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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 18-0021

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

January 17, 2019

Kim Bimestefer, Executive Director
Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

Dear Ms. Bimestefer:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0021. This amendment adds Targeted Case Management Services: Transition Services (TCM-TS) as a state plan benefit. TCM-TS was previously provided as a pilot program benefit under the federally funded Money Follows the Person (MFP) program, Colorado Choice Transitions (CCT).

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2019. 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 would affect expenditures reported on is Line 24A - Targeted Case Management 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: Laurel Karabatsos
David DeNovellis
Whitney McOwen
John Bartholomew
Russell Ziegler

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: **18 – 0021**

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: **January 1, 2019**

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 AMENDMENT *(Separate transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR §§ 440.169, 441.18, 447.200

7. FEDERAL BUDGET IMPACT:

a. FFY 2018-19: $185,194.92
b. FFY 2019-20: $231,493.65

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment 3.1-A – Item 19.b. Targeted Case Management Services: Transition Services (Page 1-6 of 6) (NEW)

Attachment 4.19-B – Methods and Standards for Establishing Payment Rates-Other Types of Care – Item 19.b. Targeted Case Management Services: Transition Services (Page 1 of 1) (NEW)

Attachment 4.19-B – Methods and Standards for Establishing Payment Rates - Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services (page 2 of 3)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Attachment 4.19-B – Methods and Standards for Establishing Payment Rates-Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services (page 2 of 3) (TN 18-0018)

10. SUBJECT OF AMENDMENT:

This amendment proposes to add Targeted Case Management Services: Transition Services (TCM-TS) as a state plan benefit, effective January 1, 2019. TCM-TS was previously provided as a pilot program benefit under the federally funded Money Follows the Person (MFP) program, Colorado Choice Transitions (CCT). HB18-1326, passed into Colorado law on April 30, 2018, directs the Department to seek the necessary state plan and waiver amendments to implement the transitions program permanently.

11. GOVERNOR'S REVIEW *(Check One)*:

GOVERNOR'S OFFICE REPORTED NO COMMENT
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

X OTHER, AS SPECIFIED
Governor's letter dated 29 March, 2018

13. TYPED NAME: **Laurel Karabatsos**

14. TITLE: **Medicaid Director**

15. DATE SUBMITTED: Initial: December 27, 2018
1st Update: January 15, 2019

16. RETURN TO:

Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818

Attn: David DeNovellis

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 27, 2018

18. DATE APPROVED: January 17, 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2019	20. SIGNAT[redacted]FICIAL
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
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19.b. TARGETED CASE MANAGEMENT SERVICES: Transition Services

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):
Medicaid recipients age 18 and older, who are:

1. Eligible for services through a Home and Community Based Services (HCBS) Waiver, reside in a nursing home, Intermediate Care Facility for Individuals with Intellectual and developmental Disabilities (ICF-IDD), or Regional Center, and have expressed interest in moving to a home and community-based setting; or
2. Medicaid recipients receiving HCBS waiver services provided by State operated Regional Centers who want to transition to a private HCBS provider.

[X] Target group includes individuals who are transitioning or have recently transitioned to a community setting. Case management services will be made available for up to 90 consecutive days of a covered stay in a medical institution. The target group does not include individuals between ages 22 and 64 who are served in Institutes for Mental Disease or individuals who are inmates of public institutions. (State Medicaid Director's Letter (SMDL) July 25, 2000).

Areas of the State in which services will be provided (§1915(g)(1) of the Act):
[X] Entire State
[ ] Only in the following geographic areas:

Comparability of Services (§§1902(a)(10)(B) and 1915(g)(1))):
[ ] Services are provided in accordance with section 1902(a)(10)(B) of the Act.
[X] Services are not comparable in amount, duration, and scope (1915(g)(1)).

Definition of Services (42 CFR 440.169):
Targeted case management services are defined as services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services. Targeted 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 eligible individual.

  Assessments are completed upon referral, when there is a change in the risk assessment plan, or when the client requests a revision.

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- Development (and periodic revision) of a service plan that is based on the information collected through the assessment that:
  - 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 (such as scheduling appointments for the individual) to help the eligible individual obtain needed services including:
  - Activities that help link the individual with medical, social, educational providers, or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan.

- Monitoring and follow-up activities:
  - Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the eligible individual's needs, and which may be with the individual, family members, service 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:
    - o Services are being furnished in accordance with the individual's care plan;
    - o Services in the care plan are adequate; and
    - o Changes in the needs or status of the individual are reflected in the care plan.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers.

Monitoring shall occur no less than weekly in the first three months post-transition and at least twice monthly the remainder of the transition period unless otherwise documented in the risk mitigation plan, including the reason why the frequency was changed.

Transition period means the period of time in which the member receives TCM-TS for the purpose of successful integration into community living. A transition period is completed when the member has successfully established community residence and is no longer in need of TCM-TS based on the risk mitigation plan

[X]_ Case management includes contacts with non-eligible individuals that are directly related to identifying the 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

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services, providing case managers with useful feedback, and alerting case managers to changes in the eligible individual's needs. (42 CFR 440.169(e))

Qualifications of providers (42 CFR 441.18(a)(8)(v) and 42 CFR 441.18(b)):

Targeted Case Management: Transition Services may be provided by: a Transition Coordinator employed by a Transition Coordination Agency or Case Management Agency.

