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State/Territory Name: Colorado"

State Plan Amendment (SPA) #: CO-22-0037

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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

September 1, 2022

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

Dear Ms. Bates:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), CO-22-0037, submitted on June 29, 2022, has been approved. This SPA has an effective date of July 1, 2021.

Through SPA CO-22-0037, Colorado is removing references from section 5 of the CHIP state plan to the Healthy Communities Initiative, which handled the marketing and outreach for the CHIP program and ended in 2021. The SPA also updates the state's descriptions of its outreach strategies in sections 4 and 5 of the state plan to reflect current activities and efforts.

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

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

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If you have additional 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 Amy
Lutzky/

Amy Lutzky
Deputy Director

SPA #37

Date Amendment #37 Submitted:	XXXXXX
Date Amendment #37 Approved:	XXXXXX
Date Amendment #37 Effective:	07/01/2021
Date Amendment #37 Implemented:	07/01/2022

Effective July 1, 2021, Colorado updated the State Plan to reflect state changes to outreach methods. The Healthy Communities initiative has ended and references to the program regarding outreach activities have been removed. Additional outreach activities have been updated.

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-22-0037

Proposed effective date: 07-01-2021

Proposed implementation date: 07-01-2021

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 May 20, 2022. A copy of the relevant page of the consultation log is attached.

4.4.5 Child health assistance is provided to targeted low-income children in the State who are American Indian and Alaska Native. (Section 2102)(b)(3)(D)) (42 CFR 457.125(a))

CHP+ has contracts with Indian Health Services in all areas of the state to allow tribal clinics to deliver health care to Native Americans. Because the federal legislation governing the Indian Health Services has regulations against the use of managed care, CHP+ pays these facilities fee-for-service. These primary care contracts, continue to allow Native Americans full access to specialty providers through a managed care environment (though still paid fee-for-service.) CHP+ works directly with the Denver Indian Health & Family Services to reach out to Native Americans living in the Denver metro area, home to nearly half of Colorado’s American Indian/Alaska Native population. CHP+ conducts outreach to American Indians and Alaska Native’s living in the remainder of the state, much of which is rural, through local public health nurses and caseworkers and Tribal consultation. In Southwestern Colorado, case workers at the San Juan Basin Public Health department in Durango provide outreach at two Indian Health

Centers at the Ute Mountain Ute Indian Reservation near Towaoc and Southern Ute Indian Reservation in Ignacio.

Guidance: When the State is using an income finding from an Express Lane agency, the State must still comply with screen and enroll requirements before enrolling children in CHIP. The State may either continue its current screen and enroll process, or elect one of two new options to fulfill these requirements.

4.4-EL

The State should designate the option it will be using to carry out screen and enroll requirements:

The State will continue to use the screen and enroll procedures required under section 2102(b)(3)(A) and (B) of the Social Security Act and 42 CFR 457.350(a) and 42 CFR 457.80(c). Describe this process.

The State is establishing a screening threshold set as a percentage of the Federal poverty level (FPL) that exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points. (NOTE: The State may set this threshold higher than 30 percentage points to account for any differences between the income calculation methodologies used by the Express Lane agency and those used by the State for its Medicaid program. The State may set one screening threshold for all children, based on the highest Medicaid income threshold, or it may set more than one screening threshold, based on its existing, age-related Medicaid eligibility thresholds.) Include the screening threshold(s) expressed as a percentage of the FPL, and provide an explanation of how this was calculated.

The State is temporarily enrolling children in CHIP, based on the income finding from the Express Lane agency, pending the completion of the screen and enroll process.

Section 5. **Outreach and Coordination**

5.1.

(formerly 2.2) Describe the current State efforts to provide or obtain creditable health coverage for uninsured children by addressing sections 5.1.1 and 5.1.2. (Section 2102(a)(2) (42CFR 457.80(b))

Guidance: The information below may include whether the state elects express lane eligibility a description of the State's outreach efforts through Medicaid and state-only programs.

