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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 20-0028

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

June 9, 2021

John Bartholomew, Chief Financial Officer

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 20-0028

Dear Mr. Bartholomew:

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 September 29, 2020. This plan amendment allows rebalancing the behavioral health fee for service and Residential Child Care Facility (RCCF) rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 01, 2020. 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,

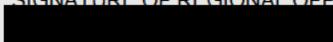
A solid black rectangular box used to redact the signature of Todd McMillion.

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: 20 – 0028	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, 2020	
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: 42 CFR § 440.130		7. FEDERAL BUDGET IMPACT: a. FFY 2020: \$182,818 b. FFY 2021: \$731,271	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – 13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children, Page 1 of 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – 13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children, Page 1 of 2 (TN 17-0045)	
10. SUBJECT OF AMENDMENT: Rebalancing behavioral health fee for service and Residential Child Care Facility (RCCF) rates			
11. GOVERNOR'S REVIEW (<i>Check One</i>): GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor'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 Attn: Amy Winterfeld	
13. TYPED NAME: John Bartholomew			
14. TITLE: Chief Financial Officer			
15. DATE SUBMITTED: Initial: September 29, 2020 Update #1: March 22, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 09/29/2020		18. DATE APPROVED 06/09/2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2020		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Todd McMillion		22. TITLE Director, Division of Reimbursement Review	
23. REMARKS			

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

STATE OF COLORADO

Attachment 4.19-B
Page 1 of 2

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

13.d. REHABILITATIVE SERVICES: MENTAL HEALTH AND SUBSTANCE ABUSE
REHABILITATION SERVICES FOR CHILDREN

Mental Health and Substance Abuse Rehabilitation Services for Children are reimbursed on a fee-for-service basis per units of service per practitioner. Rates for services include only Medicaid allowable costs. These services are only available for children ages 0 to 21 for whom the services are found to be medically necessary. Rates do not include the cost of any room and board. Applicable practitioner provider salaries were considered in developing payment fee schedules. Rates for these services were compared with rates for similar services provided by Community Mental Health Centers under cost-based payment methodologies to ensure that rates for mental health rehabilitative services are not greater than the estimated costs of providing services.

Mental Health Services units of service are as follows:

- A. Psychiatric diagnostic examination unit of service shall be one hour .
- B. Individual psychotherapy (brief) unit of service shall be 16-37 minutes, face-to-face.
- C. Individual psychotherapy (long) unit of service shall be 38-60 minutes, face-to-face.
- D. Psychotherapy for Crisis unit of service shall be 30-74 minutes, face-to-face.
- E. Family psychotherapy unit of service shall be one hour.
- F. Group psychotherapy unit of service shall be 15 minutes.
- G. Psychological testing (professional) unit of service shall be one hour, face-to-face, interpreting or preparing report.
- H. Psychological testing (technician) unit of service shall be one hour, face-to-face.