

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 26, 2023

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

Re: Colorado State Plan Amendment (SPA) 23-0030

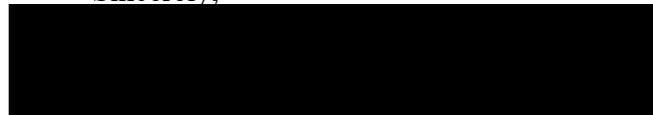
Dear Kim Bimestefer:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0030. This amendment proposes to eliminate limits on adult dental services, which were previously capped at \$1,500 per year per member.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Colorado Medicaid SPA 23-0030 was approved on October 25, 2023 with an effective date of July 26, 2023.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at Michala.Walker@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Alex Lyons
Jami Gazerro

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

1. TRANSMITTAL NUMBER 2 3 — 0 0 3 0 2. STATE CO

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE July 26, 2023
~~July 1, 2023~~ July 26, 2023

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 847,422
b. FFY 2024 \$ 3,461,415

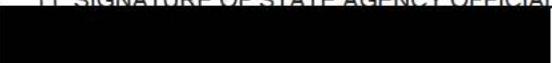
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 10 – Dental Services

Attachment 4.19-B – Methods and Standards for Establishing Payment Rates Other Types of Care – Item 10 – Dental Services. (page 1 of 3)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 10 – Dental Services (TN 21-0010)
Attachment 4.19-B – Methods and Standards for Establishing Payment Rates Other Types of Care – Item 10 (21-0010)

9. SUBJECT OF AMENDMENT
Eliminates limit on adult dental services, previously capped at \$1,500 per adult Medicaid member.

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: Governor's letter dated 5 April 2023

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Adela Flores-Brennan
13. TITLE
Medicaid Director
14. DATE SUBMITTED
August 1, 2023

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 August 1, 2023 17. DATE APPROVED October 25, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL July 26, 2023 19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL James G. Scott 21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS
Box 4: Changes authorized by state on 10/24/23

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 ages 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
- e. Oral/maxillofacial surgery
- f. Adjunctive general 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, including services for the immediate relief of severe pain, alleviation of acute infection, or necessary because of trauma, are not limited 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 also not limited per adult Medicaid recipient per state fiscal year.

**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, including for services for the immediate relief of severe pain, alleviation of acute infection, or necessary because of trauma, are not limited per adult Medicaid recipient per state fiscal year. Dentures (see 4.19-B section 12.b) are not subject to 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 also not limited per adult Medicaid recipient per state fiscal year.

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.