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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 20-0032-A

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

ECEMBDEPARTMENT OF HEALTH & HUMAN
SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th Street, Suite 355
Kansas City, MO 64106



Medicaid & CHIP Operations Group

December 17, 2020

Kim Bimestefer, Executive Director
Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

RE: Colorado State Plan Amendment (SPA) 20-0032-A

Dear Ms. Bimestefer:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 20-0032-A. This amendment decreases the maximum adult dental benefit from \$1,500 to \$1,000.

Please be informed that this SPA was approved on December 17, 2020, with an effective date of April 1, 2021. Enclosed are the CMS-179 and the amended plan pages.

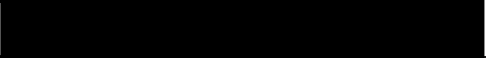
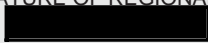
Should you have any questions about this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Dr. Tracy Johnson, Tracy.Johnson@state.co.us
Laurel Karabatsos, laurel.karabatsos@state.co.us
John Bartholomew, john.bartholomew@state.co.us
Russell Ziegler, Russ.Zigler@state.co.us
Whitney McOwen, whitney.mcowen@state.co.us
Jami Gazarro, Jami.Gazarro@state.co.us

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		1. TRANSMITTAL NUMBER: 20 – 0032-A	2. STATE: COLORADO
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: April 1, 2021	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: SOCIAL SECURITY ACT 1905(a)(10) / 42 CFR 440.100		7. FEDERAL BUDGET IMPACT: a. FFY 2021: (\$4,094,136) _____ b. FFY 2022: (\$8,188,272) _____	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 10 – Dental Services Attachment 4.19-B – Methods and Standards for Establishing Payment Rates-Other Types of Care – Item 10 – Dental Services – Page 1 of 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 10 – Dental Services (TN 19-0015) Attachment 4.19-B – Methods and Standards for Establishing Payment Rates-Other Types of Care – Item 10 – Dental Services – Page 1 of 3 (TN 19-0015)	
10. SUBJECT OF AMENDMENT: Decrease the maximum adult dental benefit from \$1,500 to \$1,000.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 11 October, 2019 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Lauren Reveley	
13. TYPED NAME: Tracy Johnson			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: September 24, 2020 <u>Update No. 1:</u> December 2, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED September 24, 2020		18. DATE APPROVED December 17, 2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME James G. Scott		22. TITLE Director, Division of Program Operations	
23. REMARKS			

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

10 Dental Services

Dental services for adults age 21 and over are limited to the following categories of service and may require prior authorization:

- a. Routine diagnostic and preventive services:
 - I. Prophylaxis
 - i. Adult cleaning, two per twelve months
 - 2. Examinations
 - 3. Radiographs
 - i. Bitewings, one set (2-4 films) per twelve months.
 - ii. Intra-oral; complete series, one per sixty months.
 - iii. Panoramic image; with or without bitewings, one per sixty months.
- b. Restorative services
- c. Endodontic services
- d. Periodontal services

For clients under 21 years of age, dental services are provided in accordance with the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) service category. See Supplement to Attachment 3.1-A, section 4b.

Dental services for adults 21 years of age and older, except for services for the immediate relief of severe pain, alleviation of acute infection, or necessary because of trauma, are limited to a total of \$1,000 per adult Medicaid recipient per state fiscal year. Medically necessary services reimbursed under the Medical and Surgical Services Furnished by a Dentist benefit at Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care, Item 5.b. Medical and Surgical Services Furnished by a Dentist, are not subject to the \$1,000 limitation.

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

STATE OF COLORADO

ATTACHMENT 4.19-B
Page 1 of 3

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

10. Dental Services

- a. Dental services for adults age 21 and over shall be reimbursed at the lower of the following:
 1. Submitted charges or
 2. Dental services fee schedule as determined by the Department of Health Care Policy and Financing.
- b. Dental services for adults accessing services through the state's Home and Community-Based Services for Persons with Developmental Disabilities (HCBS-DD) and Supported Living Services (HCBS-SLS) waivers shall be based on a separate fee schedule found on the official website of the Department of the Health Care Policy and Financing at www.colorado.gov/hcpf.
- c. Dental services for adults 21 years of age and older, except for services for the immediate relief of severe pain, alleviation of acute infection, or necessary because of trauma, are limited to a total of \$1,000 per adult Medicaid recipient per state fiscal year. Dentures (see 4.19-B section 12.b) are not subject to this \$1,000 limitation and are available to clients when medically necessary. Medically necessary services reimbursed under the Medical and Surgical Services Furnished by a Dentist benefit at Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care, Item 5.b. Medical and Surgical Services Furnished by a Dentist, are not subject to the \$1,000 limitation.

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.