
Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: 19-0006

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

July 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) 19-0006. This amendment increases rates for the included services with a 1% across-the-board rate increase and targeted rate increases (as well as some targeted rate decreases) for specific service types. It also inserts the Community Mental Health Center (CMHC) reimbursement methodology into the rehabilitative services: behavioral health services section of Attachment 4.19-B. There are no changes to the CMHC reimbursement methodology, but the purpose is to include CMHC reimbursement under the correct service. The amendment also adds Freestanding Birth Center Services (FSBC) to the Attachment 4.19-B Introduction page and a corresponding reference back to the Introduction page on the FSBC Attachment 4.19-B reimbursement page for the rate effective date.

Please be informed that this State Plan Amendment was approved on July 15, 2019, with an effective date of July 1, 2019. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions regarding claiming on the CMS 64 for the services covered in this SPA, please contact Jay Maitri at 303- 844- 2682.

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

Sincerely,



Trinia J. Hunt
Acting Deputy Director

cc: Laurel Karabatsos, Colorado
John Bartholomew, Colorado
David DeNovellis, Colorado
Russell Ziegler, Colorado
Whitney McOwen, Colorado
Jami Gazarro, Colorado

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 19-0006	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: July 1, 2019	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act Title XIX, Section 1902(a)(30)(A)	7. FEDERAL BUDGET IMPACT: 4.b. Early and Periodic Screening, Diagnosis and Treatment Services FFY 2018-19: \$287,464 FFY 2019-20: \$1,171,077 4.c. Family Planning FFY 2018-19: \$13,346 FFY 2019-20: \$51,373 4.d. Tobacco Cessation Counseling for Pregnant Women FFY 2018-19: \$3 FFY 2019-20: \$14 5.a. Physician Services FFY 2018-19: \$1,365,428 FFY 2019-20: \$5,640,833 5.b. Medical and Surgical Services Furnished by a Dentist FFY 2018-19: \$1,119 FFY 2019-20: \$4,586 6.d. Services Provided by Non-Physician Practitioners FFY 2018-19: \$56,381 FFY 2019-20: \$231,115 7.A.-B. Home Health Care Services FFY 2018-19: \$610,332 FFY 2019-20: \$2,507,793 7.C. Durable Medical Equipment FFY 2018-19: \$182,991 FFY 2019-20: \$836,241 8. Private Duty Nursing Services FFY 2018-19: \$169,511 FFY 2019-20: \$706,198 9. Clinic Services FFY 2018-19: \$49,546 FFY 2019-20: \$203,098 10. Dental Services FFY 2018-19: \$285,599 FFY 2019-20: \$1,182,883 11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services FFY 2018-19: \$81,430 FFY 2019-20: \$333,798 12.b. Dentures FFY 2018-19: \$11,064	

FFY 2019-20: \$45,353

12.c. Prosthetics

FFY 2018-19: \$7,311
FFY 2019-20: \$29,970

12.d. Eyeglasses and Contact Lenses

FFY 2018-19: \$14,964
FFY 2019-20: \$59,882

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

FFY 2018-19: \$177
FFY 2019-20: \$725

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

FFY 2018-19: \$682
FFY 2019-20: \$2,796

13.d. Rehabilitative Services: Behavioral Health Services

FFY 2018-19: \$15,982
FFY 2019-20: \$65,252

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

FFY 2018-19: \$5,837
FFY 2019-20: \$24,017

19. Targeted Case Management: Persons with a Developmental Disability

FFY 2018-19: \$41,341
FFY 2019-20: \$167,859

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

FFY 2018-19: \$63
FFY 2019-20: \$256

19.b. Targeted Case Management: Transition Services

FFY 2018-19: \$1,157
FFY 2019-20: \$4,650

20. Extended Services for Pregnant Women

FFY 2018-19: \$1,048
FFY 2019-20: \$4,298

24.a. Transportation

FFY 2018-19: \$836,629
FFY 2019-20: \$3,458,971

28. Freestanding Birth Center Services

FFY 2018-19: \$501
FFY 2019-20: \$2,054

Anesthesia Services

FFY 2018-19: (\$552,174)
FFY 2019-20: (\$2,269,414)

Diabetes Test Strips

FFY 2018-19: (\$339,408)
FFY 2019-20: (\$1,391,759)

Aggregate

FFY 2018-19: \$3,148,324
FFY 2019-20: \$13,073,921

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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

Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 9 – Clinic Services, no pagination

Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 13.d. – Rehabilitative Services: Outpatient Behavioral Health Services, page 1 of 3

