

---

## Table of Contents

**State/Territory Name:** Colorado

**State Plan Amendment (SPA) #:** CO-11-024

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  
1600 Broadway, Suite 700  
Denver, CO 80202-4967



**Region VIII**

---

January 24, 2012

Susan E Birch, MBA, BSN, RN, Executive Director  
Department of Health Care Policy & Financing  
1570 Grant Street  
Denver, CO 80203-1818

RE Colorado #11-024

Dear Ms Birch

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 11-024. This SPA reflects a 0.75% rate reduction for Emergency and Non-Emergency Medical Transportation.

Please be informed that this State Plan Amendment was approved on January 20, 2011 with an effective date of July 1, 2011. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Diane Dunstan-Murphy at (303) 844-7040.

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

cc Suzanne Brennan  
Pat Connally  
Barb Prehmus  
John Bartholomew  
Sharon Parga

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1 TRANSMITTAL NUMBER <b>11-024</b>	2 STATE <b>COLORADO</b>
		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 <b>July 1, 2011</b>	
5 TYPE OF PLAN MATERIAL (Check One).  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6 FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 431.53</b>		7 FEDERAL BUDGET IMPACT a FFY 2011 (\$14,797) b FFY 2012 (\$69,849)	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4 19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 24a Transportation</b>		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4 19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 24a. Transportation (TN 09-034, Attachment 4.19-B. only)</b>	
10 SUBJECT OF AMENDMENT <b>Methods and standards for establishing payment rates for emergency and non-emergency medical transportation services, reflecting the rate reductions effective July 1, 2011.</b>			
11 GOVERNOR'S REVIEW (Check One)  <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED  <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  <b>Governor's letter dated 11 February 2011</b>			
12 SENDER'S NAME 		16 RETURN TO  Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818  Attn: Barbara Prehmus	
13 TYPED NAME <b>Robert C. Douglas</b>			
14 TITLE <b>Legal Division Director</b>			
15 DATE SUBMITTED <b>June 28, 2011</b>			
FOR REGIONAL OFFICE USE ONLY			
17 DATE RECEIVED <b>6/28/11</b>		18 DATE APPROVED <b>1/20/12</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19 EFFECTIVE DATE OF APPROVED MATERIAL <b>7/1/11</b>		20 SIGNATURE OF REGIONAL OFFICIAL 	
21 TYPED NAME <b>RICHARD C. ALLEN</b>		22 TITLE <b>ARA, DMCHO</b>	
23 REMARKS			

7-9 1-4

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

24a TRANSPORTATION

a1 Non-Brokered Transportation

Non-brokered emergent and non-emergent medical transportation shall be reimbursed at the lower of the following

- 1 Submitted charges or
- 2 Fee schedule for transportation services as determined by the Department of Health Care Policy and Financing

a2 Brokered Transportation

The Department of Health Care Policy and Financing contracts with a competitively procured transportation broker for the provision of non-emergent medical transportation services for eligible clients residing in select Colorado counties. Compensation for the brokered services is negotiated based on an analysis of non-brokered fee-for-service transportation reimbursement rates and expenditures.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. Reimbursement rates for these services for dates of service on or after July 1, 2011 can be found on the fee schedule located on the official Web site of the Department of Health Care Policy and Financing at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)