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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 22-0036-A

This file contains the following documents in the order listed:

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

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



Medicaid & CHIP Operations Group

December 12, 2022

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

RE: Colorado State Plan Amendment (SPA) 22-0036-A

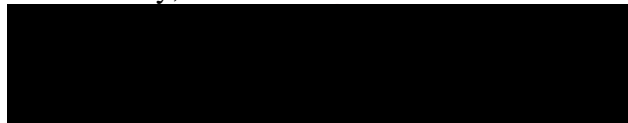
Dear Ms. Bimestefer:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 22-0036-A. This Amendment adds lactation services as a preventive services benefit.

Please be informed that this SPA was approved on December 9, 2022, with an effective date of July 1, 2022. Enclosed are the CMS-179 and the amended plan page.

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

Enclosures

cc: Adela Flores-Brennan, adela.flores-brennan@state.co.us
Bettina Schneider, Bettina.schneider@state.co.us
Russell Ziegler, Russ.Zigler@state.co.us
Jami Gazarro, Jami.Gazarro@state.co.us
Amy Winterfeld, amy.winterfeld@state.co.us

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 2 — 0 0 3 6A</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 <p style="text-align: center;">July 1, 2022</p>	
5. FEDERAL STATUTE/REGULATION CITATION <u>Social Security Act, Section 1905(a)(13)(C) / 42 CFR 440.130(c)</u>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>8,253</u> b. FFY <u>2023</u> \$ <u>37,223</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 13.c Preventive Services – Pages 2-3 of 3</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 13.c Preventive Services – Page 2 of 2 (TN CO-17-0050)</u>	
9. SUBJECT OF AMENDMENT <u>Adds lactation services as a preventive services benefit, in accordance with Colorado House Bill 22-1289.</u>			
10. GOVERNOR'S REVIEW (Check One)			
<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="radio"/> OTHER, AS SPECIFIED: <div style="border: 1px solid red; padding: 2px; display: inline-block; color: red;"> Governor's letter dated 14 July 2021 </div>	
11. SIGNATURE OF STATE AGENCY OFFICIAL		15. RETURN TO	
12. TYPED NAME <u>Bettina Schneider</u>		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
13. TITLE <u>Chief Financial Officer</u>		Attn: Amy Winterfeld	
14. DATE SUBMITTED <u>September 23, 2022</u>			
FOR CMS USE ONLY			
16. DATE RECEIVED <u>September 23, 2022</u>		17. DATE APPROVED <u>December 9, 2022</u>	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2022</u>		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>		21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>	
22. REMARKS			

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

STATE OF COLORADO

Supplement to Attachment 3.1-A

Page 2 of 3

LIMITATIONS TO CARE AND SERVICES

- b. Physician/Psychiatrist.
 - c. Physician assistant.
 - 2. Licensed clinicians include:
 - a. Licensed Clinical Social Worker (LCSW).
 - b. Licensed Professional Counselor (LPC).
 - c. Licensed Marriage and Family Therapist (LMFT).
 - d. Licensed Addiction Counselor (LAC).
 - e. Psychologist, Psy.D/Ph.D.
 - ii. Non-licensed providers may deliver the SBIRT services under the supervision of licensed providers if such supervision is within the legal scope of practice for that licensed provider. The licensed provider assumes professional responsibility for the services provided by the unlicensed provider. All non-licensed providers who deliver SBIRT services under the supervision of licensed providers must meet the following requirements:
 - 1. Complete a minimum of 60 hours professional experience such as coursework, internship, practicum, education or professional work within their respective field. This experience should include a minimum of 4 hours of training that is directly related to SBIRT services.
 - 2. Complete a minimum of 30 hours of face-to-face client contact within their field. This may include internships, on-the-job training, or professional experience.
2. Lactation Support Services
- a. Covered Services
 - i. Lactation Support services (LSS) are recommended by a physician or other licensed practitioner of the healing arts to provide lactation support services to eligible breastfeeding (or lactating) members. LSS include training and counseling the breastfeeding (or lactating) member about breastfeeding and human lactation, and providing comprehensive skilled care and evidence-based information for breastfeeding and human lactation, from pre-conception to weaning. Lactation equipment is covered under the medical supplies and equipment benefit. There are no amount, duration, or scope limitations for LSS and the services do not require prior authorization. .
 - b. Eligible Providers

TN No. 22-0036-A

Approval Date December 9, 2022

Supersedes TN No. 17-0050

Effective Date July 1, 2022

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

STATE OF COLORADO

Supplement to Attachment 3.1-A

Page 3 of 3

- i. Lactation Support Services must be provided by individuals trained in advance lactation support. Services may be provided by the following provider types:
 1. International Board Certified Lactation Consultant (IBCLC) – requires certification by the International Board of Lactation Consultant Examiners.
 2. Certified Lactation Counselor (CLC) – requires certification by the Academy of Lactation Policy and Practice, Inc.
 3. Certified Lactation Educator (CLE) – required certification by an accredited Certified Lactation Educator certification organization.
 4. Certified Professional Midwife (CPM),and requires certification by the North American Registry of Midwives (NARM).
 5. Certified Midwife (CM) – requires certification by the American Midwifery Certification Board (AMCB) and accreditation by the Accreditation Commission for Midwifery Education (ACME).
 6. Certified Nurse Midwife (CNM), within their scope of practice according to state law and requires certification by the American Midwifery Certification Board (AMCB) and accreditation by the Accreditation Commission for Midwifery Education (ACME).
 7. Licensed Physician, within their scope of practice according to state law.
 8. Licensed Physician Assistant, within their scope of practice according to state law.
 9. Licensed Advanced Practice Nurse, within their scope of practice according to state law.
 10. Licensed Registered Nurse, within their scope of practice according to state law.

TN No. 22-0036-A

Approval Date December 9, 2022

Supersedes TN No. NEW

Effective Date July 1, 2022