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 – Item 9 – Clinic Services – Community Mental Health Center or Clinic, Page 4 of 4

Attachment 4.19-B – Methods and Standards for Establishing Payment rates – Item 13d – Rehabilitative Services: Behavioral Health Services, Pages 1-2 of 2

Attachment 4.19-B: Methods and Standards for Establishing Payment Rates-Other Types of Care – Section 28. Freestanding Birth Center Services

Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 9 – Clinic Services, no pagination (TN 13-021)

Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 13.d. – Rehabilitative Services: Outpatient Behavioral Health Services, page 1 of 3 (17-0002)

Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Pages 1-3 of 3 (18-0021, 18-0023)

Attachment 4.19-B – Methods and Standards for Establishing Payment rates – Item 9 – Clinic Services – Community Mental Health Center or Clinic, no pagination (12-012)

Attachment 4.19-B – Methods and Standards for Establishing Payment rates – Item 13d – Rehabilitative Services: Behavioral Health Services, Page 1 of 1 (17-0005)

Attachment 4.19-B: Methods and Standards for Establishing Payment Rates-Other Types of Care – Section 28. Freestanding Birth Center Services (13-044)

10. SUBJECT OF AMENDMENT:

Effective July 1, 2019, increases rates for the included services with a 1% across-the-board rate increase and targeted rate increases for specific service types. It also inserts the Community Mental Health Center (CMHC) reimbursement methodology into the rehabilitative services: behavioral health services section of Attachment 4.19-B. There are no changes to the CMHC reimbursement methodology, the purpose is to include CMHC reimbursement under the correct service. The amendment also adds Freestanding Birth Center Services (FSBC) to the Attachment 4.19-B Introduction page and a corresponding reference back to the Introduction on the FSBC Attachment 4.19-B reimbursement page for the rate effective date.

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:

13. TYPED NAME:

John Bartholomew

14. TITLE:

Chief Financial Officer

16. RETURN TO:

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

Attn: David DeNovellis

15. DATE SUBMITTED: Initial: May 29, 2019

Update #1: June 6, 2019

Update #2: June 26, 2019

Update #3: July 3, 2019

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

July 3, 2019

18. DATE APPROVED

July 15, 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2019

21. TYPED NAME

Trinia J. Hunt

20. SIGNATURE OF REGIONAL OFFICIAL

22. TITLE

Acting Deputy Division Director

23. REMARKS

FORM CMS-179 (07/92)

Instructions on Back

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

STATE OF COLORADO

Supplement to Attachment 3. I-A

LIMITATIONS TO CARE AND SERVICES

9. CLINIC SERVICES

Provided in an ambulatory surgery center that has an agreement with the Centers for Medicare and Medicaid Services under Medicare to participate as an ambulatory surgery center and meets the conditions set forth in the Act. Covered surgical procedures are those groupings of surgical procedures approved by the Centers for Medicare and Medicaid Services. Additional surgical procedures may be included as approved by the Department of Health Care Policy and Financing.

Provided in a dialysis center certified by the Colorado Department of Public Health and Environment. Routine dialysis center services are all items and services necessary for delivering dialysis including routinely provided drugs, laboratory tests, and supplies for dialysis-related services.

Drug and alcohol treatment provided to a pregnant woman with a substance use disorder who is at risk of poor birth outcome. Approved services must be provided in a facility which is not part of a hospital but is organized and operated as a free-standing alcohol or drug treatment program approved and certified by the Division of Behavioral Health of the Colorado Department of Human Services or in a facility which is not part of a hospital but is organized and operated as a school-based clinic. Allowable services include risk assessment, case management, drug/alcohol individual and group therapy, and health maintenance group.

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

STATE OF COLORADO

Supplement to Attachment 3.1-A
Page 1 of 3

LIMITATIONS TO CARE AND SERVICES

13.d. Rehabilitative Services

Outpatient Behavioral Health Services

Outpatient Behavioral Health Services are a group of services designed to provide medically necessary behavioral health services to eligible Medicaid clients in order to restore these individuals to their highest possible functioning level. These services are provided to, or directed exclusively toward the treatment of the Medicaid client. Services are provided in accordance with Section 1902(a)(23) of the Social Security Act with regard to free choice of providers, and services may be provided by any willing, qualified provider as described below.

