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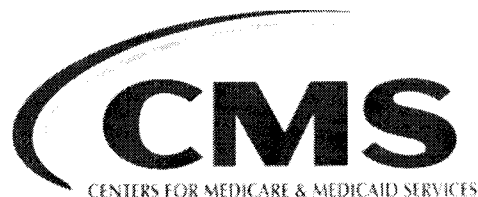
State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-14-003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

June 18, 2015

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

RE: Colorado #14-003

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-003. This amendment adds Personal Care Services to EPSDT services.

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

In order to track expenditures associated with this amendment, Colorado should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Base.

This amendment would affect expenditures reported on Line 15-EPSDT Screening Services.


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: Gretchen Hammer John Bartholomew
Tess Ellis Barb Prehmus
Pat Connally

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 14-0003	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 September 1, 2014	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.40 (EPSDT) 42 CFR 440.167 (PCS)	7. FEDERAL BUDGET IMPACT a. FFY 2013-14: \$39,354 b. FFY 2015-16 :\$432,895	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B section 4.b EPSDT Services (13-010) Supplement to Attachment 3.1-A section 4.b EPSDT Program (09-005)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Attachment 4.19-B section 4.b EPSDT Services (13-010) Supplement to Attachment 3.1-A section 4.b EPSDT Program (09-005)	
10. SUBJECT OF AMENDMENT The attached state plan amendment adds personal care to EPSDT services.		
11. GOVERNOR'S REVIEW (<i>Check One</i>) GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 15 January, 2015 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus	
13. TYPED NAME Gretchen M. Hammer		
14. TITLE Medicaid Director, Health Programs Office		
15. DATE SUBMITTED 6-26-2014; Updated 02/06/15		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED 06/26/14, updated 2/6/15	18. DATE APPROVED 6/18/15	
PLAN APPROVED – ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL 9/1/14	20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Richard C. Allen	22. TITLE ARA, DMCHO	
23. REMARKS		

**TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

STATE OF COLORADO

Supplement to
Attachment 3.1-A
Page 1 of 3

LIMITATIONS TO CARE AND SERVICES

4.b EPSDT Program

A. Medically necessary services not otherwise provided under the State Plan but available to EPSDT participants include:

- Other necessary health care, diagnostic treatment and other measures described in Section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the EPSDT screening service will be provided when medically necessary to EPSDT participants.
- Under EPSDT, medically necessary organ transplants are provided when not experimental or investigational, and when alternative, less costly treatments have been trialed or determined ineffective.

B. Medically necessary services not otherwise provided under the State Plan but available to EPSDT participants include:

- Preventive services including fluoride varnish
- Restorative services
- Diagnostic services (radiology/diagnostic imaging/oral pathology) that are medically and dentally necessary
- Periodontics
- Endodontics
- Oral and maxillofacial surgery
- Orthodontics
- Dentures

Dental services are available for individuals age 20 and under that prevent and abate tooth decay, restore dental health and are medically necessary. Some of these services may require prior authorization. The Department authorizes additional service if:

- the proposed services are medically appropriate and
- the proposed services are more cost effective than alternative services.

**TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

STATE OF COLORADO

Supplement to
Attachment 3.1-A
Page 2 of 3

LIMITATIONS TO CARE AND SERVICES

C. Services provided by Colorado state licensed dental hygienist.

- Licensed dental hygienists may render services as defined by the scope of practice of their license issued by the Department of Regulatory Agencies (DORA).
- Dental hygienists employed by a dentist, clinic or institution cannot receive direct reimbursement.
- Unsupervised dental hygienists as defined by DORA may bill Medicaid for the following preventive dental services for clients age 20 and under: prophylaxis, fluoride, oral hygiene instructions, sealants and periodic evaluations.

A list of approved procedure codes and policy limitations for dental providers will be updated in conjunction with the American Dental Association's biannual publication of the Current Dental Terminology (CDT) codes on dental procedures and nomenclature and will be posted on the Department's Web site as a provider bulletin.

- D. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disability, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan treatment, (B) provided by an individual who is qualified to provide such services and who is not the legally responsible adult, and (C) a client's place of residence or outside a client's place of residence, when Personal Care Activities take place outside of the client's residence.

1. Scope

Personal Care Services (PCS) are a benefit for Colorado Medicaid clients, ages 0 through 20 years of age, which are medically necessary and are sufficient in amount, scope and duration to reasonably achieve their purpose. PCS provide pediatric clients assistance with activities of Daily Living and Instrumental Activities of Daily Living through hands-on assistance (actually performing a task for the person), supervision and/or prompting or cuing the client to complete the task. PC services in Colorado's program includes a range of human assistance provided to children with an assessed need for personal care services which enables them to accomplish tasks that they would normally do for themselves if they did not have a disability or condition that warrants such assistance.

These services are provided to a client who does not require medically skilled staff. Services must be medically necessary, and must be consistent with the unique nature and severity of the client's illness, injury or disability, his or her particular medical needs, and accepted standards of practice, without regard to whether the illness, injury or disability is acute, chronic, or terminal.

**TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

STATE OF COLORADO

Supplement to
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LIMITATIONS TO CARE AND SERVICES

The scope of the benefit is defined by tasks which are comprised of ADLs and IADLs, as outlined in the State Medicaid manual, Section 4480 (C). These tasks include but are not limited to: Ambulation/Locomotion, Bathing/Showering, Dressing, Meal Preparation, Feeding, Hygiene-Hair Care/Grooming, Hygiene-Mouth Care, Hygiene-Nail Care, Hygiene-Shaving, Hygiene-Skin Care, Mobility-Positioning, Mobility-Transfer, Protective Oversight, Toileting-Bladder Care, Toileting-Bowel Care, Toileting-Bowel Program, Toileting-Catheter Care, and Medication Reminders.

- 2. Qualified providers Providing Personal Care Services include:
 - a. Class A and Class B Home Care Agencies and qualified staff who are:
 - i. licensed by the State of Colorado;
 - ii. in compliance with Colorado Department of Public Health and Environment Home Care Regulations, 6 C.C.R. 1011-1

3. Place of Service

PCS are provided in a client's place of residence or outside a client's place of residence, when Personal Care Activities take place outside of the client's residence.

4. State Approved Service Plan

The state uses both a State-approved and a Physician-approved Plan – a State-approved 485 service plan is used for clients receiving Personal Care and Home Health care. For Clients receiving only Personal Care, a Physician-approved Care Plan is used which is a written list of specific Personal Care tasks provided to a client by the Personal Care Worker. The Care Plan shall be updated at least annually or as required by the client's needs and/or condition.

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

STATE OF COLORADO

ATTACHMENT 4.19-B
Page 1 of 1

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

4.b EPSDT Services

- A. For medically necessary services not otherwise provided under the State Plan but available to EPSDT participants, reimbursement shall be the lower of the following:
1. Submitted charges or
 2. Fee schedule as determined by the Department of Health Care Policy and Financing.
- B. For medically necessary services provided by dentists and unsupervised licensed dental hygienists not otherwise provided under the State Plan but available to EPSDT participants, reimbursement shall be the lower of the following:
1. Submitted charges or
 2. Fee schedule as determined by the Department of Health Care Policy and Financing.
- C. For medically necessary personal care services not otherwise provided under the State Plan but available to EPSDT participants, reimbursements shall be 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 reimbursement rates were set as of September 1, 2014 and are effective for services provided on or after that date. All rates can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.