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**State/Territory Name: Colorado**

**State Plan Amendment (SPA) #: 19-0005**

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  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Denver Regional Operations Group**

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May 16, 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) 19-0005. This amendment adds persons enrolled in the HCBS Children's Habilitation Residential Program to the eligibility group for Targeted Case Management Services: Persons with a Developmental Disability and revises the case manager and case management agency qualifications to align with newly developed qualifications required by Colorado statute.

Please be informed that this State Plan Amendment was approved today with an effective date of July 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 Line 24A- Targeted Case Management.

If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.



Sincerely,



Mary Marchioni  
Acting Deputy Director

cc: Laurel Karabatsos  
David DeNovellis  
Whitney McOwen

John Bartholomew  
Russell Ziegler  
Jami Gazarro

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  <b>19 - 0005</b>	2. STATE:  <b>COLORADO</b>
<b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE:  <b>July 1, 2019</b>	
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 441.18</b>		7. FEDERAL BUDGET IMPACT:  a. FFY 2018-19: <u>\$0</u> b. FFY 2019-20: <u>\$0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Supplement to Attachment 3.1-A – 19. Targeted Case Management Services: Persons with a Developmental Disability (page 1 of 4)</b>  <b>Supplement to Attachment 3.1-A – 19. Targeted Case Management Services: Persons with a Developmental Disability (page 3 of 4)</b>  <b>Supplement to Attachment 3.1-A – 19. Targeted Case Management Services: Persons with a Developmental Disability (page 4 of 4)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Supplement to Attachment 3.1-A – 19. Targeted Case Management Services: Persons with a Developmental Disability (page 1 of 4) (TN 12-003)</b>  <b>Supplement to Attachment 3.1-A – 19. Targeted Case Management Services: Persons with a Developmental Disability (page 3 of 4) (TN 15-0033)</b>  <b>Supplement to Attachment 3.1-A – 19. Targeted Case Management Services: Persons with a Developmental Disability (page 4 of 4) (TN 12-003)</b>	
10. SUBJECT OF AMENDMENT:  <b>Add persons enrolled in the HCBS Children's Habilitation Residential Program to the eligibility group for Targeted Case Management Services: Persons with a Developmental Disability and revise the case manager and case management agency qualifications to align with newly developed qualifications required by Colorado statute</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 29 March, 2018</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>Laurel Karabatsos</b>		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>	
14. TITLE:  <b>Interim Medicaid Director</b>			
15. DATE SUBMITTED: <u>Initial: March 26, 2019</u> <u>Update #1: May 14, 2019</u>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED  <b>March 26, 2019</b>		18. DATE APPROVED  <b>May 16, 2019</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL		20. SIGNATURE OF REGIONAL OFFICIAL 	

July 1, 2019	
21. TYPED NAME	22. TITLE
Mary Marchioni	Acting Deputy Director, DROG
23. REMARKS	

State Plan under Title XIX of the Social Security Act  
State/Territory: Colorado

**19. TARGETED CASE MANAGEMENT SERVICES: Persons with a Developmental Disability**

Target Group (42 Code of Federal Regulations 441.18(a)(8)(i) and 441.18(a)(9)):

Medicaid recipients who have been determined by a Community Centered Board to have a developmental disability and are actively enrolled in the Home and Community Based Services waiver for persons with Developmental Disabilities (HCBS-DD), HCBS-Supported Living Services waiver (HCBS-SLS), HCBS-Children's Extensive Support waiver (HCBS-CES), HCBS- Children's Habilitation Residential Program (HCBS-CHRP) waiver, and Early Intervention Services. Excluded are children with developmental disabilities or delays enrolled in the Children's HCBS waiver, adults with developmental disabilities who are enrolled in other Medicaid waiver programs, and persons residing in Class I nursing facilities or Intermediate Care Facilities- for Individuals with Intellectual and Developmental Disabilities (ICF-IID) .

\_\_\_ Target group includes individuals transitioning to a community setting. Case-management services will be made available for up to \_\_\_\_\_ 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 Institutions for Mental Disease or individuals who are inmates of public institutions). (State Medicaid Directors Letter (SMDL), July 25, 2000)

Areas of State in which services will be provided (§1915(g)(1) of the Act):

- 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 §1902(a)(10)(B) of the Act.  
 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:

Targeted Case Management (TCM) services to this population will consist of facilitating enrollment; locating, coordinating, and monitoring needed developmental disabilities services; and coordinating with other non-developmental disabilities funded services, such as medical, social, educational, and other services to ensure non-duplication of services and monitor the effective and efficient provision of services across multiple funding sources.

Targeted Case Management services will involve at least one activity regarding the individual each month in which Targeted Case Management services are billed for one or more of the following purposes:

- a. 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;

TN# 19-0005

Supersedes TN# 12-003

Effective Date: July 1, 2019

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**19. TARGETED CASE MANAGEMENT SERVICES: Persons with a Developmental Disability**

- HCBS-CES at least once per quarter;
- HCBS-CHRP at least once per quarter; or
- Early Intervention at least every six months

X Case management includes contacts with non-eligible individuals that are directly related to identifying the eligible 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 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 services for HCBS waivers will be provided by Case Management Agencies (CMA). CMA means a public or private not-for-profit or for-profit agency that meets all applicable state and federal requirements and is certified by the state department to provide case management services for Home and Community Based Services waivers pursuant to section CRS 25.5-10-209.5. Providers must meet established program requirements and attend all required trainings.

Targeted Case Management services for Early Intervention will be provided by Community Centered Boards (CCB) which are a private corporation, for-profit or not-for-profit, that is designated pursuant to section 25.5-10-209. CCB Case Managers who provide Targeted Case Management services will have, at a minimum, a bachelor's level degree of education, five (5) years of experience in the field of developmental disabilities, or some combination of education and experience appropriate to the requirements of the position.

All Home and Community Based Services (HCBS) case managers must be employed by an approved CMA.

The minimum required for Targeted Case Management case managers for HCBS waivers is a bachelor's degree in a human behavioral science or related field of study. If an individual does not meet the minimum requirement, the case management agency shall request a waiver from the Department and demonstrate that the individual meets one of the following:

- Experience working with long-term services and supports (LTSS) population, in a private or public agency, which can substitute for the required education on a year for year basis; or
- A combination of LTSS experience and education, demonstrating a strong emphasis in a human behavioral science field.

A copy of this waiver request with Department approval shall be kept in the case manager's personnel file.

HCBS Case manager supervisor educational experience: The case management agency's supervisor(s) shall meet minimum standards for education and/or experience and shall be able to demonstrate competency in pertinent case management knowledge and skills.

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 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 specified 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.

State Plan under Title XIX of the Social Security Act  
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**19. TARGETED CASE MANAGEMENT SERVICES: Persons with a Developmental Disability**

Freedom of Choice Exception (§1915(g)(1) and 42 CFR 441.18(b)):

Target group consists of 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.

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 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 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 §441.169 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 §441.169 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 in an individualized education program or individualized family service plan consistent with §1903(c) of the Act. (§§1902(a)(25) and 1905(c))

Effective April 1, 2012, the total number of units per client is limited to 60 units through June 30, 2012. Effective July 1, 2012, the total number of units per client is limited to 240 units per fiscal year per person for each state fiscal year (July 1 through June 30). One unit is equal to 15 minutes.