
Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-25-0043

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

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

September 4, 2025

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

Dear Director Flores-Brennan:

Your Title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) CO-25-0043, submitted on June 26, 2025, has been approved. This SPA has an effective date of January 1, 2025.

Through this SPA, Colorado implements Colorado Senate Bill 24-093 which requires that a Child Health Plan Plus (CHP+) member undergoing a course of treatment for a serious and complex medical condition receive continuity of care from their provider or facility if they are required to change MCOs. The state amends section 6.3.6-BH Continuing Care Services to demonstrate that a CHP+ member receives continued care with the member's same health care provider or health care facility under the member's new MCO plan as if the provider or facility are in network, for up to ninety days.

Your Project Officer is Joyce Jordan. She is available to answer your questions concerning this amendment and other CHIP-related matters, and can be reached at Joyce.Jordan@cms.hhs.gov

If you have additional questions, please contact Mary Beth Hance, Acting Director, Division of State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Alice Weiss/

Alice Weiss
Deputy Director
on Behalf of Sarah deLone, Director

coverage, utilizing Health Services Initiative (HSI) funds. The from-conception-to-end-of-pregnancy child and postpartum coverage options provide comprehensive benefits that are identical to the benefit package provided to Medicaid and CHP+ members to from-conception-to-end-of-pregnancy children and postpartum eligible members up to 260 percent of the federal poverty level that were previously covered under the from-conception-to-end-of-pregnancy (FCEP) option.

SPA #41

Date Amendment #41 Submitted:	June 18, 2024
Date Amendment #41 Approved:	
Date Amendment #41 Effective:	October 30, 2023
Date Amendment #41 Implemented:	

Expanding CHP+ income eligibility from 250% of the FPL to 260% per HB 22-0052.

SPA #42

Date Amendment #42 Submitted:	June 25, 2024
Date Amendment #42 Approved:	July 16, 2024
Date Amendment #42 Effective:	October 1, 2023
Date Amendment #42 Implemented:	October 1, 2023

Effective October 1, 2023, Colorado has demonstrated compliance with both the Inflation Reduction Act (IRA) Section 11405(b)(1) and the longstanding requirement in regulations at 42 CFR § 457.410(b)(2) and 457.520(b)(4) to cover age-appropriate vaccines.

SPA #43

<u>Date Amendment #43 Submitted:</u>	<u>June 25, 2025</u>
<u>Date Amendment #43 Approved:</u>	
<u>Date Amendment #43 Effective:</u>	<u>January 1, 2025</u>
<u>Date Amendment #43 Implemented:</u>	<u>January 1, 2025</u>

Effective January 1, 2025, this SPA implements Colorado Senate Bill 24-093 which requires a member to receive continued care with the member's same health-care provider or health-care facility if the member's Managed Care Organization (MCO) is changed.

The continued care will be provided under the member's new MCO plan as if the provider or facility is in-network, for up to ninety (90) days if certain conditions exist.

Superseding Pages of MAGI CHIP State Plan Material

State: Colorado

Transmittal Number	SPA Group	PDF #	Description	Superseded Plan Section(s)
CO-13-0015 Approval Date: 09/05/14 Effective/Implementation Date: January 1, 2014	MAGI Eligibility & Methods	CS7	Eligibility – Targeted Low Income Children	Supersedes the current sections 4.1.1, 4.1.2, and 4.1.3: Supersede information on children
		CS8	Eligibility – Targeted Low Income Pregnant Women	Supersedes the current sections 4.1.1, 4.1.2, 4.1.3 and 4.1-PW: Supersede and add information on pregnant women
		CS8	Supporting Document	Section: Add new documentation
		CS10	Eligibility – Children Who Have Access to Public Employee Coverage	Supersedes the current sections 4.1.7 and 4.4.1: Supersede information on dependents of employees of a state agency
		CS10	Maintenance of Agency Contribution	Appendix: Supersede current documentation

		CS11	Eligibility – Pregnant Women Who Have Access to Public Employee Coverage	Section 4.4.1: Add new information to section
		CS11	Maintenance of Agency Contribution	Appendix: Add new documentation

site required by 42 CFR 438.10;

- Makes available, upon request, the State's network adequacy standards at no cost to enrollees with disabilities in alternate formats or through the provision of auxiliary aids and services. (42 CFR 457.1218, cross-referencing 42 CFR 438.68(e))

Guidance: Only States with MCOs, PIHPs, or PAHPs need to complete the remaining assurances in Section 3.6 (3.6.4 through 3.6.20).

