

## **Table of Contents**

**State/Territory Name: Colorado**

**State Plan Amendment (SPA) #: 24-0026**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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November 25, 2024

Adela Flores-Brennan  
State Medicaid Director  
Colorado Department of Health Care  
Policy and Financing  
303 E. 17<sup>th</sup> Avenue, Suite 1100  
Denver, CO 80203

Re: Colorado State Plan Amendment (SPA) 24-0026

Dear Adela Flores-Brennan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0026. This amendment seeks authorization for Health First Colorado to obtain reimbursement for Partial Hospitalization services as defined by the American Society of Addiction Medicine's 2.5 standards.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Colorado Medicaid SPA TN 24-0026 was approved on November 25, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Colorado State Plan.

If you have any questions, please contact Helenita Augustus at (410) 786-8902 or via email at [Helenita.Augustus@cms.hhs.gov](mailto:Helenita.Augustus@cms.hhs.gov).

Sincerely,

Ruth  
Hughes -S

Digitally signed by Ruth Hughes -S  
Date: 2024.11.25 15:08:55 -06'00'

Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosures

cc: Adela Flores-Brennan, CO State Medicaid Director  
Russell Zigler, CO Medicaid  
Erica Schaler, CO Medicaid

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

1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>2</u> <u>6</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  
**July 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
Social Security Act, Section 1902(a)(30)(A)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 1,113,600  
b. FFY 2025 \$ 4,454,400

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 13.d– Rehabilitative Services, **Page 1 - 2 (NEW)**  
  
Attachment 4.19-B – Methods and Standards for Establishing Payment Rates Other Types of Care – Item 13.d – Rehabilitative Services, **Page 1 of 1 (NEW)**  
  
Attachment 4.19-B - Introduction - Methods and Standards for Establishing Payment Rates - Other Types of Care, **Page 2 - 3 of 3**

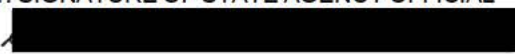
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-B - Introduction - Methods and Standards for Establishing Payment Rates - Other Types of Care, Page 2 - 3 of 3**

9. SUBJECT OF AMENDMENT  
This proposed SPA would seek authorization for Health First Colorado to be reimbursed for Partial Hospitalization services as defined in the American Society of Addiction Medicine's Level 2.5 standard.

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 5 April 2023

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Adela Flores-Brennan

13. TITLE  
Medicaid Director

14. DATE SUBMITTED  
9/3/2024

15. RETURN TO  
Colorado Department of Health Care Policy and Financing  
303 E 17th Ave  
Denver, CO 80203  
Attn: Erica Schaler

**FOR CMS USE ONLY**

16. DATE RECEIVED 9/3/2024	17. DATE APPROVED November 25, 2024
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/2024	19. SIGNATURE OF APPROVING OFFICIAL <b>Ruth Hughes -S</b> Digitally signed by Ruth Hughes -S Date: 2024.11.25 15:09:42 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS  
State has agreed to the above pen and ink changes notated in section 7 in red and also below.  
  
Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 13.d– Rehabilitative Services, **Page 1 - 2 (NEW)**  
  
Attachment 4.19-B – Methods and Standards for Establishing Payment Rates Other Types of Care – Item 13.d – Rehabilitative Services, **Page 1 of 1 (NEW)**  
  
Attachment 4.19-B - Introduction - Methods and Standards for Establishing Payment Rates - Other Types of Care, **Page 2-3 of 3**

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

STATE OF COLORADO

Supplement to Attachment 3.1-A  
Page 1 of 2

LIMITATIONS TO CARE AND SERVICES-REHABILITATIVE SERVICES

**13.d. REHABILITATIVE SERVICES: PARTIAL HOSPITALIZATION PROGRAM BEHAVIORAL HEALTH SERVICES**

Effective July 1, 2024, Health First Colorado members are eligible to receive Partial Hospitalization services. The treatment program of a Partial Hospitalization service closely resembles that of a highly structured, short-term hospital inpatient program. It is treatment at a level more intense than outpatient day treatment or psychosocial rehabilitation.

