

## **Table of Contents**

**State/Territory Name: CO**

**State Plan Amendment (SPA) CO: 23-0019**

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  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

July 24, 2023

Bettina Schneider, Chief Financial Officer  
Attn: Alex Lyons  
Colorado Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203-1818

**RE: Colorado State Plan Amendment (SPA) Transmittal Number 23-0019**

Dear Ms. Schneider:

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 June 05, 2023. This plan amendment establishes a 3.0% across-the-board rate increase for specific services, and targeted rate increases and rate rebalances, per state statute.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 01, 2023. 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](mailto:lajoshica.smith@cms.hhs.gov).

Sincerely,

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

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 1 9</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, 2023**

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2023 \$ 20,906,706  
b. FFY 2024 \$ 83,123,917

7. 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 1-3 of 3**  
  
**[PLEASE SEE SUPPLEMENT ALSO]**

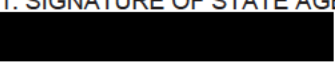
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Pages 1-3 of 3 (TN 22-0018)**  
**[PLEASE SEE SUPPLEMENT ALSO]**

9. SUBJECT OF AMENDMENT  
**Effective July 1, 2023, 3.0% across-the-board rate increases for the included services, and targeted rate increases and rate rebalances, per state statute.**

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:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
**Bettina Schneider**

13. TITLE  
**Chief Financial Officer**

14. DATE SUBMITTED

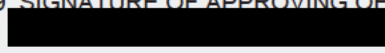
15. RETURN TO  
Colorado Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203-1818

Attn: Alex Lyons

**FOR CMS USE ONLY**

16. DATE RECEIVED 06/05/2023	17. DATE APPROVED July 24, 2023
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS

## **SPA CO-23-0019 CMS179 Supplement Information**

### **ITEMIZED FEDERAL BUDGET IMPACT (CMS179, box 6):**

#### **3. Laboratory and Radiology Services**

FFY 2023: \$452,979

FFY 2024: \$1,781,623

#### **4.b. Early and Periodic Screening, Diagnosis and Treatment**

##### **Services**

FFY 2023: \$301,666

FFY 2024: \$1,193,234

#### **4.c. Family Planning**

FFY 2023: \$115,034

FFY 2024: \$460,134

#### **4.d. Tobacco Cessation Counseling for Pregnant Women**

FFY 2023: \$4

FFY 2024: \$16

#### **5.a.2.a. Physician Services – Comprehensive fee schedule**

FFY 2023: \$1,243,435

FFY 2024: \$4,918,383

#### **5.a.2.b. Physician Services – Alternative Payment Model Code Set**

FFY 2023: \$1,176,995

FFY 2024: \$4,707,980

#### **5.b. Medical and Surgical Services Furnished by a Dentist**

FFY 2023: \$190,525

FFY 2024: \$753,619

#### **6.d. Services Provided by Non-Physician Practitioners**

FFY 2023: \$547,010

FFY 2024: \$2,163,688

**7.A.-B. Home Health Care Services**

FFY 2023: \$3,187,998

FFY 2024: \$12,610,066

**7.C. Durable Medical Equipment**

FFY 2023: \$1,085,519

FFY 2024: \$4,293,750

**8. Private Duty Nursing Services**

FFY 2023: \$622,543

FFY 2024: \$2,462,457

**9. Clinic Services**

FFY 2023: \$5,660,711

FFY 2024: \$22,521,341

**10. Dental Services**

FFY 2023: \$1,817,738

FFY 2024: \$7,190,030

**11. Physical Therapy, Occupational Therapy, Speech  
Therapy, and Audiology Services**

FFY 2023: \$1,116,024

FFY 2024: \$4,414,412

**12.b. Dentures**

FFY 2023: \$72,983

FFY 2024: \$288,684

**12.c. Prosthetics**

FFY 2023: \$29,687

FFY 2024: \$117,427

**12.d. Eyeglasses and Contact Lenses**

FFY 2023: \$365,817

FFY 2024: \$1,454,002

**13.c. Preventive Services – Screening, Brief Intervention,  
and Referral to Treatment (SBIRT)**

FFY 2023: \$632

FFY 2024: \$2,499

**13.d. Rehabilitative Services: Substance Use Disorder**

**Treatment**

FFY 2023: \$53,235

FFY 2024: \$210,569

**13.d. Rehabilitative Services: Behavioral Health Services**

FFY 2023: \$25,287

FFY 2024: \$100,021

**13.d. Rehabilitative Services: Mental Health and Substance**

**Abuse Rehabilitation Services for Children**

FFY 2023: \$73,470

FFY 2024: \$290,609

**19. Targeted Case Management: Persons with a**

**Developmental Disability**

FFY 2023: \$148,916

FFY 2024: \$589,034

**19.a. Targeted Case Management: Outpatient Substance**

**Use Disorder Treatment**

FFY 2023: \$0

FFY 2024: \$0

**19.b. Targeted Case Management: Transition Services**

FFY 2023: \$1,564

FFY 2024: \$6,185

**20. Extended Services for Pregnant Women**

FFY 2023: \$1,705

FFY 2024: \$6,745

**24.a. Transportation**

FFY 2023: \$2,611,752

FFY 2024: \$10,573,658

**28. Freestanding Birth Center Services**

FFY 2023: \$3,477

FFY 2024: \$13,751

**Aggregate**

FFY 2023: \$20,906,706

FFY 2024: \$83,123,917

NEW SPA PAGES (CMS179, box 7):

