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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 21-0028

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

October 25, 2021

Tracy Johnson
Medicaid Director
Colorado Department of Health Care
Policy and Financing
1570 Grant Street
Denver, CO 80203-1818

Re: Colorado 21-0028

Dear Ms. Johnson,

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 21-0028. Effective for services on or after July 1, 2021, this amendment implements rate increases for Psychiatric Residential Treatment Facilities (PRTF).

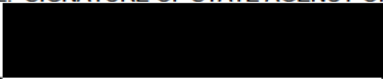
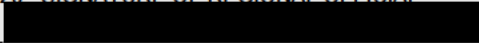
We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30) and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 21-0028 is approved effective July 1, 2021. The CMS-179 and the amended plan page are attached.

If you have any questions, please contact Christine Storey at Christine.storey@cms.hhs.gov or 303-844-7044.

Sincerely,

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

For
Rory Howe
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 21-0028	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, 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: 42 CFR 440.160		7. FEDERAL BUDGET IMPACT: a. FFY 2022: \$2,380,462 See Block 23 for corrected FFP b. FFY 2023: \$3,173,949 for FFY 2021, 2022 and 2023	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-D – Methods and Standards for Establishing Payment Rates – Other Types of Care – 16. Psychiatric Residential Treatment Facilities, Page 64		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-D – Methods and Standards for Establishing Payment Rates – Other Types of Care – 16. Psychiatric Residential Treatment Facilities, Page 64 (TN 20-0023)	
10. SUBJECT OF AMENDMENT: Targeted rate increase for Psychiatric Residential Treatment Facilities.			
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 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: August 5, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED August 5, 2021		18. DATE APPROVED October 25, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL  For	
21. TYPED NAME Rory Howe		22. TITLE Director, Financial Management Group	
23. REMARKS State authorized CMS pen & ink change to block 7 as follows: FFY 2021 is \$842,683 FFP, FFY 2022 is \$3,223,145 FFP, FFY 2023 is \$3,173,949			

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State of Colorado

Attachment 4.19-D
Page 64

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

16. Psychiatric Residential Treatment Facilities

UPPER PAYMENT LIMIT (UPL) CALCULATION

The Department conducts an analysis of the prevailing private-pay and commercial-insurance rates for PRTF-like services for the purposes of setting the Upper Payment Limit (UPL) for PRTF services according to 42 CFR 447.325.

PAYMENT RATES

The PRTF rate is set according to the methodology outlined in this document and is adjusted according to Colorado General Assembly appropriation.

PRTF services shall be reimbursed at the lower of the following:

1. Submitted charges, or
2. Fee schedule for PRTF services 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. The reimbursement rates were set as of July 1, 2021 and are effective for services provided on or after that date. All rates can be found on the official website of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

TN No. 21-0028
Supersedes TN No. 20-0023

Approval Date October 25, 2021
Effective Date July 1, 2021