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State/Territory Name Colorado

State Plan Amendment (SPA) #: 25-0015

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 St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

July 30, 2025

Adela Flores-Brennan
Medicaid Director Colorado
Department of Health Care Policy and Financing
303 E. 17th Avenue, Suite 1100
Denver, CO 80203-1818

Re: Colorado State Plan Amendment (SPA) 25-0015

Dear Director Flores-Brennan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0015. This amendment proposes to amend vision services providers eligible to order, prescribe, refer or render vision services to include those providing services within their scope of practice per State Law.

We conducted our review of your submittal according to statutory requirements in Social Security Act, Section 1905(a)(6) and (12), and implementing regulation 42 CFR 440.60. This letter informs you that Colorado's Medicaid SPA TN 25-0015 was approved on July 30, 2025, with an effective date of April 26, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Colorado State Plan.

If you have any questions, please contact Ronna Bach at Ronna.Bach1@cms.hhs.gov.

Sincerely,

Shantrina Roberts, Acting Director
Division of Program Operations Director

Enclosures

cc: Rachel Larson

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 1 5

2. STATE

CO3. 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

April 26, 2025

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act, Section 1905a(6) & (12) / 42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supp. Att. 3.1-A 6.b.Ophthalmologist or Optometrist Services,
Pages 1-1, Supp. Att. 3.1-A 12.d. Eyeglasses and Contact Lenses,
Pages 1-1, and Att. 4.19-B – Methods and Standards for
Establishing Payment Rates – 12.d. Eyeglasses and Contact
Lenses– Pages 1-1.8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Supp. Att. 3.1-A 6.b.Ophthalmologist or Optometrist
Services, Pages 1-1, Supp. Att. 3.1-A 12.d. Eyeglasses and
Contact Lenses, Pages 1-1, and Att. 4.19-B – Methods and
Standards for Establishing Payment Rates – 12.d.
Eyeglasses and Contact Lenses– Pages 1-1.

9. SUBJECT OF AMENDMENT

This State Plan Amendment will update Vision Services by amending the providers eligible to order, prescribe, refer or render vision services to include those providing services within their scope of practice per State Law.

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

5-16-2025

15. RETURN TO

Colorado Department of Health Care Policy and Financing
303 E. 17th Avenue, Suite 1100
Denver, CO 80203

Attn: Jessica Farmen

FOR CMS USE ONLY

16. DATE RECEIVED

May 16, 2025

17. DATE APPROVED

July 30, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

April 26, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Shantrina Roberts

21. TITLE OF APP

Acting Director, Division of Program Operations

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 1 of 1

LIMITATIONS TO CARE AND SERVICES

6.b. Vision Services

- A. These are services for clients ages 21 and over. These services must be provided by a certified ophthalmologist, licensed optometrist, Licensed Advanced Practice Nurse, Licensed Physician Assistant, or Licensed Registered Nurse within their scope of practice according to state law and who is an approved Medicaid provider.
 - 1) Diagnostic eye examinations, when medically necessary to diagnose, manage, or treat a client with signs or symptoms of injury or disease of the eye.
 - 2) Determination of the refractive state (an exam to test for visual acuity and the need for corrective lenses), only in these situations:
 - a.) As part of the diagnostic eye exam described in (1).
 - b.) After eye surgery.
- B. These are the services for clients ages 20 and younger (EPSDT program). These services must be provided by a certified ophthalmologist, licensed optometrist, Licensed Advanced Practice Nurse, Licensed Physician Assistant, or Licensed Registered Nurse within their scope of practice according to state law and who is an approved Medicaid provider.
 - 1) Routine vision screening and diagnostic eye exams.
 - 2) Orthoptic vision treatment services.

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

STATE OF COLORADO

Supplement to Attachment 3.1-A
Page 1 of 1

LIMITATIONS TO CARE AND SERVICES

12.d. Eyeglasses and Contact Lenses

- A. These are services for clients ages 21 and over. These services must be provided by a provider eligible to prescribe and who is an approved Medicaid provider:
 - 1) Eyeglasses (up to two single or multi-focal clear glass or plastic lenses with one frame, without filters or coatings) following eye surgery and when medically necessary.
 - 2) Contact lenses following eye surgery and when medically necessary, if eyeglasses are not sufficient to treat the client's refractive error.
 - 3) Ocular prosthetics when medically necessary.
- B. These are the services for clients ages 20 and younger (EPSDT program). These services must be provided by a provider eligible to prescribe and who is an approved Medicaid provider.
 - 1) Eyeglasses (up to two single or multifocal clear glass, plastic, or polycarbonate lenses with one frame) when medically necessary.
 - 2) Replacement or repair of eyeglass frames or lenses. Repairs are not to exceed the cost of replacement.
 - 3) Contact lenses when medically necessary, if eyeglasses are not sufficient to treat the client's refractive error.
 - 4) Ocular prosthetics when medically necessary.

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

42 CFR 440.120

Attachment 4.19-B

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

12.d. EYEGLASSES AND CONTACT LENSES

Eyeglasses, contact lenses, and ocular prosthetics are reimbursed at the lower of the following:

1. Submitted charges or
2. Fee schedule as determined by the Department of Health Care Policy and Financing.

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.