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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-13-058

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

January 23, 2014

Susan E. Birch, MBA, BSN, RN, Executive Director
Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203-1818

RE: Colorado #13-058

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-058. This amendment adds preventive services to the State Plan and removes cost sharing for those services.

Please be informed that this State Plan Amendment was approved on January 21, 2014 with an effective date of January 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Suzanne Brennan
Pat Connally
Barb Prehmus
John Bartholomew
Max Salazar

| | | | |
|---|--|---|----------------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER: 13-058 | 2. STATE: COLORADO |
| | | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE January 1, 2014 | |
| 5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT | | | |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION §1905(a)(13) of the Social Security Act | | 7. FEDERAL BUDGET IMPACT a. FFY 2013-14: \$ 913,521 b. FFY 2014-15 \$1,218,028 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT • Attachment 3.1-A Page 6 (Preventive Services) • Supplement to Attachment 3.1-A Limitations to Care and Services - Item 13.c. Preventive Services (Preventive Services) | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) • Attachment 3.1-A Page 6 (Preventive Services) (11-036) | |
| 10. SUBJECT OF AMENDMENT 1. Adds Preventive Services to State Plan Services | | | |
| 11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 01 September 2011 | | | |
| TYPED NAME Suzanne Brennan | | Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus | |
| 14. TITLE Director, Medical & CHP+ Program Administration Office | | 15. DATE SUBMITTED 1/8/2014 | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED 12/18/13, resubmitted 1/8/14 | | 18. DATE APPROVED 01/21/14 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL 01/01/14 | | 20. SIGNATURE OF REGIONAL OFFICIAL /s/ | |
| 21. TYPED NAME Richard C. Allen | | 22. TITLE ARA, DMCHO | |
| 23. REMARKS | | | |

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

Item 13.c Preventive Services

Services provided are according to the United States Preventive Services Task Force (USPSTF) A and B recommendations along with approved vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP). Documentation is available to support claiming of FMAP for such services. As changes are made to the USPSTF and/or ACIP, coverage and billing codes will be updated to comply with the changes. Cost sharing is not applied to any of these services.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Screening services.

- Provided: No limitations With limitations*
 Not provided.

c. Preventive services.

- Provided: No limitations With limitations*
 Not provided.

d. Rehabilitative services.

- Provided: No limitations With limitations*
 Not provided.

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

- Provided: No limitations With limitations*
 Not provided.

b. Skilled nursing facility services.

- Provided: No limitations With limitations*
 Not provided.

c. Intermediate care facility services.

- Provided: No limitations With limitations*
 Not provided.

* Description provided on attachment.

TN No. 13-058

Approval Date 1/21/14

Supersedes TN No. 11-036

Effective Date 1/1/14