5.1.1. (formerly 2.2.1.) The steps the State is currently taking to identify and enroll all uninsured children who are eligible to participate in public health insurance programs (i.e., Medicaid and state-only child health insurance):

Guidance: The State should describe below how its Title XXI program will closely coordinate the enrollment with Medicaid because under Title XXI, children identified as Medicaid-eligible are required to be enrolled in Medicaid. Specific information related to Medicaid screening and enrollment procedures is requested in Section 4.4. (42CFR 457.80(c))

Colorado identifies and enrolls children eligible to participate in public health insurance programs through a broad outreach strategy using public and private partners and direct appeals to families in the media and in their communities. One of the most successful efforts has been and continues to be word of mouth generated by the positive experiences of members and local partners.

One important method of enrollment that has simplified the process for families is the development of a simplified, joint application process that the agency can use to enroll children and families in Medicaid or CHP+. This simplified application can be obtained through the standard Medicaid outreach and enrollment process, as well as through the standard CHP+ outreach and enrollment processes.

1. Medicaid, administered by the Colorado Department of Health Care Policy and Financing, provides health coverage to low-income children and families, elderly and disabled Coloradans. Colorado takes the following steps to enroll children in Medicaid:
 - County human and social services departments determine a person's eligibility for Medicaid. Presumptive eligibility sites (Federally Qualified Health Centers and Planned Parenthood clinics), county nurses offices, doctor's offices and Indian Health Centers determine presumptive Medicaid eligibility and enroll pregnant women. Infants up to twelve months old born to Medicaid-enrolled women are guaranteed Medicaid eligibility for twelve months.
 - Outstationed eligibility sites (FQHCs, Disproportionate Share Hospitals, and local county health departments) help people apply for Medicaid by collecting and sending their applications and paperwork to the county department of social services office for eligibility determination.
 - Posters, brochures, and a 1-800 number provide Medicaid information to potentially eligible families at several locations, including public assistance offices.
 - CHP+ screens applicants for Medicaid eligibility. When an applicant appears to be Medicaid eligible: the CHP+ central office refers applications to Medicaid technicians located at the CHP+ office who process the application for the family.

This process accelerates enrollment. Satellite eligibility determination sites refer directly to county department of social services for application processing.

2. CHP+ is a public/private partnership providing subsidized health insurance for children in low-income families statewide who are not eligible for Medicaid. The CBHP Policy Board provided oversight and policy development. CHP+ is administered by the Department of Health Care Policy and Financing through private contractors who provide various services. These organizations manage the routine administrative matters associated with CHP+.

National data and years of experience have shown that reaching out on a local level is the most effective way to reach eligible families. CHP+ has continued its efforts to partner with many community-based organizations throughout the year. CHP+ created partnerships with approximately 2000 community-based organizations including: schools; Head Start programs; the Family Resource Center; community health centers; United Way agencies; public health departments; county departments of human/social services; Women, Infants, and Children programs; and many others. These extensive partnerships represent an extraordinary commitment statewide to enroll uninsured children as part of the CHP+ comprehensive marketing and outreach strategy. In addition, the CHP+ program initiated a targeted television advertising campaign and began testing employer-based outreach activities. All of these activities represent Colorado's interest in reaching families in every way possible.

- 5.1.2. (formerly 2.2.2.) The steps the State is currently taking to identify and enroll all uninsured children who are eligible to participate in health insurance programs that involve a public-private partnership:

Guidance: The State may address the coordination between the public-private outreach and the public health programs that is occurring statewide. This section will provide a historic record of the steps the State is taking to identify and enroll all uninsured children from the time the State's plan was initially approved. States do not have to rewrite his section but may instead update this section as appropriate.

CHP+ has created an extensive marketing and outreach program encompassing strategies that range from grass roots networking to mass market advertising campaigns. These

efforts have been implemented to reach families in myriad ways with different messages.

To better evaluate the effectiveness of these strategies, CHP+ has implemented a large-scale, application-source tracking system. The system allows an application to be traced back to the initial source without relying on self-reported referral data. This tracking system will continue to be used to monitor trends and results from marketing and outreach campaigns.

