

## **Table of Contents**

**State/Territory Name: Colorado**

**State Plan Amendment (SPA) #: 23-0007**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



May 12, 2023

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

RE: Colorado State Plan Amendment (SPA) 23-0007

Dear Ms. Bimestefer:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0007. This amendment allows the 240 service unit limit per client for targeted case management services to be exceeded if medically necessary.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Colorado's Medicaid SPA Transmittal Number 23-0007 was approved on May 10, 2023, with an effective date of May 12, 2023.

If you have any questions, please contact Tyler Deines at (202) 571-8533, or via email at [Tyler.Deines@cms.hhs.gov](mailto:Tyler.Deines@cms.hhs.gov).

Sincerely,

Ruth  
Hughes -S

Digitally signed by  
Ruth Hughes -S  
Date: 2023.05.12  
09:43:16 -05'00'

Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosures

cc: Adela Flores-Brennan, [Adela.Flores-Brennan@state.co.us](mailto:Adela.Flores-Brennan@state.co.us)  
Bettina Schneider, [Bettina.Schneider@state.co.us](mailto:Bettina.Schneider@state.co.us)  
Russ Zigler, [Russ.Zigler@state.co.us](mailto:Russ.Zigler@state.co.us)  
Jami Gazerro, [Jami.Gazerro@state.co.us](mailto:Jami.Gazerro@state.co.us)  
Amy Winterfeld, [amy.winterfeld@state.co.us](mailto:amy.winterfeld@state.co.us)  
Erica Schaler, [Erica.Schaler@state.co.us](mailto:Erica.Schaler@state.co.us)

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 3 — 0 0 0 7</u>	2. STATE <u>CO</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
~~End of PHE~~ May 12, 2023

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 441.18

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 0  
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Supplement to Attachment 3.1-A Item 19.b. Targeted Case Management Services: Transition Services (page 6 of 6)


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Supplement to Attachment 3.1-A Item 19b. Targeted Case Management Services: Transition Services (page 6 of 6) (TN 18-0021)

9. SUBJECT OF AMENDMENT  
This amendment allows the 240 service unit limit per client for targeted case management services to be exceeded if medically necessary.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
**Governor's letter dated 24 September 2022**

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Adela Flores-Brennan

13. TITLE  
State Medicaid Director

14. DATE SUBMITTED  
March 14, 2023

15. RETURN TO  
Colorado Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203-1818

Attn: Alex Lyons

**FOR CMS USE ONLY**

16. DATE RECEIVED March 15, 2023	17. DATE APPROVED May 10, 2023
-------------------------------------	-----------------------------------

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023	19. SIGNATURE OF APPROVING OFFICIAL Ruth Hughes -S <small>Digitally signed by Ruth Hughes -S Date: 2023.05.12 09:44:07 -05'00'</small>
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS  
Box 4: Updated effective date to the day after expiration of the PHE, as approved by the State.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**  
**State/Territory: COLORADO**

Unit Limitations:

Effective January 1, 2019, the total number of Targeted Case Management: Transition Services units per client is limited to 240 units per service year. If medically necessary, a client may exceed the 240 units per services year. A unit of service is defined as each completed 15-minute increment that meets the description of a Targeted Case Management: Transition Services activity. The service unit per client limit may be exceeded based on a determination of medical necessity.