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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 18-0013

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

TN: CO-18-0013 Approval Date: 04/25/2018 Effective Date: 01/01/2018

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**

April 26, 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) 18-0013. This Amendment removes Enhanced Behavioral Health Therapy from the Rehabilitative Services benefit.

Please be informed that this State Plan Amendment was approved April 25, 2018, with an effective date of January 1, 2018. We are enclosing the CMS-179 and the amended plan page(s).

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

TRANSMITTAL AND NOTICE OF APPROVAL	1. TRANSMITTAL NUMBER:	2. STATE:			
OF STATE PLAN MATERIAL	18-0013	COLORADO			
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION:				
	TITLE XIX OF THE SOCIAL SECU	PHITY ACT (MEDICAID)			
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE:  January 1, 2018				
5. TYPE OF PLAN MATERIAL (Check One):					
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT					
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMI	ENDMENT (Separate transmittal for each am	endment)			
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:				
Social Security Act Title XIX, Section 1905(a)(13) and 42 CFR 440.130	a. FFY 2017-18: \$0 b. FFY 2018-19: \$0				
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSED ATTACHMENT (If Applicable):	DED PLAN SECTION OR			
Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 13.d. Rehabilitative Services (continued) Enhanced Behavioral Health Therapy	Supplement to Attachment 3.1-A – Limitations to Care Services – Item 13.d. Rehabilitative Services (continue Enhanced Behavioral Health Therapy (09-041)				
Attachment 4.19B – Methods and Standards for Establishing Payment Rates-Other Types of Care – Item 13d. Rehabilitative Services (continued)	Attachment 4.19B Methods ar Establishing Payment Rates-Ot 13d. Rehabilitative Services (co	her Types of Care - Item			
10. SUBJECT OF AMENDMENT:					
Removing Enhanced Behavioral Health Therapy from the Rehabilitative Services benefit.					
11. GOVERNOR'S REVIEW (Check One):					
GOVERNOR'S OFFICE REPORTED NO COMMENT X 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			
13. TYPED NAME:	Denver, CO 80203-1818				
Gretchen Hammer	Attn: David DeNovellis				
14. TITLE:					
Medicaid Director  15. DATE SUBMITTED: Initial: arch 28, 2018	-				
atel: April 20, 2018					
<u> </u>					
FOR REGIONAL OFFICE USE ONLY					
17. DATE RECEIVED  March 28, 2018	18. DATE APPROVED April 25, 20	18			
	ONE COPY ATTACHED				
19. EFFECTIVE DATE OF APPROVED MATERIAL  January 1, 2018	20. SIG	AL.			
21. TYPED NAME	22. TITLE				
Richard C. Allen	ARA, DMCHO				
23. REMARKS	·				

## 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

13d.	Rehabilitative	Services	(continued)
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•	Reimbursement for	Enhanced	<b>Behavioral</b>	Health	<b>Therapy</b>	has been	removed.	This page	intentional	lly
	left blank.									-

TN No. <b>18-0013</b> Approval Date 4/2	25/10
TN No. Approval Date $4/2$	23/10
Supersedes TN No. <u>09-041</u> Effective Date	1/1/18

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

#### STATE OF COLORADO

#### SUPPLEMENT TO ATTACHMENT 3 1-A

TN No. <u>18-0013</u> Approval Date <u>4/25/18</u>
Supersedes TN No. <u>09-041</u> Effective Date <u>1/1/18</u>