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**State/Territory Name: Colorado**

**State Plan Amendment (SPA) #: 18-0023**

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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June 18, 2018

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) 18-0023. This amendment provides for a standard across-the-board rate increase for a broad range of services, as well as some targeted rate increases.

Please be informed that this State Plan Amendment was approved today with an effective date of April 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

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b></p> <p><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>	<p>1. TRANSMITTAL NUMBER: <b>18 - 0023</b></p>	<p>2. STATE: <b>COLORADO</b></p>
<p>TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE &amp; MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b></p>	
<p>4. PROPOSED EFFECTIVE DATE: <b>April 1, 2018</b></p>		
<p>5. TYPE OF PLAN MATERIAL (<i>Check One</i>):</p> <p style="text-align: center;"> <input type="checkbox"/> NEW STATE PLAN                  <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN                  <input checked="" type="checkbox"/> <b>AMENDMENT</b> </p>		
<p>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)</p>		
<p>6. FEDERAL STATUTE/REGULATION CITATION: <b>Social Security Act Title XIX, Section 1902(a)(30)(A)</b></p>	<p>7. FEDERAL BUDGET IMPACT:</p> <p><b>3. Laboratory and Radiology Services</b> FFY 2017-18: \$195,009 FFY 2018-19: \$795,228</p> <p><b>4.b. Early and Periodic Screening, Diagnosis and Treatment Services</b> FFY 2017-18: \$359,732 FFY 2018-19: \$1,461,970</p> <p><b>4.c. Family Planning</b> FFY 2017-18: \$14,458 FFY 2018-19: \$54,709</p> <p><b>4.d. Tobacco Cessation Counseling for Pregnant Women</b> FFY 2017-18: \$4 FFY 2018-19: \$15</p> <p><b>5.a. Physician Services</b> FFY 2017-18: \$1,127,994 FFY 2018-19: \$4,581,397</p> <p><b>5.b. Medical and Surgical Services Furnished by a Dentist</b> FFY 2017-18: \$1,176 FFY 2018-19: \$4,829</p> <p><b>6.d. Services Provided by Non-Physician Practitioners</b> FFY 2017-18: \$59,286 FFY 2018-19: \$243,371</p> <p><b>7.A.-B. Home Health Care Services</b> FFY 2017-18: \$562,457 FFY 2018-19: \$2,293,640</p> <p><b>7.C. Durable Medical Equipment</b> FFY 2017-18: \$231,011 FFY 2018-19: \$1,007,452</p> <p><b>8. Private Duty Nursing Services</b> FFY 2017-18: \$173,381 FFY 2018-19: \$730,684</p> <p><b>9. Clinic Services</b> FFY 2017-18: \$42,438 FFY 2018-19: \$174,211</p> <p><b>10. Dental Services</b> FFY 2017-18: \$270,768 FFY 2018-19: \$1,103,838</p> <p><b>11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services</b> FFY 2017-18: \$83,723</p>	

FFY 2018-19: \$343,687

**12.b. Dentures**

FFY 2017-18: \$12,044  
FFY 2018-19: \$49,441

**12.c. Prosthetics**

FFY 2017-18: \$7,713  
FFY 2018-19: \$31,664

**13.c. Preventive Services – Screening, Brief Intervention, and Referral to Treatment**

FFY 2017-18: \$115  
FFY 2018-19: \$471

**13.d. Rehabilitative Services: Substance Use Disorder Treatment Services**

FFY 2017-18: \$547  
FFY 2018-19: \$2,246

**13.d. Rehabilitative Services: Behavioral Health Services**

FFY 2017-18: \$14,730  
FFY 2018-19: \$59,983

**13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children**

FFY 2017-18: \$6,534  
FFY 2018-19: \$26,940

**19. Targeted Case Management: Persons with a Developmental Disability**

FFY 2017-18: \$35,527  
FFY 2018-19: \$160,934

**19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment**

FFY 2017-18: \$60  
FFY 2018-19: \$245

**20. Extended Services for Pregnant Women**

FFY 2017-18: \$1,202  
FFY 2018-19: \$4,936

**24.a. Transportation**

FFY 2017-18: \$236,191  
FFY 2018-19: \$967,491

**Aggregate**

FFY 2017-18: \$3,436,100  
FFY 2018-19: \$14,099,382

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**

**Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Page 1-3 of 3**

**Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Item 12.b. Dentures (Page 1 of 1)**

**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, Pages 1 of 3 (18-0008)**

**Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Pages 2 of 3 (17-0050)**

**Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Pages 3 of 3 (17-0005)**

10. SUBJECT OF AMENDMENT:

Effective July 1, 2018, increases rates for the included services with a 1% across-the-board rate increase and targeted rate increases for specific service types.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

Governor's letter dated 29 March, 2018

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:

Initial: May 15, 2018

Update #1: May 31, 2018

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

May 15, 2018

18. DATE APPROVED

June 18, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2018

20. SIGNATURE OF STATE AGENCY OFFICIAL



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

STATE OF COLORADO

Attachment 4.19-B  
Introduction  
Page 1 of 3

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

Effective Dates for Reimbursement Rates for Specified Services

Reimbursement rates for the services listed below on this Attachment 4.19-B introduction page are effective for services provided on or after the corresponding effective date. All payment rates can be found on the official website of the Department of Health Care Policy and Financing at <https://www.colorado.gov/hcpf/provider-rates-fee-schedule>

Service	Attachment	Effective Date
3. Laboratory and Radiology Services	Attachment 4.19-B	July 1, 2018
4.b. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Attachment 4.19-B, Page 1 of 1	July 1, 2018
4.c. Family Planning	Attachment 4.19-B	July 1, 2018
4.d. Tobacco Cessation Counseling for Pregnant Women	Attachment 4.19-B	July 1, 2018
5.a. Physician Services	Attachment 4.19-B	July 1, 2018
5.b. Medical and Surgical Services Furnished by a Dentist	Attachment 4.19-B, Page 1 of 1	July 1, 2018
6.d. Services Provided by Non-Physician Practitioners	Attachment 4.19-B	July 1, 2018
7.A.-B. Home Health Care Services	Attachment 4.19-B, Page 1 of 7	July 1, 2018
7.C. Durable Medical Equipment	Attachment 4.19-B, Pages 2a and 2b of 7	July 1, 2018
8. Private Duty Nursing Services	Attachment 4.19-B	July 1, 2018

TN No. 18-0023

Supersedes TN No. 18-0008

Approval Date: June 18, 2018

Effective Date: April 1, 2018

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

STATE OF COLORADO

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

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
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

TN No. 18-0023

Supersedes TN No. 17-0050

Approval Date: June 18, 2018

Effective Date: April 1, 2018

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

STATE OF COLORADO

Attachment 4.19-B  
Introduction  
Page 3 of 3

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

Effective Dates for Reimbursement Rates for Specified Services

Service	Attachment	Effective Date
20. Extended Services for Pregnant Women (Prenatal Plus Program)	Attachment 4.19-B	July 1, 2018
24.a. Transportation	Attachment 4.19-B	July 1, 2018

TN No. 18-0023

Supersedes TN No. 17-0005

Approval Date: June 18, 2018

Effective Date: April 1, 2018



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

**STATE OF COLORADO**

ATTACHMENT 4.19-B

Page 1 of 1

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-  
OTHER TYPES OF CARE**

12.b. Dentures

- a. Dentures for adults age 21 and over shall be reimbursed at the lower of the following:
  - 1. Submitted charges or
  - 2. Dental services 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.

TN No. 18-0023

Approval Date June 18, 2018

Supersedes TN No. 14-036

Effective Date April 1, 2018