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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 20-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

ECEMBDEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th Street, Suite 355 Kansas City, MO 64106



Medicaid & CHIP Operations Group

December 17, 2020

Kim Bimestefer, Executive Director Department of Health Care Policy & Financing 1570 Grant Street Denver, CO 80203

RE: Colorado State Plan Amendment (SPA) 20-0001

Dear Ms. Bimestefer:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 20-0001. This amendment adds residential and inpatient SUD treatment and withdrawal management services as covered services.

Please be informed that this SPA was approved on December 17, 2020 with an effective date of January 1, 2021. Enclosed are the CMS-179 and the amended plan pages.

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

Sincerely,

James G. Scott, Director Division of Program Operations

cc: Dr. Tracy Johnson, <u>Tracy.Johnson@state.co.us</u>
Laurel Karabatsos, <u>laurel.karabatsos@state.co.us</u>
John Bartholomew, <u>john.bartholomew@state.co.us</u>
Russell Ziegler, <u>Russ.Zigler@state.co.us</u>
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Jami Gazarro, <u>Jami.Gazerro@state.co.us</u>

TRANSMITTAL AND NOTICE OF APPROVAL	1. TRANSMITTAL NUMBER:	2. STATE:	
OF CTATE DI ANAMATERIAL	20 – 0001	COLORADO	
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION:		
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	TITLE XIX OF THE SOCIAL SECU	JRITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE:		
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2021		
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN AMENDMENT TO BE CONSIDERED		MENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM	AS A NEW PLAN X AMENDI ENDMENT (Separate transmittal for each am		
	1		
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
42 CFR 440.130	a. FFY 2021: \$50,198,337 b. FFY 2022: \$102,067,775	_ _	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	 PAGE NUMBER OF THE SUPERSEI ATTACHMENT (If Applicable): 	DED PLAN SECTION OR	
Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Introduction, Page 2 of	Attachment 4.19-B – Methods a	nd Standards for	
3	Establishing Payment Rates – C	= =	
	Introduction, Page 2 of 3 (TN 20)-0023)	
Attachment 3.1-A – Limitations to Care and Services – Item 13.d. Rehabilitative Services (continued): Substance Use	Attachment 3.1-A – Limitations	to Care and Services –	
Disorder Treatment Services, Pages 1-2 of 5	Item 13.d. Rehabilitative Service Use Disorder Treatment Service	•	
Attachment 3.1-A – Limitations to Care and Services – Item 13.d. Rehabilitative Services (continued): Substance Use Disorder Treatment Services, Pages 3-5 of 5 (NEW)		-, · · · · · · · · · · · · · · · · · · ·	
10. SUBJECT OF AMENDMENT:			
Add residential and inpatient SUD treatment and withdrawal manag			
	ment services as covered services.		
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S OFFICE REPORTED NO COMMENT X OT IER, AS SPECIFIED			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Go	ernor's letter dated 11 October, 2019		
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	, .	
13. TYPED NAME:	Attn: Lauren Reveley		
Tracy Johnson			
14. TITLE:	-		
Medicaid Director			
15. DATE SUBMITTED: October 14, 2020			
FOR SECURITY	AFFICE HEE ONLY		
FOR REGIONAL)FFICE USE ONLY			

17. DATE RECEIVED October 14, 2020	18. DATE APPROVED December 17, 2020		
PLAN APPROVED - NE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL		
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations		
23. REMARKS Updated TN in box 9 to show superseded TN as 17-0051 with state authorization.			

FORM CMS-179 (07/92)

Instructions on Back

STATE OF COLORADO

Attachment 4.19-B Introduction Page 2 of 3

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATESOTHER TYPES OF CARE

Effective Dates for Reimbursement Rates for Specified Services

	T	
Service	Attachment	Effective Date
9. Clinic Services	Attachment4.19-B, Page 1-3 of 4	July 1, 2020
10. Dental Services	Attachment 4.19-B, Page 1 of 3	July 1, 2020
11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services	Attachment 4.19-B	July 1, 2020
12.b. Dentures	Attachment 4.19-B	July 1, 2020
12.c. Prosthetics	Attachment 4.19-B	July 1, 2020
12.d. Eyeglasses and Contact Lenses	Attachment 4.19-B	July 1, 2020
13.c. Preventive Services - Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Attachment 4.19-B	July 1, 2020
13.d. Rehabilitative Services: Substance Use Disorder Treatment	Attachment 4.19-B	January 1, 2021
13.d. Rehabilitative Services: Behavioral Health Services	Attachment 4.19-B	July 1, 2020
13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children	Attachment 4.19-B, Page 1-2 of 2	July 1, 2020
19. Targeted Case Management: Persons with a Developmental Disability	Attachment 4.19-B, Page 1-2 of 2	July 1, 2020
19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment	Attachment 4.19-B, Page 1 of 2	July 1, 2020
19.b. Targeted Case Management: Transition Services	Attachment 4.19-B, Page 1 of l	July 1, 2020

