
Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-23-0038

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

December 1, 2023

Adela Flores-Brennan
Medicaid Director
Colorado Department of Health Care Policy and Financing
Medicaid & Child Health Plan Plus (CHP+)
1570 Grant Street
Denver, CO 80203-1818

Dear Adela Flores-Brennan:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) CO-23-0038, submitted on April 26, 2023, with additional information submitted on November 30, 2023, has been approved. CO-23-0038 has an effective date of July 1, 2022.

SPA CO-23-0038 provides Colorado with the authority to make the following temporary policy adjustments for its CHIP program during any future state or federally-declared emergency upon notification to CMS:

- Delay the timely processing of applications and renewals, and
- Waive copayments for CHIP beneficiaries who reside and/or work in state or federally-declared disaster or emergency areas.

The notification to invoke these temporary policy adjustments must include the effective dates and duration that the flexibilities will be implemented, and a list of applicable state or federally-declared disaster or emergency areas.

Your title XXI project officer is Joyce Jordan. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: 410-786-3413
E-mail: Joyce.Jordan@cms.hhs.gov

If you have any questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

1.4 Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

SPA number: CO-23-0038

Purpose of SPA: To implement provisions for temporary adjustments to enrollment and redetermination policies and cost sharing requirements for children in families living and/or working in state or federally-declared disaster areas. In the event of a disaster, the state will notify CMS that it intends to provide temporary adjustments to some, or all, of its enrollment and/or redetermination policies and cost sharing requirements, the effective and duration date of such adjustments, and the applicable state or federally-declared disaster areas.

Date Amendment #38 submitted: 04-26-2023

Proposed effective date: 07-01-2022

Proposed implementation date: 07-01-2022

1.4-TC **Tribal Consultation.** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The State included consultation on this SPA in the tribal consultation log dated August 19, 2022. A copy of the relevant page of the consultation log is attached.

4.3 **Methodology.** Describe the methods of establishing and continuing eligibility and enrollment. The description should address the procedures for applying the eligibility standards, the organization and infrastructure responsible for making and reviewing eligibility determinations, and the process for enrollment of individuals receiving covered services, and whether the State uses the same application form for Medicaid and/or other public benefit programs. (Section 2102)(b)(2)) (42CFR, 457.350).

During a state or federally-declared disaster and at the state's discretion, the state may implement the following changes to its enrollment and redetermination policies for beneficiaries living and/or working in state or federally-declared disaster areas:

- The state may temporarily use the regulatory timeliness exception for timely processing of CHIP applications under 42 CFR 457.340(d)(1).
- The state may temporarily use the regulatory timeliness exception for timely processing of CHIP renewals under 42 CFR 457.340(d)(1).

8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge by age and income (if applicable) and the service for which the charge is imposed or time period for the charge, as appropriate (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c)).

8.2.1. Premiums: Colorado does not impose premiums or enrollment fees as of July 1, 2022.

8.2.3 Coinsurance or Copayments:

During a state or federally-declared disaster and at the state's discretion, the state may waive copayments for CHIP beneficiaries who reside and/or work in state or federally-declared disaster areas.

Effective March 11, 2021 and through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act, and for all populations covered in the CHIP state child health plan, the state assures the following:

COVID-19 Vaccine:

- The state provides coverage of COVID-19 vaccines and their administration without cost sharing, in accordance with the requirements of section 2103(c)(11)(A) and 2013(e)(2) of the Act.

COVID-19 Testing:

- The state provides coverage of COVID-19 testing without cost sharing, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act.

COVID-19 Treatment:

- The state provides coverage of COVID-19-related treatments without cost sharing, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act.

Coverage for a Condition That May Seriously Complicate the Treatment of COVID-19:

- The state provides coverage for treatment of a condition that may seriously complicate COVID-19 treatment without cost sharing, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act. This coverage includes items and services, including drugs, that were covered by the state as of March 11, 2021.