psychiatrist pursuant to CRS 12-36-101.
 - c. Physician assistant pursuant to CRS 12-36-106.

2. Licensed clinicians include:
 - a. Licensed Clinical Social Worker (LCSW) pursuant to CRS 12-43-404.
 - b. Licensed Professional Counselor (LPC) pursuant to CRS 12-43-603.
 - c. Licensed Marriage and Family Therapist (LMFT) pursuant to CRS 12-43-504.
 - d. Licensed Addiction Counselor (LAC) pursuant to CRS 12-43-804.
 - e. Psychologist, Psy.D/Ph.D pursuant to CRS 12-43-304.

3. Community Mental Health Center (CMHC)
 - a. A facility that meets the definition of a CMHC as set forth in CRS 27-66-101 and is licensed in accordance with CRS 25-3-101.

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LIMITATIONS TO CARE AND SERVICES

Item 13.d. Rehabilitative Services (continued)

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Substance Use Disorder Treatment Services

Outpatient substance abuse treatment services, unless otherwise specified, must be performed by licensed physician or licensed clinician certified in addiction counseling. Services may also be performed under the supervision of a licensed health practitioner with a certification in addiction counseling or a licensed clinician in facilities that are licensed by the Office of Behavioral Health (OBH).

1. Licensed health practitioners include:
 - a. Advanced Practice Nurse (APN) pursuant to CRS 12-38-111.5.
 - b. Physician/Psychiatrist pursuant to CRS 12-36-101.
 - c. Physician assistant pursuant to CRS 12-36-106.
2. Licensed clinicians include:
 - a. Licensed Clinical Social Worker (LCSW) pursuant to CRS 12-43-404.
 - b. Licensed Professional Counselor (LPC) pursuant to CRS 12-43-603.
 - c. Licensed Marriage and Family Therapist (LMFT) pursuant to CRS 12-43-504.
 - d. Licensed Addiction Counselor (LAC) pursuant to CRS 12-43-804.
 - e. Psychologist, Psy.D/Ph.D pursuant to CRS 12-43-304.
3. Allowable services include:
 - a. Substance use disorder assessment. An evaluation designed to determine the level of drug or alcohol abuse or dependence, and the comprehensive treatment needs of a client.
 - b. Individual and family therapy. Therapeutic substance abuse counseling and treatment services with one client per session. Family therapy will be directly related to the client's treatment for substance use or dependence.
 - c. Group therapy. Therapeutic substance abuse counseling and treatment services with more than one client. .
 - d. Alcohol/drug screening counseling. Counseling services provide in conjunction with the collection of urine to test for the presence of alcohol or drugs.

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LIMITATIONS TO CARE AND SERVICES

Item 13.d. Rehabilitative Services (continued)

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- e. Social/ambulatory detoxification. Social/ambulatory detoxification services exclude room and board. Social/ambulatory detoxification includes the following services:
 - i. Physical assessment of detoxification progression.
 - ii. Evaluation of level of motivation for treatment.
 - iii. Safety assessment, including suicide ideation and other mental health issues.
 - iv. Provision of daily living needs.

- f. Medication Assisted Treatment (MAT). MAT consists of administration, management, and oversight of methadone or another approved controlled substance to an opiate dependent person for the purpose of decreasing or eliminating dependence on opiate substances. Administration, management and oversight of methadone or another approved controlled substance shall only be provided by:
 - i. Physicians;
 - ii. Physician Assistants; and
 - iii. Advance Practice Nurse.

**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. 17-0002 _____

Approval Date November 2, 2017

Supersedes TN No. 14-049

Effective Date 06/30/2017