TN No. <u>20-0001</u> Approval Date: <u>12/17/2020</u>

Supersedes TN No. 20-0023 Effective Date: <u>January 1, 2021</u>

STATE OF COLORADO

Supplement to Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

Item 13.d. Rehabilitative Services (continued)

Page 1 of 5

Substance Use Disorder Treatment and Withdrawal Management Services

Substance use disorder (SUD) services include services along the continuum of care defined by the American Society of Addiction Medicine (ASAM). The Department covers the full continuum of SUD services. Services are provided to Medicaid beneficiaries with one or more diagnosed SUD(s). Services are determined according to medical necessity which include an assessment of level of clinical severity and function.

SUD treatment services, unless otherwise specified, must be performed by a licensed health practitioner with a certification in addiction counseling or a licensed clinician. Services may also be performed under the supervision of a licensed health practitioner with a certification in addiction counseling or a licensed clinician in facilities that are licensed by the State.

- 1. Licensed health practitioners include:
 - a. Licensed Physician
 - b. Licensed Psychiatrist
 - c. Licensed Advanced Practice Nurse (APN)
 - d. Licensed Physician Assistant (PA)
- 2. Licensed clinicians include:
 - a. Licensed Clinical Social Worker (LCSW)
 - b. Licensed Professional Counselor (LPC)
 - c. Licensed Marriage and Family Therapist (LMFT)
 - d. Licensed Addiction Counselor (LAC)
 - e. Licensed Psychologist, PhD/PsyD

Services shall be provided in an out-of-state setting if medically necessary and no suitable treatment option is found in Colorado. Out-of-state providers must enroll as a Colorado Medicaid Provider pursuant to 10 C.C.R. 2505-10, Section 8.013.1.

The following Practitioners and Qualifications chart is applicable to each of the substance use disorder services and service components that follow in this section. All services must be provided within the scope of the provider's licensure.

TN: <u>20-0001</u> Approval Date: 12/17/2020 Supersedes TN: <u>17-0051</u> Effective Date: <u>January 1, 2021</u>

STATE OF COLORADO

Supplement to Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

Item 13.d. Rehabilitative Services (continued)

Page 2 of 5

Licensed Professionals	rage 2 01 3
Provider Type/Qualifications	Services Provided
 Licensed Marriage and Family Therapist (LMFT) 42 CFR 440.60 Licensed Clinical Social Worker (LCSW) 42 CFR 440.60 Licensed Professional Counselor 42 CFR 440.60 Licensed Clinical Alcohol and Drug Counselor (LAC) 42 CFR 440.60 Licensed Addiction Counselor 42 CFR 440.60 Licensed Psychologist 42 CFR 440.60 	 Substance use disorder assessment Individual and family therapy Group therapy Alcohol/drug screening counseling Treatment coordination
Licensed Psychiatrist/Physician 42 CFR 440.50	 Medical/nursing care and evaluation Medication administration or supervision Medication Assisted Treatment Individual and family therapy Group therapy Treatment coordination
Licensed Advanced Practice Nurse CRS 12-255-111	 Medical/nursing care and evaluation Medication administration or supervision Medication Assisted Treatment Treatment coordination
Licensed Physician Assistant CRS 12-240-113	 Medical/nursing care and evaluation Medication administration or supervision Medication Assisted Treatment Treatment coordination
Licensed Registered Nurse CRS 12-255-104	 Medical/nursing care and evaluation Medication administration or supervision Treatment coordination

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Supplement to Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

Item 13.d. Rehabilitative Services (continued)

Page 3 of 5

Outpatient Substance Use Disorder Treatment Services

Outpatient substance use disorder treatment services are designed to help patients achieve changes in their alcohol and/or other drug use. They are tailored to each patient's level of clinical severity and functioning.