Providers must meet established program requirements and attend all required trainings. Transition Coordinators must have a Bachelor's degree in a human behavioral science or related field of study. An individual who does not meet the minimum educational requirement may qualify as a coordinator under the following conditions:

- Experience working with LTSS population, in a private or public social services agency may substitute for the required education on a year for year basis.
- When using a combination of experience and education to qualify, the education must have a strong emphasis in a human behavioral science field.
- The Agency shall request a waiver/memo from the Department in the event that the Coordinator does not meet minimum educational requirements. A copy of this waiver/ memo stating Department approval will be kept in the Coordinator's personnel file that justifies the hiring of a Coordinator who does not meet the minimum educational requirements.

Freedom of Choice (42 CFR 441.18(a)(1)):
The State assures that the provision of case management services will not restrict an individual's free choice of qualified providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specific geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

Freedom of Choice Exception (§ 1915(g)(l) and 42 CFR 441.18(b)):
____ Target group includes eligible individuals with developmental disabilities or with chronic mental illness. Providers are limited to qualified Medicaid providers of case management services capable of ensuring that individuals with developmental disabilities or with chronic mental illness receive needed services for those individuals.

Access to Services (42 CFR 441.18(a)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6)):
The State assures the following:

- Case management (including targeted case management) services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt

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of case management (or targeted case management) services on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of case management (or targeted case management) services; and

- Providers of case management services do not exercise the agency's authority to authorize or deny the provision of other services under the plan.

Payment (42 CFR 441.18(a)(4)):

Payment for case management or targeted 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.

Case Records (42 CFR 441.18(a)(7)):
Providers maintain case records in a data system provided by the Department that document for all individuals receiving case management as follows: (i) The name of the individual; (ii) The dates of the case management services; (iii) The name of the provider agency (if relevant) and the person providing the case management service; (iv) The nature, content, units of the case management services received and whether goals specified in the care plan have been achieved; (v) Whether the individual has declined services in the care plan; (vi) The need for, and occurrences of, coordination with other case managers; (vii) A timeline for obtaining needed services; (viii) A timeline for reevaluation of the plan.

Limitations:
Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities are an integral and inseparable component of another covered Medicaid service (State Medicaid Manual (SMM) 4302.F).

Case management does not include, and Federal Financial Participation (FFP) is not available in expenditures for, services defined in §440.169 when the case management activities constitute the direct delivery of underlying medical, educational, social, or other services to which an eligible individual has been referred, including for foster care programs, services such as, but not limited to, the following: research gathering and completion of documentation required by the foster care program; assessing adoption placements; recruiting or interviewing potential foster care parents; serving legal papers; home investigations; providing transportation; administering foster care subsidies; making placement arrangements. (42 CFR 441.18(c))

FFP only is available for case management services or targeted case management services if there are no other third parties liable to pay for such services, including as reimbursement under a medical, social, educational, or other program except for case management that is included

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in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§ 1902(a)(25) and 1905(c))

Case management services do not include:

- Program activities of the agency itself that do not meet the definition of targeted case management.
- Administrative activities necessary for the operation of the agency providing case management services.
- Diagnostic, treatment, or instructional services, including academic testing.
- Services that are an integral part of another service already reimbursed by Medicaid.

Non-Duplication of Services:

To the extent any eligible recipients in the identified target population are receiving Targeted Case Management services from another provider agency as a result of being members of other covered target groups, the provider agency will ensure that case management activities are coordinated to avoid unnecessary duplication of service. The State assures that it will not seek Federal Financial Participation (FFP) for case management services that are duplicative.

To the extent that any of the services required by the client are a Title XIX benefit of a managed care organization of which the client is a member, the provider will ensure that timely referrals are made and that coordination of care occurs.

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 service.

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Unit Limitations:

Effective January 1, 2019, the total number of Targeted Case Management: Transition Services units per client is limited to 240 units per service year. A unit of service is defined as each completed 15-minute increment that meets the description of a Targeted Case Management: Transition Services activity. The service unit per client limit may be exceeded based on a determination of medical necessity by the State or exceeded with prior authorization.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

19.b. Targeted Case Management: Transition 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.

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.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

Effective Dates for Reimbursement Rates for Specified Services

Service	**Attachment**	**Effective Date**
9. Clinic Services	Attachment 4.19-B, Page 1-3 of 4	July 1, 2018
10. Dental Services	Attachment 4.19-B, Page 1 of 3	July 1, 2018
11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services	Attachment 4.19-B	July 1, 2018
12.b. Dentures	Attachment 4.19-B	July 1, 2018
12.c. Prosthetics	Attachment 4.19-B	July 1, 2018
12.d. Eyeglasses and Contact Lenses	Attachment 4.19-B	July 1, 2018
13.c. Preventive Services - Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Attachment 4.19-B	July 1, 2018
13.d. Rehabilitative Services: Substance Use Disorder Treatment	Attachment 4.19-B	July 1, 2018
13.d. Rehabilitative Services: Behavioral Health Services	Attachment 4.19-B	July 1, 2018
13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children	Attachment 4.19-B, Page 1-2 of 2	July 1, 2018
19. Targeted Case Management: Persons with a Developmental Disability	Attachment 4.19-B, Page 1-2 of 2	July 1, 2018
19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment	Attachment 4.19-B, Page 1 of 2	July 1, 2018
19.b. Targeted Case Management: Transition Services	Attachment 4.19-B, Page 1 of 1	January 1, 2019