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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-11-047

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 26, 2012

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

RE: Colorado #11-047

Dear Ms Birch

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 11-047. This SPA amends the current coverage page for physical therapy, occupational therapy and related services. The State previously provided 24 units of physical therapy and 24 units of occupation therapy and additional units were permitted with prior authorization. The amended SPA will not allow additional units for adults. Children are not affected by this SPA change.

Please be informed that this State Plan Amendment is approved effective October 1, 2011. We will be sending the CMS-179 and the amended plan page(s) in a subsequent email.

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR CENTERS FOR MEDICARE & MEDICAID SERVICES		1 TRANSMITTAL NUMBER 11-047	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 October 1, 2011	
5 TYPE OF PLAN MATERIAL (Check One)			
NEW STATE PLAN		AMENDMENT TO BE CONSIDERED AS A NEW PLAN	
X AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6 FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.110		7 FEDERAL BUDGET IMPACT a FFY 2011 (\$199,513) b FFY 2012 (\$277,534)	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 3.1-A: Item 11: Physical Therapy and Related Services.		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement to Attachment 3.1-A: Item 11 Physical Therapy and Related Services. (TN 10-033)	
10 SUBJECT OF AMENDMENT This amendment (1) adds physical therapy assistants, occupational therapy assistants, and clinical fellows as allowable providers for services when under appropriate supervision and (2) changes the service limits (before prior authorization) from 24 units of PT and 24 units of OT to a combined limit of 48 total units for either PT or OT.			
11 GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT		X OTHER, AS SPECIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		Governor's letter dated 01 September 2011	
12 SIGNATURE	16 RETURN TO		
	Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818		
13 TYPED NAME Robert C Douglas	Attn Barbara Prehmus		
14 TITLE Legal Division Director			
15 DATE SUBMITTED 10/28/2011			
FOR REGIONAL OFFICE USE ONLY			
17 DATE RECEIVED 10/28/11	18 DATE APPROVED 1/26/12		
PLAN APPROVED - ONE COPY ATTACHED			
19 EFFECTIVE DATE OF APPROVED MATERIAL 10/1/11	20 REGIONAL OFFICIAL 		
21 TYPED NAME RICHARD C. ALLEN	22 TITLE Associate Regional Administrator		
23 REMARKS			

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

STATE OF COLORADO

Supplement to Attachment 3 1-A

LIMITATIONS TO CARE AND SERVICES

11 PHYSICAL THERAPY AND RELATED SERVICES

11a. Physical therapy

- Services shall be provided by a licensed physical therapist who is an approved Medicaid provider, or a physical therapist assistant under the general supervision of a licensed physical therapist
- A medical prescription for services is required and the service/procedure must be a covered benefit of the Medicaid program.
- Clients ages 21 and over are limited to 48 units of any combination of physical and occupational therapy per 12-month period For clients ages 20 and under, prior authorization is required after 48 units of any combination of physical and occupational therapy per 12-month period A unit is defined by the current procedural terminology (CPT) code
- A prior authorization request shall be effective for a length of time that is determined medically necessary, not to exceed a maximum of 12 months
- Services shall be provided in accordance with 42 CFR 440 110.

11b Occupational therapy

- Services shall be provided by a registered occupational therapist who is an approved Medicaid provider or an occupational therapy assistant under the general supervision of a registered occupational therapist.
- A medical prescription for services is required and the service/procedure must be covered benefit of the Medicaid program.
- Clients ages 21 and over are limited to 48 units of any combination of physical and occupational therapy per 12-month period For clients ages 20 and under, prior authorization is required after 48 units of any combination of occupational and physical therapy per 12-month period A unit is defined by the current procedural terminology (CPT) code.
- A prior authorization request shall be effective for a length of time that is determined medically necessary, not to exceed a maximum of 12 months
- Services shall be provided in accordance with 42 CFR 440 110

11c Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech-language pathologist or audiologist)

- Audiology services shall be provided by a licensed audiologist or an audiologist's aide An audiologist's aide is a person who, after appropriate training and demonstrated

TN No 11-047
Supersedes TN No 10-033

Approval Date 1/26/12
Effective Date 10/1/2011

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

STATE OF COLORADO

Supplement to Attachment 3 1-A

LIMITATIONS TO CARE AND SERVICES

competency, performs tests that are prescribed, directed, and supervised by a licensed audiologist as recommended by the American Academy of Audiology

- 11 c Services for individuals with speech, hearing, and language disorders (continued)
- Speech-language pathology services may be provided by any of the following
 - A certified speech-language pathologist with a current certification by the American Speech-Language-Hearing Association,
 - A clinical fellow under the general supervision of an ASHA-certified speech-language pathologist,
 - A speech-language pathology assistant A speech-language pathology assistant is a person who has an associate's degree from a technical training program in speech-language pathology assistants' scope of work as recommended in ASHA guidelines
 - A medical prescription for services is required and the service/procedure must be a covered benefit of the Medicaid program
 - Speech-language pathology services are limited to five units per date of service A unit is defined by the current procedural terminology (CPT) code
 - Diagnostic procedures provided by an audiologist for the purpose of determining general hearing levels or for the distribution of a hearing device are not a covered benefit, except for the EPSDT population.
 - Speech-language pathology services provided for simple articulation or academic difficulties that are not medical in origin are not a covered benefit

TN No 11-047
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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

11 PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH THERAPY AND
AUDIOLOGY SERVICES

Services provided by licensed physical therapists, physical therapist assistants, licensed occupational therapists, occupational therapy assistants, certified speech therapists/pathologists, licensed audiologists, and speech-language clinical fellows 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

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 dates of service on or after July 1, 2010 and dates of service on or after July 1, 2011 for these services can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf

TN No 11-047
Supersedes TN No 11-023

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