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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 24-0044-A

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CO - Submission Package - CO2024MS00070 - (CO-24-0044-A) - Administration

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid & CHIP Operations Group
601 E 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

December 20, 2024

Adela Flores-Brennan
Medicaid Director
Department of Health Care Policy & Financing
303 E. 17th Avenue Ste 1100
Denver, CO 80203

Re: Approval of State Plan Amendment CO-24-0044-A

Dear Adela Flores-Brennan,

On December 18, 2024, the Centers for Medicare & Medicaid Services (CMS) received Colorado State Plan Amendment (SPA) CO-24-0044-A to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve Colorado State Plan Amendment (SPA) CO-24-0044-A with an effective date of December 01, 2024.

If you have any questions regarding this amendment, please contact Nikki Lemmon at nicole.lemmon@cms.hhs.gov.

Sincerely,

Ruth A. Hughes

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Administration | CO2024MS00070 | CO-24-0044-A

CMS-10434 OMB 0938-1188

Package Header

Package ID	CO2024MS00070	SPA ID	CO-24-0044-A
Submission Type	Official	Initial Submission Date	12/18/2024
Approval Date	12/20/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Colorado	Medicaid Agency Name:	Department of Health Care Policy & Financing
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | CO2024MS00070 | CO-24-0044-A

Package Header

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SPA ID and Effective Date

SPA ID CO-24-0044-A

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/1/2024	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

NEW

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | CO2024MS00070 | CO-24-0044-A

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Executive Summary

Summary Description Including Goals and Objectives The Department of Health Care Policy and Financing (Department) intends to submit a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) to update the annual reporting requirements of the Medicaid and CHIP Child Core Set and the Medicaid Adult Core Set, effective December 1, 2024. The purpose of annual reporting of the Medicaid and CHIP Child Core Set and the Medicaid Adult Core Set, is to provide quality measurement to assess care delivered to beneficiaries in both Medicaid and CHIP. Annual reporting allows the ability to monitor performance at the State-level, compare the State to overall national quality of care for beneficiaries, and improve the quality of health care.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

Sections 1139A, 1139B, and 1902(a)(6) of the Social Security Act.
42 C.F.R. §431.16 and §§437.10 through 437.15.

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
24-0044 Standard Funding Questions	12/18/2024 10:56 AM EST	

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | CO2024MS00070 | CO-24-0044-A

Package Header

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Superseded SPA ID	N/A		

Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Medicaid State Plan Administration

General Administration

Reporting

MEDICAID | Medicaid State Plan | Administration | CO2024MS00070 | CO-24-0044-A

CMS-10434 OMB 0938-1188

Package Header

Package ID	CO2024MS00070	SPA ID	CO-24-0044-A
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Superseded SPA ID	New		
	User-Entered		

A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- ☒ 1. The agency assures that all requirements of 42 CFR 431.16 are met.

B. Annual Reporting on the Child and Adult Core Sets

- ☒ 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- ☒ 2. The agency reports annually, by December 31, on:

a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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