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**State/Territory Name: Colorado**

**State Plan Amendment (SPA) #: 17-0050**

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**

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March 9, 2018

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

Dear Ms. Bimestefer:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0050. This Amendment would move Screening, Brief Intervention, and Referral to Treatment (SBIRT) from Screening Services to Preventive Services within the State Plan. The SPA also expands the list of allowable SBIRT 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 October 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 provider rendering services, where the client receives services, and the type of client:

- Line 5A - Physician and Surgical Services
- Line 9A - Other Practitioners
- Line 34 - Diagnostic Screening and Preventive Services
- Line 15 - EPSDT Screening
- Line 10 - Clinic 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  
Whitney McOwen

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  <b>17-0050</b>	2. STATE:  <b>COLORADO</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE:  <b>October 1, 2017</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):  NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> <b>AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:  <b>42 CFR 440.130</b>		7. FEDERAL BUDGET IMPACT:  a. FFY 2017-18: \$0 b. FFY 2018-19: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 13.c Preventive Services, Pages 1-2 of 2</b>  <b>Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 13.b Screening Services</b>  <b>Attachment 4.19B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Page 2 of 3</b>  <b>Attachment 4.19B – Methods and Standards for Establishing Payment Rates – 13.b Screening Services</b>  <b>Attachment 4.19B – Methods and Standards for Establishing Payment Rates – 13.c Preventive Services</b>  <b>Attachment 3.1-A – Amount, Duration and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy – Item 13.b Screening services, Page 6</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 13.c Preventive Services, Pages 1-2 of 2 (TN 13-058)</b>  <b>Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 13.b Screening Services (TN 11-036)</b>  <b>Attachment 4.19B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Page 2 of 3 (TN 17-0005)</b>  <b>Attachment 4.19B – Methods and Standards for Establishing Payment Rates – 13.b Screening Services (TN 17-0005)</b>  <b>Attachment 3.1-A – Amount, Duration and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy – Item 13.b Screening services, Page 6 (TN 17-0002)</b>	
10. SUBJECT OF AMENDMENT:  <b>Moving Screening, Brief Intervention, and Referral to Treatment (SBIRT) from Screening Services to Preventive Services within the State Plan. The SPA also expands the list of allowable SBIRT 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.</b>			
11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> <b>OTHER, AS SPECIFIED</b>  COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>Governor's letter dated 15 January, 2015</b>  NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  		16. RETURN TO:  <b>Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818</b>  <b>Attn: David DeNovellis</b>	
13. TYPED NAME:  <b>Gretchen Hammer</b>			
14. TITLE:  <b>Medicaid Director</b>			

15. DATE SUBMITTED: <u>Initial: December 14, 2017</u> <u>Update #1: December 21, 2017</u> <u>Update #2: February 16, 2018</u> <u>Update #3: February 22, 2018</u>	
<b>FOR REGIONAL OFFICE USE ONLY</b>	
17. DATE RECEIVED December 17, 2017	18. DATE APPROVED March 9, 2018
<b>PLAN APPROVED – ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2017	20. SIGNATURE [REDACTED] FICIAL
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

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Supplement to Attachment 3.1-A

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LIMITATIONS TO CARE AND SERVICES

Item 13.c Preventive Services

Services provided are according to the United States Preventive Services Task Force (USPSTF) A and B recommendations along with approved vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP). Documentation is available to support claiming of FMAP for such services. As changes are made to the USPSTF and/or ACIP, coverage and billing codes will be updated to comply with the changes. Cost sharing is not applied to any of these services.

