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State/Territory Name: CO

State Plan Amendment (SPA) CO: 21-0035

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 25, 2022

Bettina Schneider, Finance Office Director
Attn: Amy Winterfeld
Colorado Department of Health Care
Policy and Financing
1570 Grant Street
Denver, CO 80203-1818

RE: Colorado State Plan Amendment (SPA) Transmittal Number 21-0035

Dear Ms. Schneider:

We have reviewed the proposed Colorado State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 29, 2021. This plan amendment allows for the addition of procedure codes to the Ambulatory Surgical Center (ASC) grouper rate methodology, per the recommendation in the 2019 Medicaid Provider Rate Review Advisory Committee (MPRRAC) Recommendation Report.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact LaJoshica (Josh) Smith via 214-767-6453 or lajoshica.smith@cms.hhs.gov.

Sincerely,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		1. TRANSMITTAL NUMBER: 21-0035	2. STATE: COLORADO
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: CENTER DIRECTOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: October 1, 2021	
5. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.90		6. FEDERAL BUDGET IMPACT: a. FFY 2022: \$0 b. FFY 2023: \$0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1 A - Limitations to Care and Services - Item 9. Clinic Services 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		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement to Attachment 3.1 A - Limitations to Care and Services - Item 9. Clinic Services (TN 19-0006) 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 21-0013)	
9. SUBJECT OF AMENDMENT: Add procedure codes to the Ambulatory Surgical Center grouper rate methodology. There is no change to the rates or rate effective dates. The update adds clinically appropriate procedure codes to the ASC methodology per the recommendation in the 2019 Medicaid Provider Rate Review Advisory Committee (MPRRAC) Recommendation Report. This update to the ASC grouper methodology affects ASC providers by expanding the scope of services that can be provided in an ASC.			
10. GOVERNOR'S REVIEW (<i>Check One</i>): GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 14 July, 2021 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
11. SIGNATURE OF STATE AGENCY OFFICIAL:		15. RETURN TO: Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Amy Winterfeld	
12. TYPED NAME: Bettina Schneider			
13. TITLE: Chief Financial Officer			
14. DATE SUBMITTED: December 29, 2021			
FOR CMS USE ONLY			
16. DATE RECEIVED 12/29/2021		17. DATE APPROVED March 25, 2022	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/21		19. SIGNATURE OF REGIONAL OFFICIAL	
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion		21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review	
22. REMARKS Pen & Ink change authorized for Blocks 7 & 8, to remove 3.1-A reference			

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	October 1, 2021
10. Dental Services	Attachment 4.19-B, Page 1 of 3	July 1, 2021
11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services	Attachment 4.19-B	July 1, 2021
12.b. Dentures	Attachment 4.19-B	July 1, 2021
12.c. Prosthetics	Attachment 4.19-B	July 1, 2021
12.d. Eyeglasses and Contact Lenses	Attachment 4.19-B	July 1, 2021
13.c. Preventive Services - Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Attachment 4.19-B	July 1, 2021
13.d. Rehabilitative Services: Substance Use Disorder Treatment	Attachment 4.19-B	July 1, 2021
13.d. Rehabilitative Services: Behavioral Health Services	Attachment 4.19-B	July 1, 2021
13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children	Attachment 4.19-B, Page 1-2 of 2	July 1, 2021
19. Targeted Case Management: Persons with a Developmental Disability	Attachment 4.19-B, Page 1-2 of 2	July 1, 2021
19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment	Attachment 4.19-B, Page 1 of 2	July 1, 2021
19.b. Targeted Case Management: Transition Services	Attachment 4.19-B, Page 1 of 1	July 1, 2021

TN No. 21-0035

Supersedes TN No. 21-0013

Approval Date: March 25, 2022

Effective Date: October 1, 2021