**Covered Services**

Partial Hospitalization Program (PHP) behavioral health (both Mental Health and Substance Use Disorder) services are structured treatment programs provided in outpatient settings with at least 4 hours per day (20 hours per week), but not more than 24 hours per day, or 24 hours per week service provision. Colorado offers a full continuum to support at every level of care. If 24 hours of PHP services are not sufficient, the member will be moved up to a residential level of care. PHP treatment environments focus on assisting members to develop skills to regain stability in their lives and build a foundation based upon recovery. Programs provide daily clinically intensive treatment to support members who are living with a behavioral health condition and an unstable medical condition in need of daily monitoring and management in a structured outpatient setting. PHP covered services include individual, group, and family psychotherapy; individual and group psychosocial support and psychoeducation; activity therapy; and, medication management.

**Non-Covered Services**

Partial Hospitalization services do not cover the following services:

1. Programs, which provide primarily social, recreational, or diversionary activities, custodial or respite care.

**Provider Qualifications**

A provider meeting the qualifications set by the Department and verified by the certifying vendor contracted with the Department is eligible to deliver Partial Hospitalization services and seek Medicaid reimbursement.

Partial Hospitalization services must be performed within the scope of an individual practitioner's practice and license. Providers who meet the minimum qualifications required include:

TN No. 24-0026  
Supersedes TN No. NEW

Approval Date 11/25/2024  
Effective Date 7/1/2024

- Licensed Clinical Social Worker
- Licensed Professional Counselor
- Licensed Marriage and Family Therapist
- Licensed EdD/PhD/PsyD
- Licensed Addiction Counselor
- Advanced Practice Nurse
- Advanced Practice Nurse with Prescriptive Authority
- Physician Assistant
- Doctor of Medicine / Doctor of Osteopathic Medicine

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

STATE OF COLORADO

Attachment 4.19-B  
Page 1 of 1

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES –  
OTHER TYPES OF CARE

13.d REHABILITATIVE SERVICES: PARTIAL HOSPITALIZATION PROGRAM  
BEHAVIORAL HEALTH SERVICES

Partial Hospitalization services shall be reimbursed at the lower of the following:

1. Submitted charges; or
2. Market-based fee schedule as determined by the Department of Health Care Policy and Financing's analysis of private sector behavioral health care management corporation reimbursement rates and reimbursement rates of similar services covered by the Department.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page. All rates can be found on the official web site of the Department of Health Care Policy and Financing at <https://hcpf.colorado.gov/provider-rates-fee-schedule>.



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, 2024
10. Dental Services	Attachment 4.19-B, Page 1 of 3	July 1, 2024
11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services	Attachment 4.19-B	July 1, 2024
12.b. Dentures	Attachment 4.19-B	July 1, 2024
12.c. Prosthetics	Attachment 4.19-B	July 1, 2024
12.d. Eyeglasses and Contact Lenses	Attachment 4.19-B	July 1, 2024
13.c. Preventive Services - Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Attachment 4.19-B	July 1, 2024
13.d. Rehabilitative Services: Substance Use Disorder Treatment	Attachment 4.19-B	July 1, 2024
13.d. Rehabilitative Services: Behavioral Health Services	Attachment 4.19-B	July 1, 2024
13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children	Attachment 4.19-B, Page 1-2 of 2	July 1, 2024
13.d. Rehabilitative Services: Partial Hospitalization Program Behavioral Health Services	Attachment 4.19-B, Page 1-2 of 2	July 1, 2024
19. Targeted Case Management: Persons with a Developmental Disability	Attachment 4.19-B, Page 1-2 of 2	July 1, 2024
19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment	Attachment 4.19-B, Page 1 of 2	July 1, 2024

TN No. 24-0026

Approval Date: November 25, 2024

Supersedes TN No. 24-0016

Effective Date: July 1, 2024

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

STATE OF COLORADO

Attachment 4.19-B  
Introduction  
Page 3 of 3

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

Service	Attachment	Effective Date
19.b. Targeted Case Management: Transition Services	Attachment 4.19-B, Page 1 of 1	July 1, 2024
20. Extended Services for Pregnant Women (Prenatal Plus Program)	Attachment 4.19-B	July 1, 2024
24.a. Transportation	Attachment 4.19-B	July 1, 2024
28. Freestanding Birth Center Services	Attachment 4.19-B	July 1, 2024

TN No. 24-0026

Supersedes TN No. 24-0016

Approval Date: November 25, 2024

Effective Date: July 1, 2024