5.2. (formerly 2.3) Describe how CHIP coordinates with other public and private health insurance programs, other sources of health benefits coverage for children, other relevant child health programs, (such as title V), that provide health care services for low-income children to increase the number of children with creditable health coverage. Section 2102(a)(3) and 2102(c)(2) and 2102(b)(3)(E))(42CFR 457.80(c)). This item requires a brief overview of how Title XXI efforts - particularly new enrollment outreach efforts will be coordinated with and improve upon existing State efforts described in Section 5.2.

1. The Health Care Program for Children with Special Needs (HCP) is a joint state/federal program administered by the Colorado Department of Public Health and Environment for children age 20 and under who have a physical disability that interferes with normal growth and development. HCP helps pay medical bills and provides follow-up for children diagnosed with a clinically qualifying handicapping condition. Children with conditions eligible for the program are identified through county nursing services, health care providers, Child Find coordinators in public schools, and local Early Childhood Connections staff.
2. Colorado Indigent Care Program (CICP), administered by the Colorado Department of Health Care Policy and Financing, is a state and federally funded provider reimbursement program that discounts the cost of medical care at its participating health facilities for adults as well as children. If a person is eligible for Medicaid or CHP+, he or she is ineligible for CICP. Covered services vary by participating hospitals or clinics, but generally include hospital costs such as inpatient stays, surgery, and prescription drugs. All children deemed eligible for the above mentioned programs are directed toward them at CICP-participating providers. Colorado takes the following steps to enroll children in CICP:
 - CICP-contracted providers (primarily FQHCs, DSH hospitals, and participating clinics) screen children for CICP eligibility during their visit, assist with completing the application, and determine eligibility for the program.
 - The non-CICP community health centers and other safety net providers who determine Medicaid eligibility refer clients to a CICP provider if they determine that a client is not eligible for Medicaid but may be eligible for CICP. Children are referred to CHP+ first if the safety net providers determine that a client is not eligible for Medicaid.
3. Community Health Centers offer a wide range of health care to people who may need some

financial assistance with their medical bills. Colorado has 20 community health centers with more than 50 clinic sites in medically under-served areas of the state. Community health centers provide comprehensive primary care services including care for acute and chronic illness, injuries, family planning and prenatal care, emergency care, diagnostic services and prescriptions.

Community Health Centers, many of who are Federally Qualified Health Centers, take the following steps to enroll children in Medicaid, CHP+, the Colorado Indigent Care Program (CICP), or the health center's sliding fee scale plan:

- Provide a financial screen for each new patient or family.
- Provide information on and explanation of the program(s) that the family members are eligible for.
- Assist with completing applications and collecting necessary documentation for eligibility determination.
- Determine eligibility on-site or forward applications to the determining agency and communicate with family about eligibility status.
- Assist families when their financial situation and eligibility changes to transition to the appropriate program.

If a patient/family is not eligible for any program, the health center uses its sliding fee scale to determine the fee according to family size and income.

4. County public health departments identify low income, uninsured children through referrals from a variety of sources including: Women, Infant and Children (WIC), child health and immunization clinics, other community health providers (including private physicians), community health and human/social services agencies and schools, Headstart centers, Early Childhood Connections (Part C), homeless shelters, and self-referrals. Public health staff refer families to any available health care insurance source for which they appear to be eligible, including Medicaid and CHP+ and work with local physicians to try and secure services on a reduced-fee basis. Many public health agency staff members assist families in completing application forms for Medicaid and CHP+, as well as family resource and healthcare referrals. In Colorado, Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) outreach workers and administrative case managers are a part of local public health agency staff who facilitate access to Medicaid and to CHP+ services for eligible children.
5. Maternal and Child Health Block Grant (Title V of the Social Security Act) funds in

Colorado are "passed through" to local public health agencies and other qualified non-profit agencies where they are used to support a number of activities on behalf of women and children, particularly those of low income. State Title V staff provides oversight, consultation and standards to assure appropriate utilization of these funds. When families are ineligible for any insurance plan, or when there is not another provider of free or reduced price health care (i.e. community or rural health centers) available or accessible, these public health agencies provide direct services to low- income children. Services provided in local public health agencies are almost always provided by public health nurses. Services include comprehensive well child clinic services, including developmental and physical assessments, immunizations, and parent education. Families under 100% FPL pay nothing for these services. Others pay on a sliding fee scale.

