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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 17-0038

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 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

February 9, 2018

Kim Bimestefer, Executive Director
Department of Health Care Policy & Financing
303 East 17th Avenue, 7th Floor
Denver, CO 80203

RE: Colorado #17-0038

Dear Ms. Bimestefer:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0038. This Amendment would remove the 48 unit limit for any combination of Physical Therapy and Occupational Therapy for clients ages 21 and over per 12-month period. Adding prior authorization requirement for services to exceed 48 units of any combination of physical and occupational therapy per 12-month period for all clients. Updating provider minimum qualifications for physical therapy, occupational therapy and services for individuals with speech, hearing and language disorders.

Please be informed that this State Plan Amendment was approved today with an effective date of December 1, 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, expenditures should be reported on the Form CMS-64.9 VIII; for those not enrolled in the new adult group, claims thereon 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 the services a client receives and type of client.

- Line 30 – Physical Therapy
- Line 31 – Occupational Therapy
- Line 32 – Services for Speech, Hearing and Language

- If physical, occupational, or speech, hearing and language services are provided under the Rehabilitative Services option, these expenditures are reported on the pop-up feeder for Line 40 – Rehabilitative Services.
- If physical, occupational, or speech, hearing and language services are provided in the School Based environment, these expenditures are reported on the pop-up feeder for Line 39 – School Based 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

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		1. TRANSMITTAL NUMBER: 17 -0038	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: December 1, 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 CFR 440.110		7. FEDERAL BUDGET IMPACT: a. FFY 2017-18: \$ <u>1,765,050</u> b. FFY 2018-19: \$ <u>2,220,998</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A – Limitations to Care and Services – Items 11a-c – Physical Therapy and Related Services, Pages 1-2 of 2 Attachment 4.19-B – Methods and Standards for Establishing Payment Rates-Other Types of Care – Item 11 – Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services		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 – Items 11a-c – Physical Therapy and Related Services (TN 11-047) (2 pages) Attachment 4.19-B – Methods and Standards for Establishing Payment Rates-Other Types of Care – Item 11 – Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services (TN 17-0005)	
10. SUBJECT OF AMENDMENT: Removing the 48 unit limit for any combination of Physical Therapy and Occupational Therapy for clients ages 21 and over per 12-month period. Adding prior authorization requirement for services to exceed 48 units of any combination of physical and occupational therapy per 12-month period for all clients. Updating provider minimum qualifications.			
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: <i>Initial: December 27, 2017 Update #1: February 8, 2018</i>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED December 27, 2017		18. DATE APPROVED February 9, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL December 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME Richard C. Allen		22. TITLE ARA, DMCHO	

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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 2

LIMITATIONS TO CARE AND SERVICES

11. PHYSICAL THERAPY AND RELATED SERVICES

11a. Physical therapy

- Services shall be provided by a licensed physical therapist who is an approved Medicaid provider, or a licensed physical therapist assistant under the general supervision of a licensed physical therapist who is an approved Medicaid provider.
- A medical prescription for services is required and the service/procedure must be a covered benefit of the Medicaid program.
- Prior authorization is required for services to exceed 48 units of any combination of physical and occupational therapy per 12-month period. A prior authorization request shall be effective for a length of time that is determined medically necessary, not to exceed a maximum of 12 months.
- Physical therapy services are limited to a maximum of five units of service per day. A unit is defined by the current procedural terminology (CPT) code.
- Services shall be provided in accordance with 42 CFR 440.110.

11b. Occupational therapy

- Services shall be provided by a licensed occupational therapist who is an approved Medicaid provider or a licensed occupational therapy assistant under the general supervision of a licensed occupational therapist who is an approved Medicaid provider.
- A medical prescription for services is required and the service/procedure must be covered benefit of the Medicaid program.
- Prior authorization is required for services to exceed 48 units of any combination of physical and occupational therapy per 12-month period. A prior authorization request shall be effective for a length of time that is determined medically necessary, not to exceed a maximum of 12 months.
- Occupational therapy services are limited to a maximum of five units of service per day. A unit is defined by the current procedural terminology (CPT) code.
- Services shall be provided in accordance with 42 CFR 440.110.

TN No. 17-0038
Supersedes TN No. 11-047

Approval Date February 9, 2018
Effective Date December 1, 2017

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 2

LIMITATIONS TO CARE AND SERVICES

- 11c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech-language pathologist or audiologist)
- Audiology services shall be provided by a licensed audiologist or an audiologist's aide. An audiologist's aide is a person who, after appropriate training and demonstrated competency, performs tests that are prescribed, directed, and supervised by a licensed audiologist as recommended by the American Academy of Audiology.

 - Speech-language pathology services may be provided by any of the following:
 - o A certified speech-language pathologist;
 - o A clinical fellow under the general supervision of a certified speech-language pathologist;
 - o A speech-language pathology assistant under the general supervision of a certified speech-language pathologist. A speech-language pathology assistant is a person who has an associate's degree from a technical training program in speech-language pathology assistants' scope of work as recommended in ASHA guidelines.

 - A medical prescription for services is required and the service/procedure must be a covered benefit of the Medicaid program.

 - Speech-language pathology services are limited to five units per date of service. A unit is defined by the current procedural terminology (CPT) code.

 - Diagnostic procedures provided by an audiologist for the purpose of determining general hearing levels or for the distribution of a hearing device are not a covered benefit, except for the EPSDT population.

 - Speech-language pathology services provided for simple articulation or academic difficulties that are not medical in origin are not a covered benefit.

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

11. PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY, AND
AUDIOLOGY SERVICES

Services provided by licensed physical therapists, licensed physical therapist assistants, licensed occupational therapists, licensed occupational therapy assistants, certified speech-language pathologists, licensed audiologists, speech-language pathology assistants, and speech-language clinical fellows 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 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 rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page.