Allowable services include:

- 1. Substance use disorder assessment. An evaluation designed to determine the level of drug or alcohol abuse or dependence, and the comprehensive treatment needs of a client.
- 2. Individual and family therapy. Therapeutic substance abuse counseling and treatment services with one client per session. Family therapy will be directly related to the client's treatment for substance use or dependence.
- 3. Group therapy. Therapeutic substance abuse counseling and treatment services with more than one client.
- 4. Alcohol/drug screening counseling. Counseling services provide in conjunction with the collection of urine to test for the presence of alcohol or drugs.
- 5. Medication Assisted Treatment (MAT). MAT consists of administration, management, and oversight of methadone or another approved controlled substance to an opiate dependent person for the purpose of decreasing or eliminating dependence on opiate substances. Administration, management and oversight of methadone or another approved controlled substance shall only be provided by:
 - a. Licensed Physicians;
 - b. Licensed Physician Assistants; and
 - c. Licensed Advance Practice Nurse.

Intensive Outpatient Substance Use Disorder Services

<u>Intensive outpatient treatment services are delivered with greater frequency than standard outpatient</u> services. This level of care is appropriate for patients who have more complex needs.

Allowable services include:

1. Substance use disorder assessment. An evaluation designed to determine the level of drug or alcohol abuse or dependence, and the comprehensive treatment needs of a client.

 TN: 20-0001
 Approval Date: 12/17/2020

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 Effective Date: January 1, 2021

STATE OF COLORADO

Supplement to Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

Item 13.d. Rehabilitative Services (continued)

Page 4 of 5

- 2. Individual and family therapy. Therapeutic substance abuse counseling and treatment services with one client per session. Family therapy will be directly related to the client's treatment for substance use or dependence.
- 3. Group therapy. Therapeutic substance abuse counseling and treatment services with more than one client.
- 4. Alcohol/drug screening counseling. Counseling services provided in conjunction with the collection of urine to test for the presence of alcohol or drugs.

Residential Substance Use Disorder Treatment Services

Residential treatment services are delivered in settings that provide 24-hour structure, support and clinical interventions for patients. These services are appropriate for patients who require time and structure to practice and integrate their recovery and coping skills in a residential, supportive environment. Higher levels of residential treatment provide safe, stable living environments for patients who need them to establish or maintain their recovery apart from environments that promote continued use in the community.

Allowable service components include:

- 1. Substance use disorder assessment. An evaluation designed to determine the level of drug or alcohol abuse or dependence, and the comprehensive treatment needs of a client.
- 2. Individual and family therapy. Therapeutic substance abuse counseling and treatment services with one client per session. Family therapy will be directly related to the client's treatment for substance use or dependence.
- 3. Group therapy. Therapeutic substance abuse counseling and treatment services with more than one client.
- 4. Alcohol/drug screening counseling. Counseling services provided in conjunction with the collection of urine to test for the presence of alcohol or drugs.

Withdrawal Management Services

Clinically managed or medically monitored services aimed at the reduction of physiological and psychological features of withdrawal through short-term services delivered on a 24-hour basis for the purpose of stabilizing intoxicated patients, managing withdrawal and facilitating access to substance use disorder treatment.

 TN: 20-0001
 Approval Date: 12/17/2020

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STATE OF COLORADO

Supplement to Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

Item 13.d. Rehabilitative Services (continued)
Allowable service components include:

Page 5 of 5

- 1. Individual therapy. Therapeutic substance abuse counseling and treatment services with one client per session.
- 2. Group therapy. Therapeutic substance abuse counseling and treatment services with more than one client.
- 3. Alcohol/drug screening counseling. Counseling services provided in conjunction with the collection of urine to test for the presence of alcohol or drugs.
- 4. Medication administration or supervision of self-administration of medication as clinically indicated.
- 5. Medical/nursing care and evaluation. Assessment of patient progress through withdrawal and provision of medical interventions as indicated by evaluation.
- 6. Treatment coordination.

Service Limitations

Services are subject to prior authorization, must be medically necessary and must be recommended by a licensed practitioner or physician, who is acting within the scope of his/her professional license and applicable state law.

Rehabilitative services do not include and FFP is not available for any of the following, in accordance with section 1905(a)(13) of the Act:

- 1. Room and board
- 2. Educational, vocational and job training services
- 3. Habilitation services
- 4. Services to inmates in public institutions as defined in 42 CFR 435.1010
- 5. Services to individuals residing in institutions for mental diseases as described in 42 CFR 435.1010
- 6. Recreational and social activities
- 7. Services that must be covered elsewhere in the state Medicaid plan.

TN: <u>20-0001</u> Approval Date: <u>12/17/2020</u>
Supersedes TN: <u>NEW</u> Effective Date: <u>January 1, 2021</u>