6. School-based health centers (SBHC) provide comprehensive primary care services including care for acute and chronic illness, injuries, family planning and prenatal care, some diagnostics services and prescriptions. SBHCs provide services at no charge. However, patients are asked whether they have health care coverage. The amount of reimbursement for which SBHCs bill depends on the administrative capabilities of the center and whether a CHP+ participating managed care organization contracts with them. SBHCs facilitate application to Medicaid, CHP+ or CICIP when documentation of family income and assets is obtainable without jeopardizing students' confidentiality.
7. The Special Nutritional Program for Women, Infants and Children (WIC) provides nutritious food to supplement the regular diet of pregnant women, breast-feeding women, infants, and children under age five who meet state income standards. Women and children under five years old qualify if the combined family income is at or below 185% of the federal poverty level. WIC staff encourage pregnant women and parents and guardians of infants under 12 months of age to apply for Medicaid and CHP+.
8. The Commodity Supplemental Food Program (CSFP) provides infant formula and nutritious foods to supplement the diet of pregnant and postpartum women and children under age 6. Women who live in Conejos, Costillo, Denver, Mesa, Rio Grande or Weld counties and who have a family income at or below 185% of the federal poverty level qualify for the program. Staff encourage pregnant women and parents and guardians of infants under 12 months of age to apply for Medicaid and CHP+.

5.2-ELThe State should include a description of its election of the Express Lane eligibility option to provide a simplified eligibility determination process and expedited enrollment of eligible children into Medicaid or CHIP. Express lane eligibility streamlines the eligibility process and reduces administrative burden to eligibility sites and clients. If the school determines the child is eligible for Free or Reduced Lunch using the Free/Reduced Lunch application, the school will provide the application information to an eligibility site, and a Family Medicaid/ CHP+ application will be initiated. Currently, on the Free/Reduced Lunch application, families may opt out of sharing their information with Medicaid/CHP+.

5.3 Strategies (formerly Section 5 “Outreach”)

Guidance: Describe the procedures used by the State to accomplish outreach to families of children likely to be eligible for child health assistance or other public or private health coverage to inform them of the availability of the programs, and to assist them in enrolling their children in such a program: (Section 2102(c)(1)) (42CFR 457.90) The description should include information on how the State will inform the target of the availability of the programs, including American Indians and Alaska Natives, and assist them in enrolling in the appropriate program.

Outreach strategies may include, but are not limited to, community outreach workers, outstationed eligibility workers, translation and transportation services, assistance with enrollment forms, case management and other targeting activities to inform families of low-income children of the availability of the health insurance program under the plan or other private or public health coverage.

The State uses the following strategies to reach people who may be eligible for the program:

1. Community Partnerships: A cornerstone of the CHP+ outreach strategy is to maintain and build on community partnerships. To reach all eligible families through as many avenues as possible, CHP+ works with more than 2000 partners. These include: schools; Head Start programs; the Family Resource Center; community health centers; United Way agencies; public health departments; county departments of human/social services; Women, Infants, and Children nutrition programs; faith-based organizations and myriad others. So far, the most effective efforts in actually enrolling families are through schools, doctors’ offices, health departments, community health centers, and departments of human/social services.
2. Managed Care Organizations: Managed care organizations have increased their CHP+ outreach. One method of partnering has been the implementation of joint media campaigns in which a majority of managed care partners have participated. These purchased advertisements were structured so that each partner received airtime when marketing would be most effective.

All of CHP+’s managed care partners have participated in various community events throughout the state.

