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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 26-0019

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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

November 10, 2026

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

RE: Colorado State Plan Amendment (SPA) – 26-0019

Dear Director Flores-Brennan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN)#26-0019. This amendment makes revisions that classify some nonemergency medical transportation (NEMT) expenditures as medical services. Additionally, language has been added regarding how Colorado credentials drivers and vehicles per SSA 1902(a)(87).

We conducted our review of your submittal according to statutory requirements in sections We conducted our review of your submittal according to statutory requirements in sections 42 CFR 440.170 (transportation) and statute found in section 1902(a)(87). This letter informs you that Colorado's Medicaid SPA TN CO-26-0019 is approved on November 10, 2026, with an effective date of July 26, 2026.

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

If you have any additional questions or need further assistance, please contact Nicholas Wood at (816) 426-2092 or via email at Nicholas.Wood@cms.hhs.gov.

Sincerely,

Megan K. Buck
Director, Division of Program Operations

Enclosures

cc: Erica Schale, HCPF

Rachel Larson, HCPF
Julie Masters, HCPF
Jennifer Swaisgood, HCPF
Russell Zigler, HCPF
Jessica Farmen, HCPF

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0019

2. STATE: CO

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

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

4. PROPOSED EFFECTIVE DATE
July 26, 2026

5. FEDERAL STATUTE/REGULATION CITATION
Social Security Act, Section 1902(a)(70) / 42 CFR § 440.170(a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 5,245,623
b. FFY 2027 $ 43,037,647

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement to Attachment 3.1-A, Item 24.a - Transportation, page 1; Attachment 3.1-D Methods of Assuring Transportation, pages 1-3, 4.19-B Item 24.a - Transportation

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Supplement to Attachment 3.1-A, Item 24.a - Transportation , page 1 (TN 09-034); Attachment 3.1-D Methods of Assuring Transportation, pages 1-3 (TN 14-011)

4.19-B Item 24.a - Transportation (TN-23-0005)

9. SUBJECT OF AMENDMENT
This SPA makes revisions that classify some nonemergency medical transportation (NEMT) expenditures as medical services. Additionally, language has been added regarding how the state credentials drivers and vehicles per SSA 1902(a)(87).

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 9 May 2026

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Gretchen Hammer

13. TITLE
Executive Director

14. DATE SUBMITTED
08/12/2026

15. RETURN TO
Colorado Department of Health Care Policy and Financing
303 E. 17th Avenue, Suite 1100
Denver, CO 80203

Attn: Jessica Farmen

FOR CMS USE ONLY

16. DATE RECEIVED
August 12, 2026

17. DATE APPROVED
November 10, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 26, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Megan K. Buck

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS
Box 7 and Box 8: State authorized pen and ink changes via email on 11/05/26.
Box 6 & 8: State authorize P&I change via email on 11/10/26.

Instructions on Back

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

STATE OF COLORADO

Supplement to Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

24a. TRANSPORTATION

- Non-emergent medical transportation shall be provided, with limitations, as a medical service and administrative activity. See Attachment 3.1-D: Methods of Assuring Transportation.

- Emergency medical transportation shall be provided as a medical service.

  Emergency medical transportation shall include land and air ambulance as certified by the health care provider to be appropriate for the particular circumstances.

  Coverage of emergency medical transportation shall require a physician's statement of medical necessity or a trip report. A physician's statement is not required prior to emergency transport.

  Ambulance transportation is not considered medically necessary when any other means of transportation can be safely utilized without risk to the client's health.

METHODS OF ASSURING TRANSPORTATION

The Colorado Medical Assistance Program provides non-emergent medical transportation (NEMT) as a medical service and administrative activity. Pursuant to Section 1902(a)(70) of the Social Security Act and implementing regulations at 42 C.F.R. § 440.170(a)(4), the Department utilizes a broker program to ensure necessary NEMT. NEMT will be claimed as an administrative activity for personal vehicle mileage reimbursement, meals, and lodging.

NEMT services are covered by the Colorado Medical Assistance Program for eligible clients who do not have access to other means of transportation including free transportation, and require transportation to obtain a non-emergency Medicaid service. Payment will be made for the least expensive transportation suitable to the client's condition. The distance to be traveled, transportation methods available, treatment facilities available, and the physical condition and welfare of the client shall all determine the type of NEMT authorized.

Methods of Transportation

Reimbursable NEMT methods shall include personal vehicle mileage reimbursement, escort / attendant if necessary, meals and lodging, ground and air ambulance, mileage, taxi and mileage, mobility / ambulatory vehicle and mileage, wheelchair van and mileage, stretcher van and mileage, bus, train, commercial air, and other forms of public and private conveyance.

