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State/Territory Name: Colorado

State Plan Amendments (SPA) #: CO-19-0030

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

JAN 23 2020

Tracy Johnson
Medicaid Director
Colorado Department of Health Care Policy and Financing
Medicaid & Child Health Plan Plus (CHP+)
1570 Grant Street
Denver, CO 80203-1818

Dear Ms. Johnson:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), CO-19-0030, has been approved. CO-19-0030 extends dental coverage to pregnant women enrolled in Children's Health Plan Plus (CHP+). This SPA has an effective date of October 1, 2019.

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Jordan's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-3413
E-mail: Joyce.Jordan@cms.hhs.gov

If you have additional questions, please contact Amy Lutzky, Director, Division of State Coverage Programs at (410) 786-0721.

We look forward to continuing to work with you and your staff.

Sincerely,

/signed Anne Marie Costello/

Anne Marie Costello
Director

cc:

Mr. Richard Allen, Director, Division of Medicaid Field Operations West

SPA #27

Date Amendment # 27 Submitted: June 29, 2018
Date Amendment # 27 Approved:
Date Amendment # 27 Effective: October 2, 2017 (Requested)

Effective October 2, 2017, Colorado amended its State Plan to document its compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) under Sections 6.2 and 8.4.

SPA #28

Date Amendment #28 Submitted: June 29, 2018
Date Amendment #28 Approved: Aug 23, 2018
Date Amendment #28 Effective: July 1, 2017

Effective July 1, 2017, Colorado added the authority for direct certification through Supplemental Nutritional Assistance Program (SNAP) and the Temporary Assistance for Needy Families Program (TANF) to the Express Lane Eligibility option. Moreover, Colorado added the authority to waive an enrollment fee when a child is eligible for the Child Health Plan Plus program, when there is a pregnant mother in the household, enrolled in either the Medicaid or Child Health Plan *Plus* program.

SPA #29

Date Amendment #29 Submitted: June 25, 2019
Date Amendment #29 Approved:
Date Amendment #29 Effective: July 1, 2018 (Requested)

Effective July 1, 2018, Colorado revised Section 3 of the plan to incorporate updates pursuant to the Medicaid Managed Care final rule as it relates to the Children's Health Insurance Program.

SPA #30

Date Amendment #30 Submitted: November 20, 2019
Date Amendment #30 Approved:
Date Amendment #30 Effective: October 1, 2019

Effective October 1, 2019, Colorado revised Section 6.2 of the plan to add pregnant women to the dental coverage pursuant to C.R.S. § 25.5-8-107(1)(a)(II). The amendment also updated the well-baby codes in Section 8.4.2 to reflect the most current codes.

- 6.2.21. ☐ Care coordination services (Section 2110(a)(21))
- 6.2.22. ☒ Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders (Section 2110(a)(22))
- 6.2.23. ☒ Hospice care (Section 2110(a)(23))

Guidance: Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic or rehabilitative service may be provided, whether in a facility, home, school, or other setting, if recognized by State law and only if the service is: 1) prescribed by or furnished by a physician or other licensed or registered practitioner within the scope of practice as prescribed by State law; 2) performed under the general supervision or at the direction of a physician; or 3) furnished by a health care facility that is operated by a State or local government or is licensed under State law and operating within the scope of the license.

- 6.2.24. ☐ Any other medical, diagnostic, screening, preventive, restorative, remedial, therapeutic, or rehabilitative services. (See instructions) (Section 2110(a)(24))
- 6.2.25. ☐ Premiums for private health care insurance coverage (Section 2110(a)(25))
- 6.2.26. ☒ Medical transportation (Section 2110(a)(26))

Guidance: Enabling services, such as transportation, translation, and outreach services, may be offered only if designed to increase the accessibility of primary and preventive health care services for eligible low-income individuals.

- 6.2.27. ☐ Enabling services (such as transportation, translation, and outreach services (See instructions) (Section 2110(a)(27))
- 6.2.28. ☒ Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))

6.2-DC Dental Coverage The State will provide dental coverage to children, and, beginning October 1, 2019, to enrolled pregnant women of any age, through one of the following. Please update Sections 9.10 and 10.3-DC when electing this option. Dental services provided to children and enrolled pregnant women eligible for dental-only supplemental services must receive the same dental services as provided to otherwise eligible CHIP children (Section 2103(a)(5); see also CHIPRA #7, SHO #09-012 issued October 7, 2009):

6.2.1-DC ☒ State Specific Dental Benefit Package. The State assures that the following categories of dental services, represented by the American Dental Association's Current Dental Terminology (CDT) Code of Dental Procedures and Nomenclature, are covered in the dental benefit package:

1. Diagnostic (CDT codes: D0100-D0999) (must follow periodicity schedule)
2. Preventive (CDT codes: D1000-D1999) (must follow periodicity schedule)
3. Restorative (CDT codes: D2000-D2999)
4. Endodontic (CDT codes: D3000-D3999)
5. Periodontic (CDT codes: D4000-D4999)

acceptable alternative to the one put forth by the State Legislature, which would have increased cost sharing over 1000%. After rule adoption, the rules are published in the Colorado Register and posted to the Secretary of State website.

The Department gives CHP+ members and applicants a chart that describes plan options, annual enrollment fees, and copayments based on income and family size.

Guidance: The State should be able to demonstrate upon request its rationale and justification regarding these assurances. This section also addresses limitations on payments for certain expenditures and requirements for maintenance of effort.

8.4 The State assures that it has made the following findings with respect to the cost sharing in its plan: (Section 2103(e))

8.4.1. ☒ Cost-sharing does not favor children from higher income families over lower income families. (Section 2103(e)(1)(B)) (42CFR 457.530)

8.4.2. ☒ No cost-sharing applies to well-baby and well-child care, including age-appropriate immunizations. (Section 2103(e)(2)) (42CFR 457.520)

The following procedures will be considered well-baby and well-child care:
CPT-4 codes: Preventive medicine codes: 99381-New patient under one year; 99382-New Patient age 1-4 years; 99383-New patient ages 5-11 years; 99384-New patient ages 12 through 17 years; 99385- New patient aged 18 years; 99391-Established patient under one year; 99392-Established patient ages 1-4 years; 99393-Established patient ages 5 through 11 years; 99394 – Established patient aged 12-17; 99395- Established patient aged 18 years; 99431- Newborn care (history and examination); 99432-Normal newborn care.

Evaluation and Management Codes: 99201-99205-New patient; 99211-99215-Established patient.

The following diagnoses will be considered well-baby and well-child care:
ICD-10 codes: Z00.1- Z00.129—Encounter for routine child health and/or Health examination for newborn; Z00.2-Z00.6— Encounter for examination; Z00.70-Z00.71— Encounter for examination for a period of delayed growth; Z02.82 - Z02.89— Encounter for adoption services or other general examination.

All infants and children should be seen by a Primary Care Provider regularly for immunizations (shots) and check-ups. The CHP+ follows the well-child visits schedule recommended by the American Academy of Pediatrics (AAP) accepted Bright Future Schedule. The American Academy of Pediatrics recommends that children receive well-child visits at the following ages: 1 week, 1 month, 2 months, 4 months, 6 months, 9 months, 1 year, 15 months 18 months, 2 years, 3 years, 4 years, 5 years 6 years, 8 years, 10 years, 11 years, 12 years, and 13 years.