- 3.6.4** ☒ The State assures that each MCO, PAHP and PIHP meet the State's network adequacy standards. (42 CFR 457.1218, cross-referencing 42 CFR 438.68; 42 CFR 457.1230(a), cross-referencing to 42 CFR 438.206)
- 3.6.5** ☒ The State assures that each MCO, PIHP, and PAHP includes within its network of credentialed providers:
- A sufficient number of providers to provide adequate access to all services covered under the contract for all enrollees, including those with limited English proficiency or physical or mental disabilities;
 - Women's health specialists to provide direct access to covered care necessary to provide women's routine and preventative health care services for female enrollees; and
 - Family planning providers to ensure timely access to covered services. (42 CFR 457.1230(a), cross-referencing to 42 CFR 438.206(b))
- 3.6.6** ☒ The State assures that each contract under 42 CFR 457.1201 permits an enrollee to choose his or her network provider. (42 CFR 457.1201(j), cross-referencing 42 CFR 438.3(l))
- 3.6.7** ☒ The State assures that each MCO, PIHP, and PAHP provides for a second opinion from a network provider or arranges for the enrollee to obtain one outside the network, at no cost. (42 CFR 457.1230(a), cross-referencing to 42 CFR 438.206(b)(3))
- 3.6.8** ☒ The State assures that each MCO, PIHP, and PAHP ensures that providers, in furnishing services to enrollees, provide timely access to care and services, including by:
- Requiring the contract to adequately and timely cover out-of-network services if the provider network is unable to provide necessary services covered under the contract to a particular enrollee and at a cost to the enrollee that is no greater than if the services were furnished within the network;
 - Requiring the contract to cover out-of-network care for existing treatment for up to 90 days for members who have transferred to an MCO, PIHP, or PAHP after being disenrolled from their MCO, PIHP, or PAHP because it is no longer providing coverage in the member's services area;
 - Requiring the MCO, PIHP and PAHP meet and its network providers to meet State standards for timely access to care and services, taking into account the

6.3.5.1- BH ☒ Crisis Intervention and Stabilization

Provided for: ☒ Mental Health ☒ Substance Use Disorder

This benefit covers unanticipated services rendered in the process of resolving a patient crisis, requiring immediate attention, that without intervention, which could result in the patient requiring a higher level of care. These services can be provided in a variety of settings, including, but not limited to, a via mobile crisis or a crisis stabilization unit. These services are covered without limitation.

6.3.6- BH ☒ Continuing care services

Provided for: ☒ Mental Health ☒ Substance Use Disorder

Members new to the CHIP program can receive medically necessary covered services at the level of care received prior to enrollment for a transition period of up to 60 calendar days. Prenatal individuals who are in their second or third trimester of pregnancy, may continue to see their current provider until the completion of postpartum care.

Per state managed care contracts, MCO's are required to implement mechanisms to provide an individual needs assessment after enrollment, and at any other time necessary, which includes a screening for special healthcare needs, to identify any ongoing special conditions of the member that requires a course of treatment or regular care monitoring and develop a treatment plan as necessary. For children who are identified as having special healthcare needs, MCO's are required to establish and maintain procedures and policies to coordinate healthcare services with other agencies or entities such as those dealing with mental health and substance use disorders, public health, home and community-based care, Early Interventions and Supports, local school districts, child welfare, IDEA programs, Title V, and families, guardians, caregivers, and advocates.

Additionally, ~~in accordance with Colorado Revised Statute 25.5-5-406(1)(g),~~ members with special healthcare needs may continue to receive services from ancillary, or non-network providers at a level of care received prior to enrollment into an MCO's plan, for a period of up to ~~seventy-five up to ninety (90)~~ calendar days.

Members, whose coverage has been terminated or not renewed with their MCO, may receive continued care with the member's same health-care provider or health-care facility under the member's new MCO as if the provider or facility is in-network, for up to ninety (90) days, if certain conditions exist.

6.3.7- BH ☒ Care Coordination

Provided for: ☒ Mental Health ☒ Substance Use Disorder

Care coordination services are offered at no cost to CHIP members. Care coordinators is designed to support members navigating and understanding their benefits. CHIP MCO's are required to provide comprehensive needs assessment and periodic reassessment, and care coordination services to help coordinate with various systems, community organizations, providers, family members advocates, and other necessary individuals and entities to address the complex, multi-factorial needs of each patient. These services are provided without limitation.

6.3.7.1- BH ☒ Intensive wraparound

Provided for: ☒ Mental Health ☒ Substance Use Disorder

This benefit is based on an assessment of individual needs, this benefit offers comprehensive wraparound supports and resources to promote, maintain, and/or restore successful community living. These services are provided without limitation.