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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 21-0015

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

October 20, 2021

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

RE: Colorado State Plan Amendment (SPA) Transmittal Number 21-0015

Dear Mr. Bimestefer:

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 July 29, 2021. This plan amendment changes the policy for reimbursement of child-serving residential facilities to include only facilities that are 16 or fewer beds and are exclusively for treatment purposes. This includes the new Qualified Residential Treatment Program (Q RTP) license type and Substance Use Disorder (SUD) providers.

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

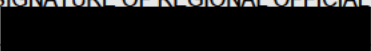
Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

cc: Dr. Tracy Johnson, Tracy.Johnson@state.co.us
Laurel Karabatsos, laurel.karabatsos@state.co.us
Bettina Schneider, bettina.schneider@state.co.us
Russell Ziegler, Russ.Zigler@state.co.us
Jami Gazarro, Jami.Gazarro@state.co.us
Amy Winterfeld, amy.winterfeld@state.co.us

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 21-0015	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, 2021	
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: Social Security Act, Section 1905(a)(13) / 42 CFR 440.130(d)		7. FEDERAL BUDGET IMPACT: a. FFY 2021: \$0 b. FFY 2022: \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Pages 2 of 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Pages 2 of 3 (TN 21-0013)	
10. SUBJECT OF AMENDMENT: Change the policy for reimbursement of child-serving residential facilities to include only facilities that are 16 or fewer beds and are exclusively for treatment purposes. This will include the new Qualified Residential Treatment Program (Q RTP) license type and Substance Use Disorder (SUD) providers.			
11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 14 July, 2021 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: Tracy Johnson			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: July 29, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 07/29/21		18. DATE APPROVED 10/20/2021	
PLAN APPROVED – ONE COPY ATTACHED			

19. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/21	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review
23. REMARKS: State approved pen and ink change to remove the coverage pages from this SPA in boxes 8 and 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, 2021
10. Dental Services	Attachment 4.19-B, Page 1 of 3	July 1, 2021
11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services	Attachment 4.19-B	July 1, 2021
12.b. Dentures	Attachment 4.19-B	July 1, 2021
12.c. Prosthetics	Attachment 4.19-B	July 1, 2021
12.d. Eyeglasses and Contact Lenses	Attachment 4.19-B	July 1, 2021
13.c. Preventive Services - Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Attachment 4.19-B	July 1, 2021
13.d. Rehabilitative Services: Substance Use Disorder Treatment	Attachment 4.19-B	July 1, 2021
13.d. Rehabilitative Services: Behavioral Health Services	Attachment 4.19-B	July 1, 2021
13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children	Attachment 4.19-B, Page 1-2 of 2	October 1, 2021
19. Targeted Case Management: Persons with a Developmental Disability	Attachment 4.19-B, Page 1-2 of 2	July 1, 2021
19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment	Attachment 4.19-B, Page 1 of 2	July 1, 2021
19.b. Targeted Case Management: Transition Services	Attachment 4.19-B, Page 1 of 1	July 1, 2021

TN No. 21-0015

Approval Date: October 20, 2021

Supersedes TN No. 21-0013

Effective Date: October 1, 2021