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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 21-0011

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

July 28, 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 21-0011

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 April 30, 2021. This plan amendment allows for the rebalancing of certain behavioral health fee-for-service rates.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 01, 2021. 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 redacting 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: 21-0011	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: April 1, 2021	
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: SOCIAL SECURITY ACT 1905(a)(13)(C) / 42 CFR 440.130(d)		7. FEDERAL BUDGET IMPACT: a. FFY 2021: \$459,981 b. FFY 2022: \$869,604	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Introduction - Effective Dates for Reimbursement Rates for Specified Services, Page 2 of 3		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 – Introduction - Effective Dates for Reimbursement Rates for Specified Services, Page 2 of 3 (TNs 20-0001)	
10. SUBJECT OF AMENDMENT: Rebalance certain behavioral health fee-for-service 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: Please see date stamp in box 12 electronic signature for date submitted.			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 04/30/2021		18. DATE APPROVED 07/28/2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/2021		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Todd McMillion		22. TITLE Director, Division of Reimbursement Review	
23. REMARKS 7/16/21 - P&I - pen & ink authorization received to incorporate "Introduction" after "Other Types of Care" in Blocks 8 & 9.			

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, 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	April 1, 2021
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 1	July 1, 2020

TN No. 21-0011

Approval Date: July 28, 2021

Supersedes TN No. 20-0001

Effective Date: April 1, 2021