

## **Table of Contents**

**State/Territory Name: Colorado**

**State Plan Amendment (SPA)#: 24-0016**

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  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

September 9, 2024

Bettina Schneider, Chief Financial Officer  
Attn: Alex Lyons  
Colorado Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203-1818

RE: TN 24-0016

Dear Ms. Schneider:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Colorado state plan amendment (SPA) to Attachment 4.19-B CO 24-0016, which was submitted to CMS on June 25, 2024. This plan amendment implements a 2.0% across-the-board rate increase for specific services.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. 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 at 214-767-6453 or via email at [lajoshica.smith@cms.hhs.gov](mailto:lajoshica.smith@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

|   |                       |
|---|-----------------------|
| 1. TRANSMITTAL NUMBER<br><u>2 4</u> — <u>0 0 1 6</u>  | 2. STATE<br><u>CO</u> |
| 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT<br><input checked="" type="radio"/> XIX <input type="radio"/> XXI |                       |

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**July 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**Social Security Act Title XIX, Section 1902(a)(30)(A)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 7,890,016  
b. FFY 2025 \$ 31,560,051

7. 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, Pages 1-3 of 3**  
  
**[PLEASE SEE SUPPLEMENT ALSO]**

8. 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 1-3 of 3 (TN 23-0019, 24-0009)**  
**[PLEASE SEE SUPPLEMENT ALSO]**

9. SUBJECT OF AMENDMENT  
**Effective July 1, 2024, 2.0% across-the-board rate increases for the included services, and targeted rate increases and rate rebalances, per state statute.**

10. 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

OTHER, AS SPECIFIED:

12. TYPED NAME  
**Bettina Schneider**

13. TITLE  
**Chief Financial Officer**

14. DATE SUBMITTED

15. RETURN TO  
Colorado Department of Health Care Policy and Financing  
303 E. 17th Avenue, Suite 1100  
Denver, CO 80203  
  
Attn: Alex Lyons

**FOR CMS USE ONLY**

|                                      |   |
|--------------------------------------|---|
| 16. DATE RECEIVED<br><b>06/25/24</b> | 17. DATE APPROVED<br><b>September 9, 2024</b> |
|--------------------------------------|---|

**PLAN APPROVED - ONE COPY ATTACHED**

|   |  |
|---|--|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL<br><b>07/01/24</b>    | 19. SIGNATURE OF APPROVING OFFICIAL<br>  |
| 20. TYPED NAME OF APPROVING OFFICIAL<br><b>Todd McMillion</b> | 21. TITLE OF APPROVING OFFICIAL<br><b>Director, Division of Reimbursement Review</b> |

22. 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, 2024   |
| 4.b. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services | Attachment 4.19-B, Page 1 of 1          | July 1, 2024   |
| 4.c. Family Planning  | Attachment 4.19-B                       | July 1, 2024   |
| 4.d. Tobacco Cessation Counseling for Pregnant Women                        | Attachment 4.19-B                       | July 1, 2024   |
| 5.a.2.a. Physician Services – Comprehensive fee schedule                    | Attachment 4.19-B                       | July 1, 2024   |
| 5.a.2.b. Physician Services – Alternative Payment Model Code Set            | Attachment 4.19-B                       | July 1, 2024   |
| 5.b. Medical and Surgical Services Furnished by a Dentist                   | Attachment 4.19-B, Page 1 of 1          | July 1, 2024   |
| 6.d. Services Provided by Non-Physician Practitioners                       | Attachment 4.19-B                       | July 1, 2024   |
| 7.A.-B. Home Health Care Services   | Attachment 4.19-B, Page 1 of 7          | July 1, 2024   |
| 7.C. Durable Medical Equipment  | Attachment 4.19-B, Pages 2a and 2b of 7 | July 1, 2024   |
| 8. Private Duty Nursing Services  | Attachment 4.19-B                       | July 1, 2024   |

TN No. 24-0016

Supersedes TN No. 24-0009

Approval Date:

Effective Date: July 1, 2024

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, 2024   |
| 10. Dental Services   | Attachment 4.19-B, Page 1 of 3   | July 1, 2024   |
| 11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services                    | Attachment 4.19-B                | July 1, 2024   |
| 12.b. Dentures  | Attachment 4.19-B                | July 1, 2024   |
| 12.c. Prosthetics   | Attachment 4.19-B                | July 1, 2024   |
| 12.d. Eyeglasses and Contact Lenses   | Attachment 4.19-B                | July 1, 2024   |
| 13.c. Preventive Services - Screening, Brief Intervention, and Referral to Treatment (SBIRT)          | Attachment 4.19-B                | July 1, 2024   |
| 13.d. Rehabilitative Services: Substance Use Disorder Treatment                                       | Attachment 4.19-B                | July 1, 2024   |
| 13.d. Rehabilitative Services: Behavioral Health Services   | Attachment 4.19-B                | July 1, 2024   |
| 13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children | Attachment 4.19-B, Page 1-2 of 2 | July 1, 2024   |
| 19. Targeted Case Management: Persons with a Developmental Disability                                 | Attachment 4.19-B, Page 1-2 of 2 | July 1, 2024   |
| 19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment                           | Attachment 4.19-B, Page 1 of 2   | July 1, 2024   |
| 19.b. Targeted Case Management: Transition Services   | Attachment 4.19-B, Page 1 of 1   | July 1, 2024   |

TN No. 24-0016

Approval Date: September 9, 2024

Supersedes TN No. 23-0019

Effective Date: July 1, 2024

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

STATE OF COLORADO

Attachment 4.19-B  
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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 |
|---|-------------------|----------------|
| 20. Extended Services for Pregnant Women<br>(Prenatal Plus Program) | Attachment 4.19-B | July 1, 2024   |
| 24.a. Transportation  | Attachment 4.19-B | July 1, 2024   |
| 28. Freestanding Birth Center Services                              | Attachment 4.19-B | July 1, 2024   |

TN No. 24-0016

Supersedes TN No. 23-0019

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Effective Date: July 1, 2024

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

STATE OF COLORADO

42 CFR 440.120

Attachment 4.19-B

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

12.c. PROSTHETICS

Prosthetics 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.

Prosthetics that require manual pricing shall be reimbursed at the lower of the following:

1. Submitted charges;
2. Manufacturer's suggested retail price (MSRP) less 13.78 percent;
3. Actual invoiced acquisition cost plus 24.06 percent when no MSRP is available.

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.

- ii. The submitted charge.
3. DME and supplies that require manual pricing are reimbursed at the lower of the following:
- a) Submitted charges;
  - b) Manufacturer's suggested retail price (MSRP) less 13.78 percent;
  - c) Actual invoiced acquisition cost plus 24.06 percent when no MSRP is available.

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# 24-0016

SUPERSEDES TN# 23-0019

APPROVAL DATE September 9, 2024

EFFECTIVE DATE: July 1, 2024