3. Advertising and Earned Media: Television ranks as the highest source of referral for individual applications. CHP+ and managed care organizations have partnered to purchase targeted television advertisements. Further, the state utilizes advertising and awareness campaigns through Connect for Health Colorado, Colorado's official health insurance marketplace, to increase awareness of CHP+ and explain the enrollment process.
4. County Departments of Human/Social Services: County departments of social services provide support to low-income families in communities ranging from food stamps and Women, Infants, and Children programs to child-care and Colorado Works. Many CHP+ referrals come from these programs. About 20% of CHP+ applications are submitted through the Medicaid application process managed by county departments of human/social services. CHP+ continues to focus on ways to minimize delays in referrals so that eligible children can be enrolled in an expeditious manner.
5. Certified Application Assistance Sites: CHP+ has a network of 305 Certified Application Assistance Sites (CAAS) statewide, including Presumptive Eligibility and Medical Assistance sites – with multiple locations for some sites. These sites are composed of community health centers, county nursing services, school-based health centers, Indian Health Centers and other community providers, and have been an essential component of the programs outreach and enrollment activities. As part of their contract with CHP+, they are required to provide outreach to their community for CHP+ and have access to an on-line eligibility program to accelerate program enrollment. CAAS account for more than 30% of submitted applications.
6. Schools: Schools are consistently one of the most frequently cited sources of referral by applicants. Increasing numbers of school districts are partnering with CHP+ to assure the children they serve know about CHP+. More than 60% of all school districts in the state participated in CHP+ outreach activities including coordination with National School Lunch Program information, disseminating materials about CHP+ to families or allowing CHP+ partners and staff to present to family-related functions.
7. Community Health Centers: The Colorado Community Health Network has made involving its members in Medicaid and CHP+ outreach a priority. Community health centers are the largest group of primary care providers throughout the state serving low-income children. Some serve as CAAS. Others participate in community coalitions that enroll children in Medicaid and CHP+.
8. Colorado Covering Kids and Families: A significant partner in developing community-based outreach has been Colorado Covering Kids and Families, which is a Robert Wood Johnson Foundation funded grant program administered by the Department of Public Health and Environment. Colorado received a Covering Kids and Families Grant from the Robert Wood Johnson Foundation in 2002. This grant is administered by a coalition of community groups including the Colorado Community Health Network, the Colorado Children's Campaign and

Catholic Charities. The program is active across the state.

9. Community Voices: This is a joint Kellogg Foundation and Colorado Trust funded

program, which has among its goals to improve the health of Denver’s medically underserved through innovations in community outreach, enrollment in publicly funded health insurance programs like CHP+, as well as small employment health plans, and clinical case management. Community Voices efforts are designed to demonstrate that culturally sensitive community outreach to underserved populations improves enrollment of eligible individuals into plans, while engaging and empowering communities to assume greater responsibility for health. Staff at the Department met regularly with the Denver Health and Hospital Corporations Community Voices team to explore program successes, as well as, identify and resolve issues that might impede enrollment and access to care.

10. Toll Free Number and Website: CHP+ maintains a toll-free telephone number so that community partners, members and potential members can obtain information about the program. In addition, CHP+ maintains a website (www.cchp.org) that can be used as a reference tool for community partners, members and potential members. CHP+ has observed a steady increase in web-based traffic regarding the program over the years. Both the toll-free telephone number and website have Spanish options. For other languages, CHP+ relies on AT&T’s language line. This is publicized on program materials.

Section 6. Coverage Requirements for Children’s Health Insurance

Check here if the State elects to use funds provided under Title XXI only to provide expanded eligibility under the State’s Medicaid plan and proceed to Section 7 since children covered under a Medicaid expansion program will receive all Medicaid covered services including EPSDT.

- 6.1. The State elects to provide the following forms of coverage to children: (Check all that apply.) (Section 2103(c)); (42CFR 457.410(a))

Guidance: Benchmark coverage is substantially equal to the benefits coverage in a benchmark benefit package (FEHBP-equivalent coverage, State employee coverage, and/or the HMO coverage plan that has the largest insured commercial, non-Medicaid enrollment in the state). If box below is checked, either 6.1.1.1., 6.1.1.2., or 6.1.1.3. must also be checked. (Section 2103(a)(1))

- 6.1.1. Benchmark coverage; (Section 2103(a)(1) and 42 CFR 457.420)

Guidance: Check box below if the benchmark benefit package to be offered by the State is the standard Blue Cross/Blue Shield preferred provider option service benefit plan, as described in and offered under Section 8903(1) of Title 5, United States Code. (Section 2103(b)(1) (42 CFR 457.420(b))

- 6.1.1.1. FEHBP-equivalent coverage; (Section 2103(b)(1) (42 CFR 457.420(a)) (If checked, attach copy of the plan.)