

---

## Table of Contents

**State/Territory Name:** Colorado

**State Plan Amendment (SPA) #:** CO-17-0003

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  
Denver Regional Office  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**REGION VIII - DENVER**

---

September 7, 2017

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

RE: Colorado #17-0003

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0003. This revised approval package is being issued as the original version, issued on August 29, 2017, was incomplete. This Amendment clarifies the list of qualified practitioners who may perform targeted case management for behavioral health and substance abuse treatment, 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 Behavioral Health and PIHP Substance Abuse expenditures, individuals covered by the state's 1915(b) waiver and not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Waiver MEG: Mental Health on Line 18B2 - Prepaid Inpatient Health Plan.
- For Special Connections Program Substance Abuse expenditures, individuals covered by the state's 1915(b) waiver and not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Waiver MEG: Mental Health on Line 24A - Targeted Case Management Services - Community Case-Management.
- For Behavioral Health and PIHP Substance Abuse expenditures, individuals covered by the state's 1915(b) waiver and whose expenditures qualify for the newly eligible federal

medical assistance percentage, report on the Form CMS- 64.9 VIII Waiver MEG: AwDC on Line 18B2 - Prepaid Inpatient Health Plan.

- For Special Connections Program Substance Abuse expenditures, individuals covered by the state's 1915(b) waiver and whose expenditures qualify for the newly eligible federal medical assistance percentage, claims should be reported on the Form CMS-64.9 Waiver MEG: AwDC on Line 24A - Targeted Case Management Services - Community Case-Management.
- For Behavioral Health and Substance Abuse expenditures, individuals not covered by the state's 1915(b) and not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Base on Line 24A - Targeted Case Management Services - Community Case-Management.
- For Behavioral Health and Substance Abuse expenditures, individuals not covered by the state's 1915(b) and whose expenditures qualify for the newly eligible federal medical assistance percentage, report on the Form CMS- 64.9 VIII on Line 24A - Targeted Case Management Services - Community Case-Management.


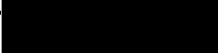
If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,



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

cc: Gretchen Hammer  
John Bartholomew  
David DeNovellis  
Amanda Forsythe

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  17-0003	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:  June 30, 2017	
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 U.S.C. 1396n(b) and 42 CFR Parts 440.169, 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 1C to Attachment 3.1-A – Targeted Case Management Services for Substance Abuse Treatment – Pages 1-5 of 5  Supplement to Attachment 3.1-A – Limitations to Care and Services – 19.a – Targeted Case Management Services for Behavioral Health – Pages 1-5 of 5		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Supplement 1C to Attachment 3.1-A – Targeted Case Management Services for Substance Abuse Treatment – Pages 1-5 of 5 (TN: 08-008)  Supplement to Attachment 3.1-A – Limitations to Care and Services – 19.a Targeted Case Management Services for Behavioral Health – Pages 1-5 of 5 (TN:12-002)	
10. SUBJECT OF AMENDMENT:  The Department of Health Care Policy and Financing proposes to submit a State Plan Amendment clarifying the list of qualified practitioners who may perform targeted case management for behavioral health and substance abuse treatment, 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 (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: David DeNovellis	
13. TYPED NAME:  Gretchen Hammer			
14. TITLE:  Medicaid Director			
15. DATE SUBMITTED:  <u>Initial:</u> June 28, 2017 <u>Update #1:</u> August 21, 2017 <u>Update #2:</u> August 25, 2017 <u>Update #3:</u> September 6, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED  June 28, 2017		18. DATE APPROVED  September 7, 2017	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL		20. SIGNATURE OF REGIONAL OFFICIAL 	

June 30, 2017	
21. TYPED NAME Richard C. Allen	22. TITLE ARA, DMCHO
23. REMARKS	

FORM CMS-179 (07/92)

*Instructions on Back*

**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 5

LIMITATIONS TO CARE AND SERVICES

19a. Targeted Case Management Services for Behavioral Health

Target Group:

Medicaid clients enrolled in the Colorado Medicaid Community Mental Health Services Program (a Section 1915(b) waiver program) who have or are being assessed for a mental health diagnosis(es) covered under the Colorado Medicaid Community Mental Health Services Program.

Areas of State in which Services will be Provided:

- Entire state
- Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide)

Comparability of Services:

- Services are provided in accordance with Section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration and scope.