- a. Covered Services, Definitions, and Qualified Providers.
Outpatient Behavioral Health Services are comprised of the following individual services and may be provided by the following qualified providers:

Service	Definition	Provider Types
Individual Psychotherapy	Therapeutic contact with one client.	<ul style="list-style-type: none"> • Physician/Psychiatrist • Psychologist, Psy.D./Ph.D. • Licensed Clinician • CMHC * See definitions below
Individual Brief Psychotherapy	Therapeutic contact with one (1) client.	<ul style="list-style-type: none"> • Physician/Psychiatrist • Psychologist, Psy.D/Ph.D • Licensed Clinician • CMHC
Family Psychotherapy	Therapeutic contact with one client, typically a child/youth, with one or more of the client's family members and/or caregivers present and included in the therapeutic process and communications.	<ul style="list-style-type: none"> • Physician/Psychiatrist • Psychologist, Psy.D/Ph.D • Licensed Clinician • CMHC

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, 2019
4.c. Family Planning	Attachment 4.19-B	July 1, 2019
4.d. Tobacco Cessation Counseling for Pregnant Women	Attachment 4.19-B	July 1, 2019
5.a. Physician Services	Attachment 4.19-B	July 1, 2019
5.b. Medical and Surgical Services Furnished by a Dentist	Attachment 4.19-B, Page 1 of 1	July 1, 2019
6.d. Services Provided by Non-Physician Practitioners	Attachment 4.19-B	July 1, 2019
7.A.-B. Home Health Care Services	Attachment 4.19-B, Page 1 of 7	July 1, 2019
7.C. Durable Medical Equipment	Attachment 4.19-B, Pages 2a and 2b of 7	July 1, 2019
8. Private Duty Nursing Services	Attachment 4.19-B	July 1, 2019

TN No. 19-0006

Supersedes TN No. 18-0023

Approval Date: July 15, 2019

Effective Date: July 1, 2019

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

STATE OF COLORADO

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

TN No. 19-0006

Approval Date: July 15, 2019

Supersedes TN No. 18-0021

Effective Date: July 1, 2019

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, 2019
24.a. Transportation	Attachment 4.19-B	July 1, 2019
28. Freestanding Birth Center Services	Attachment 4.19-B	July 1, 2019

TN No. 19-0006

Supersedes TN No. 18-0023

Approval Date: July 15, 2019

Effective Date: July 1, 2019

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

STATE OF COLORADO

Attachment 4.19-B
Page 4 of 4

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

9 Clinic Services

This page deleted and superseded in State Plan Amendment CO-19-0006, effective July 1, 2019.

TN **19-0006**
Supersedes TN12-012

Approval Date July 15, 2019
Effective Date: 7/1/2019

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

STATE OF COLORADO

Attachment 4.19-B

Page 1

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

13d. Rehabilitative Services: Behavioral Health Services

a. Reimbursement for Services Provided by a Community Mental Health Center

Reimbursement for covered behavioral health services shall be made on the basis of prospective rates set for each participating Community Mental Health Center. On the basis of audited unit cost worksheets submitted annually by the Community Mental Health Centers, prospective rates shall be calculated by the Division of Behavioral Health of the Colorado Department of Human Services and reviewed and approved by the Colorado Department of Health Care Policy and Financing.

Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.

The reimbursement rates for services shall be the lowest of the following:

1. Usual and customary charges submitted by the Community Mental Health Centers for services provided to the general public; or
2. The projected cost of such services as determined by the Department of Health Care Policy and Financing through review and audit of prior year's unit costs submitted annually by each Community Mental Health Center. The audited unit cost worksheets shall be trended by the Division of Behavioral Health. The trend factor is the most recently available Consumer Price Index. The Department shall use the following tests to determine the appropriateness of the rate costs:
 - i. The previous year's audited costs adjusted forward by the annual Consumer Price Index in effect at the beginning of the fiscal year; and
 - ii. Changes in the types and intensity of services to be provided.

b. Reimbursement for Services Provided by Qualified Mental Health Professionals

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

STATE OF COLORADO

Attachment 4.19-B

Page 2

Services provided by qualified mental health professionals 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. All rates can be found on the official web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

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

28. FREE STANDING BIRTH CENTER SERVICES

Freestanding birth center facility services shall be reimbursed at the lower of the following:

1. Submitted charges or
2. 75 percent of the average payments to inpatient hospitals for uncomplicated vaginal deliveries.

Freestanding birth center transfer payments shall be reimbursed at the lower of the following:

1. Submitted charges or
2. 50 percent of the freestanding birth center's facility payment.

Professional services at freestanding birth centers are reimbursed separately under Physician Services at Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care, Item 5.a. Physician Services, and all eligible providers including certified nurse midwives, are reimbursed at 100 percent of the physician fee schedule rate for the service rendered. This may include but is not limited to labor and delivery, evaluation provided prior to transfer to a hospital and newborn care.

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. All rates can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.