Reimbursement

All NEMT services shall be reimbursed at the lower of the following: submitted charges or the Health First Colorado Fee Schedule as determined by the Department of Health Care Policy and Financing. When the NEMT service is arranged by the NEMT broker, transportation providers are paid by the NEMT broker who first submits the claim for payment to the Department and then remits 100% of the claim reimbursement amount to the transportation provider. When the NEMT service is not arranged by the NEMT broker, transportation providers are paid directly by the Department. The non-Federal funding share of transportation payments comes from the Colorado General Fund and the Healthcare Affordability & Sustainability Fee Cash Fund.

Non-Covered Services

Non-covered services include: services provided solely for convenience of the client; charges incurred while client is not in the vehicle; transportation to or from non-covered medical services, waiting time, cancellations, transportation which is covered by another entity, charges for additional passengers except when acting as an escort for a child or at-risk adult, or, the siblings

or children of the client receiving medical services; charges for the cost of transporting siblings who are not receiving a medical service; and transportation for nursing facility or group home residents to medical or rehabilitative services required in the facility's program unless the facility does not have an available vehicle. Transportation to a service that is not a Medicaid benefit is not covered.

The Department contracts with a competitively procured transportation broker for the provision of NEMT services for eligible clients residing in the broker service areas of Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer, and Weld counties prior to January 2027, and all counties thereafter.

Broker Assurance

The broker is selected through a competitive bidding process that is consistent with 2 C.F.R. §§ 200.317 through 200.327 and is based on the Department's evaluation of the broker's experience, performance, references, resources, qualifications, and costs. The Department has oversight procedures to monitor member access and complaints and ensure that transportation is timely and that transport personnel are licensed, qualified, competent, and courteous. The broker is subject to regular auditing and oversight by the Department in order to ensure the quality and timeliness of the transportation services provided and the adequacy of beneficiary access to medical care and services. The broker is subject to a written contract that imposes the requirements related to prohibitions on referrals and conflicts of interest described at 42 C.F.R. § 440.170(a)(4)(ii), and provides for the broker to be liable for the full cost of services resulting from a prohibited referral or subcontract. The broker is non-governmental entity and is not itself a provider of transportation nor does it refer to or subcontract with any entity with which it has a prohibited financial relationship as described at 42 CFR 440.170(4)(ii).

The NEMT broker is responsible for administering the NEMT benefit, including all methods of NEMT service, that occur within the broker service area counties, including operating the contact center and electronic scheduling tools, verifying member and trip eligibility, determining the appropriate transportation mode, and arranging transportation 24 hours a day, seven days a week. The broker schedules and manages trips through qualified providers, arranges services such as urgent transportation, hospital discharges, out-of-state travel, public transit, and personal vehicle mileage reimbursement, and develops and oversees the transportation provider network through credentialing, inspections, compliance monitoring, audits, corrective actions, and network adequacy activities. The broker also performs the administrative and customer-service functions needed to operate the program, including handling complaints and appeals, processing provider claims and member reimbursements, monitoring service quality and contact center performance, maintaining trip and utilization data, producing required reports, conducting quality-improvement

activities, coordinating with treatment facilities and other stakeholders, and supporting Department oversight and audits.

Out of State NEMT

Some NEMT services require prior authorization. Transportation to out-of-state locations shall require prior authorization and shall be covered when it has been determined, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are not able to be provided by a provider/facility within the state, or when it is the general practice for clients in a particular locality to use medical resources in another state.

Services ancillary to NEMT shall include meals and lodging and are only covered if the trip cannot be completed in one calendar day. The maximum per diem reimbursement rates for meals and lodging and NEMT prior authorization requirements can be found on the official Web site of the Department. NEMT, meals, and lodging for one escort attending an at-risk adult or child may be provided.

The Department attests that all the minimum requirements outlined in 1902(a)(87) of the Social Security Act are met.

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

24a. TRANSPORTATION

Emergent and non-emergent medical transportation (NEMT) shall be reimbursed at the lower of the following:

1. Submitted charges or
2. Fee schedule for transportation services as determined by the Department of Health Care Policy and Financing.

Reimbursable emergent medical transportation shall include transportation by ground ambulance, mileage, and supplies, air ambulance, mileage, and supplies, and interfacility transportation, mileage, and supplies.

Reimbursable NEMT methods shall include the methods of transportation listed in Attachment 3.1-D, Methods of Assuring Transportation, page 1 of 3, paragraph 3.

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.