1. Screening, Brief Intervention, and Referral to Treatment (SBIRT)

The purpose of SBIRT services is to screen clients for potential risky substance use behaviors. These services are not designed for treatment of clients already diagnosed with a substance abuse disorder or those already receiving substance abuse treatment services.

a. Covered Services

- i. Full Screening, using an evidence-based screening tool approved by the Department. The full screening is indicated for clients with positive pre-screens and for clients with signs, symptoms, and medical conditions that suggest risky substance use. There is a limit of 2 full screens per client per state fiscal year. Providers are required to use an evidence-based screening tool for the full screen.
- ii. Brief Intervention and Referral to Treatment. A brief intervention may be a single session or multiple sessions of motivational discussion focused on raising a client's awareness of a problem and motivating a client to change a health behavior. Brief intervention services are covered for clients who are identified as at-risk for a substance abuse disorder through the use of an evidence-based screening tool. Brief intervention services may occur on the same date of service as the screening or on a later date. A brief intervention may only be done after a positive full screen has been obtained. There is a limit of 4 sessions per client per state fiscal year. Each session is limited to 2 units per session, at 15 minutes per unit.
- iii. All goods and services described in Section 1905(a) of the Social Security Act are a covered benefit under Early and Periodic Screening, Diagnostic and Treatment for those 20 and under when medically necessary as defined at 10 C.C.R. 2505-10, Section 8.076.1.8, regardless of whether such goods and services are covered under the Colorado Medicaid State Plan.

b. Eligible Providers

- i. The following professionals are eligible to provide services or supervise staff who provide services:

1. Licensed health practitioners include:

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LIMITATIONS TO CARE AND SERVICES

- 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.
- ii. Non-licensed providers may deliver the SBIRT services under the supervision of licensed providers if such supervision is within the legal scope of practice for that licensed provider. The licensed provider assumes professional responsibility for the services provided by the unlicensed provider. All non-licensed providers who deliver SBIRT services under the supervision of licensed providers must meet the following requirements:
1. Complete a minimum of 60 hours professional experience such as coursework, internship, practicum, education or professional work within their respective field. This experience should include a minimum of 4 hours of training that is directly related to SBIRT services.
  2. Complete a minimum of 30 hours of face-to-face client contact within their field. This may include internships, on-the-job training, or professional experience.

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Approval Date March 9, 2018

Supersedes TN No. 13-058

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Supplement to Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

Item 13.b Screening Services

Supplement to Attachment 3.1-A, 13.b. was superseded by TN 17-0050.



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Attachment 4.19-B  
Introduction  
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-  
OTHER TYPES OF CARE

Effective Dates for Reimbursement Rates for Specified Services

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
9. Clinic Services	Attachment 4.19-B, Page 1-3 of 4	July 1, 2017
10. Dental Services	Attachment 4.19-B, Page 1 of 3	July 1, 2017
11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services	Attachment 4.19-B	July 1, 2017
12.c. Prosthetics	Attachment 4.19-B	July 1, 2017
13.c. Preventive Services - Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Attachment 4.19-B	July 1, 2017
13.d. Rehabilitative Services: Substance Use Disorder Treatment	Attachment 4.19-B	July 1, 2017
13.d. Rehabilitative Services: Behavioral Health Services	Attachment 4.19-B	July 1, 2017
13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children	Attachment 4.19-B, Page 1-2 of 2	July 1, 2017
19. Targeted Case Management: Persons with a Developmental Disability	Attachment 4.19-B, Page 1-2 of 2	July 1, 2017
19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment	Attachment 4.19-B, Page 1 of 2	July 1, 2017

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Approval Date: March 9, 2018

Supersedes TN No. 17-0005

Effective Date: October 1, 2017

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Attachment 4.19-B

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

13.b: SCREENING SERVICES

Attachment 4.19-B, 13.b. was superseded by TN 17-0050.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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Attachment 4.19-B

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

13.c: PREVENTIVE SERVICES

Preventive 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 and Financing.

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Reimbursable SBIRT services include the following:

1. Full Screening, using an evidence-based screening tool approved by the Department. Limited to 2 full screens per client per state fiscal year.
2. Brief Intervention and Referral to Treatment. Limited to 4 sessions per client per state fiscal year. Each session is limited to 2 units per session, at 15 minutes per unit.

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.

**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.