Definition of Services:

Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Case management includes the following assistance:

1. Comprehensive assessment and periodic reassessment of an individual to determine the need for any medical, educational, social or other services. These assessment activities include:
  - a. Taking client history;
  - b. Identifying the individual's needs and completing related documentation; and
  - c. Gathering information from other sources such as family members, medical providers, social workers, and educators, if necessary, to form a complete assessment of the individual.
2. Development of a specific care plan that:
  - a. Is based on the information collected through the assessment;
  - b. Specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;

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

**STATE OF COLORADO**

Supplement to Attachment 3.1-A  
Page 2 of 5

LIMITATIONS TO CARE AND SERVICES

19a. Targeted Case Management Services for Behavioral Health (Continued)

- c. Includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
  - d. Identifies a course of action to respond to the assessed needs of the eligible individual.
3. Referral and related activities:
- a. To help an eligible individual obtain needed services including activities that help link an individual with:
    - i. Medical, social, educational providers; or
    - ii. Other programs and services capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.
4. Monitoring and follow-up activities:
- a. Activities, and contact, necessary to ensure the care plan is implemented and adequately addressing the individual's needs. These activities, and contact, may be with the individual, his or her family members, providers, other entities or individuals and may be conducted as frequently as necessary; including at least one annual monitoring to assure following conditions are met:
    - i. Services are being furnished in accordance with the individual's care plan;
    - ii. Services in the care plan are adequate; and
    - iii. If there are changes in the needs or status of the individual, necessary adjustments are made to the care plan and to service arrangements with providers.

Monitoring shall be completed as necessary to ensure implementation of the care plan and to evaluate health and welfare. Follow up actions shall be performed when necessary to address health and safety concerns or services in the care plan. Case management may include contacts with non-eligible individuals that are directly related to identification of 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

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

**STATE OF COLORADO**

Supplement to Attachment 3.1-A  
Page 3 of 5

LIMITATIONS TO CARE AND SERVICES

19a. Targeted Case Management Services for Behavioral Health (Continued)

Qualifications of Providers:

Targeted Case Management may be provided by the following qualified providers:

- a. Advanced Practice Nurse (APN) pursuant to CRS 12-38-111.5.
- b. Licensed Clinical Social Worker (LCSW) pursuant to CRS 12-43-404.
- c. Licensed Professional Counselor (LPC) pursuant to CRS 12-43-603.
- d. Licensed Marriage and Family Therapist (LMFT) pursuant to CRS 12-43-504.
- e. Licensed Addiction Counselor (LAC) pursuant to CRS 12-43-804.
- f. Psychologist, Psy.D/Ph.D pursuant to CRS 12-43-301
- g. Physician/Psychiatrist pursuant to CRS 12-36-101.
- h. Physician assistant pursuant to CRS 12-36-106.

Targeted Case Management may be provided in a licensed Community Mental Health Center by practitioners working under the supervision of a qualified provider.

Freedom of Choice:

The State assures that:

1. 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;
2. Eligible individuals will have free choice of the providers of case management services within the specified geographic area identified in this State Plan Amendment; and
3. Eligible individuals will have free choice of the providers of other medical care under the State Plan.

Freedom of Choice Exception:

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



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

**STATE OF COLORADO**

Supplement to Attachment 3.1-A  
Page 4 of 5

LIMITATIONS TO CARE AND SERVICES

19a. Targeted Case Management Services for Behavioral Health (Continued)

Access to Services:

The State assures that:

1. Case management services will be provided in a manner consistent with the best interest of the eligible individual and will not be used to restrict an individual's access to other services under the State Plan;
2. Individuals will not be compelled to receive case management services;
3. The receipt of other Medicaid services will not be conditioned on the receipt of case management services;
4. The receipt of case management services will not be conditioned on the receipt of other Medicaid services; and
5. Providers of case management services do not exercise the Department's authority to authorize or deny the provision of other services under the State Plan.
6. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

Limitations:

Case management does not include the following:

1. Activities not consistent with the definition of case management services under Section 6052 of the Deficit Reduction Act;
2. The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred;
3. Activities integral to the administration of foster care programs; or
4. Activities for which third parties are liable to pay.

Additional Limitations:

An individual who has been assessed and determined not to have a mental health

---

TN No. 17-0003  
Supersedes TN No. 12-002

Approval Date 9/7/2017  
Effective Date 6/30/2017

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

**STATE OF COLORADO**

Supplement to Attachment 3.1-A  
Page 5 of 5

LIMITATIONS TO CARE AND SERVICES

- 19a. Targeted Case Management Services for Behavioral Health (Continued)  
diagnosis(es) covered under the Colorado Medicaid Community Mental Health Services Program is eligible for case management services under this State Plan Amendment for only ten business days after the date the determination was made.

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

**STATE OF COLORADO**

**Supplement 1C to  
Attachment 3.1-A  
Page 1 of 5**

**TARGETED CASE MANAGEMENT SERVICES FOR SUBSTANCE ABUSE TREATMENT**

Target Group:

Targeted case management services will be provided to alcohol or other drug-dependent Medicaid clients who need assistance in obtaining necessary social, educational, vocational and other services.

Areas of state in which services will be provided:

- Entire State
- Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide)

Comparability of services:

- Services are provided in accordance with section 1902(a) (10) (B) of the Act.
- Services are not comparable in amount duration and scope.