**Attachment 4.19-B – Methods and Standards for**

**Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Page 1-3 of 3**

**Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Item 7.c Home Health Care Services (Durable Medical Equipment and Supplies) – Page 2b of 7**

**Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Item 12.c Prosthetics – Page 1 of 1**

SUPERSEDED SPA PAGES (CMS179, box 8):

**Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services, Pages 1-3 of 3 (TN 22-0018)**

**Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Item 7.c Home Health Care Services (Durable Medical Equipment and Supplies) – Page 2b of 7 (TN 22-0018)**

**Attachment 4.19-B – Methods and Standards for Establishing Payment Rates – Item 12.c Prosthetics – Page 1 of 1 (TN 22-0018)**



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

STATE OF COLORADO

Attachment 4.19-B  
Introduction  
Page 1 of 3

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

Effective Dates for Reimbursement Rates for Specified Services

Reimbursement rates for the services listed below on this Attachment 4.19-B introduction page are effective for services provided on or after the corresponding effective date. All payment rates can be found on the official website of the Department of Health Care Policy and Financing at <https://www.colorado.gov/hcpf/provider-rates-fee-schedule>

Service	Attachment	Effective Date
3. Laboratory and Radiology Services	Attachment 4.19-B	July 1, 2023
4.b. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	Attachment 4.19-B, Page 1 of 1	July 1, 2023
4.c. Family Planning	Attachment 4.19-B	July 1, 2023
4.d. Tobacco Cessation Counseling for Pregnant Women	Attachment 4.19-B	July 1, 2023
5.a.2.a. Physician Services – Comprehensive fee schedule	Attachment 4.19-B	July 1, 2023
5.a.2.b. Physician Services – Alternative Payment Model Code Set	Attachment 4.19-B	July 1, 2023
5.b. Medical and Surgical Services Furnished by a Dentist	Attachment 4.19-B, Page 1 of 1	July 1, 2023
6.d. Services Provided by Non-Physician Practitioners	Attachment 4.19-B	July 1, 2023
7.A.-B. Home Health Care Services	Attachment 4.19-B, Page 1 of 7	July 1, 2023
7.C. Durable Medical Equipment	Attachment 4.19-B, Pages 2a and 2b of 7	July 1, 2023
8. Private Duty Nursing Services	Attachment 4.19-B	July 1, 2023

TN No. 23-0019

Approval Date: July 24, 2023

Supersedes TN No. 22-0018

Effective Date: July 1, 2023

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, 2023
10. Dental Services	Attachment 4.19-B, Page 1 of 3	July 1, 2023
11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services	Attachment 4.19-B	July 1, 2023
12.b. Dentures	Attachment 4.19-B	July 1, 2023
12.c. Prosthetics	Attachment 4.19-B	July 1, 2023
12.d. Eyeglasses and Contact Lenses	Attachment 4.19-B	July 1, 2023
13.c. Preventive Services - Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Attachment 4.19-B	July 1, 2023
13.d. Rehabilitative Services: Substance Use Disorder Treatment	Attachment 4.19-B	July 1, 2023
13.d. Rehabilitative Services: Behavioral Health Services	Attachment 4.19-B	July 1, 2023
13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children	Attachment 4.19-B, Page 1-2 of 2	July 1, 2023
19. Targeted Case Management: Persons with a Developmental Disability	Attachment 4.19-B, Page 1-2 of 2	July 1, 2023
19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment	Attachment 4.19-B, Page 1 of 2	July 1, 2023
19.b. Targeted Case Management: Transition Services	Attachment 4.19-B, Page 1 of 1	July 1, 2023

TN No. 23-00019

Supersedes TN No. 22-0018

Approval Date: July 24, 2023

Effective Date: July 1, 2023

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

Effective Dates for Reimbursement Rates for Specified Services

Service	Attachment	Effective Date
20. Extended Services for Pregnant Women (Prenatal Plus Program)	Attachment 4.19-B	July 1, 2023
24.a. Transportation	Attachment 4.19-B	July 1, 2023
28. Freestanding Birth Center Services	Attachment 4.19-B	July 1, 2023

TN No. 23-0019

Supersedes TN No. 22-0018

Approval Date: July 24, 2023

Effective Date: July 1, 2023

- ii. The submitted charge.
3. DME and supplies that require manual pricing are reimbursed at the lower of the following:
- a) Submitted charges;
  - b) Manufacturer's suggested retail price (MSRP) less 15.47 percent;
  - c) Actual invoiced acquisition cost plus 23.59 percent when no MSRP is available.

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.

TN# 23-0019

SUPERSEDES TN# 22-0018

APPROVAL DATE July 24, 2023

EFFECTIVE DATE: July 1, 2023

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

STATE OF COLORADO

42 CFR 440.120

Attachment 4.19-B

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

12.c. PROSTHETICS

Prosthetics shall be reimbursed at the lower of the following:

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

Prosthetics that require manual pricing shall be reimbursed at the lower of the following:

1. Submitted charges;
2. Manufacturer's suggested retail price (MSRP) less 15.47 percent;
3. Actual invoiced acquisition cost plus 23.59 percent when no MSRP is available.

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.