Definition of services:

Case management services are services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Case Management includes the following assistance:

Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services. These assessment activities include

- taking client history;
- identifying the individual's needs and completing related documentation; and gathering information from other sources such as family members, medical providers, social workers, and educators (if necessary), to form a complete assessment of the individual.

Development (and periodic revision) of a specific care plan that:

- is based on the information collected through the assessment;

---

TN No. 17-0003

Approval Date 9/7/2017

Supersedes TN No. 08-008

Effective Date 6/30/2017

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

**STATE OF COLORADO**

**Supplement 1C to  
Attachment 3.1-A  
Page 2 of 5**

**TARGETED CASE MANAGEMENT SERVICES FOR SUBSTANCE ABUSE TREATMENT**

- specifies the goals and actions to address the medical, social, educational, and other services needed by the individual;
- includes activities such as ensuring the active participation of the eligible individual, and working with the individual (or the individual's authorized health care decision maker) and others to develop those goals; and
- identifies a course of action to respond to the assessed needs of the eligible individual.

**Referral and related activities:**

- to help an eligible individual obtain needed services including activities that help link an individual with
  - medical, social, educational providers or
  - other programs and services that are capable of providing needed services, such as making referrals to providers for needed services and scheduling appointments for the individual.

**Monitoring and follow-up activities:**

- activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the individual's needs, and which may be with the individual, family members, providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring, to determine whether the following conditions are met:
  - services are being furnished in accordance with the individual's care plan;
  - services in the care plan are adequate; and
  - there are changes in the needs or status of the individual, and if so, making necessary adjustments in the care plan and service arrangements with providers.

Case management may include contacts with non-eligible individuals that are directly related to identifying the needs and supports for helping the eligible individual to access services.

**Qualifications of providers:**

Targeted case management services for substance abuse treatment must be performed by qualified provider that is a licensed health practitioner with a certification in addiction counseling or a licensed clinician.

---

TN No. 17-0003

Approval Date 9/7/2017

Supersedes TN No. 08-008

Effective Date 6/30/2017

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

**STATE OF COLORADO**

**Supplement 1C to  
Attachment 3.1-A  
Page 3 of 5**

TARGETED CASE MANAGEMENT SERVICES FOR SUBSTANCE ABUSE TREATMENT

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. Licensed Psychologist, Psy.D/Ph.D pursuant to CRS 12-43-301.

Services may be offered by practitioners working under the supervision of a qualified provider in facilities that have been licensed to provide substance use disorder treatment by the Office of Behavioral Health of the Department of Human Services.

Freedom of choice:

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 recipients will have free choice of the providers of case management services within the specified geographic area identified in this plan.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

Access to Services:

The State assures that case management services will not be used to restrict an individual's access to other services under the plan.

The State assures that individuals will not be compelled to receive case management services, condition receipt of case management services on the receipt of other

Medicaid services, or condition receipt of other Medicaid services on receipt of case management services.

---

TN No. 17-0003

Approval Date 9/7/2017

Supersedes TN No. 08-008

Effective Date 6/30/2017

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

**STATE OF COLORADO**

**Supplement 1C to  
Attachment 3.1-A  
Page 4 of 5**

TARGETED CASE MANAGEMENT SERVICES FOR SUBSTANCE ABUSE TREATMENT

The State assures that individuals will receive comprehensive, case management services, on a one-to-one basis, through one case manager.

The State assures that providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

The State assures that case management is only provided by and reimbursed to community case management providers.

The State assures that Federal Financial Participation is only available to community providers and will not be claimed on behalf of an individual until discharge from the medical institution and enrollment in community services.

Case Records:

Providers maintain case records that document for all individuals receiving case management the following: the name of the individual; dates of the case management services; the name of the provider agency (if relevant) and the person providing the case management service; the nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; whether the individual has declined services in the care plan; the need for, and occurrences of, coordination with other case managers; the timeline for obtaining needed services; and a timeline for reevaluation of the plan.

Payment:

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

---

TN No. 17-0003

Approval Date 9/7/2017

Supersedes TN No. 08-008

Effective Date 6/30/2017

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

**STATE OF COLORADO**

**Supplement 1C to  
Attachment 3.1-A  
Page 5 of 5**

**TARGETED CASE MANAGEMENT SERVICES FOR SUBSTANCE ABUSE TREATMENT**

Limitations:

Case Management does not include the following:

- Case management activities that are an integral component of another covered Medicaid service;
- The direct delivery of an underlying medical, educational, social, or other service to which an eligible individual has been referred.
- Activities integral to the administration of foster care programs;
- Activities, for which an individual may be eligible, that are integral to the administration of another non-medical program, except for case management that is included in an individualized education program or individualized family service plan consistent with section 1903(c) of the Social Security Act.

---

TN No. 17-0003

Approval Date 9/7/2017

Supersedes TN No. 08-008

Effective Date 6/30/2017