
Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-14-005

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

March 27, 2014

Susan E. Birch, MBA, BSN, RN, Executive Director
Department of Health Care Policy & Financing
303 East 17th Avenue, 7th floor
Denver, CO 80203

RE: Colorado #14-005

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-005. This amendment adds adult dental services to the State Plan.

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

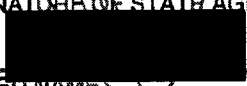
If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

/s/

Mary Marchioni
Acting 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: 14-005	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 April 1, 2014	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
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 (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.100		7. FEDERAL BUDGET IMPACT a. FFY 2013-14: \$38,894,702 b. FFY 2014-15 \$65,078,335	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <ul style="list-style-type: none"> • Attachment 4.19-B, section 10. Dental Services • Attachment 3.1-A Section 10, Dental Services • Supplement to Attachment 3.1-A, Section 10, Dental Services 		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) <ul style="list-style-type: none"> • NEW • Attachment 3.1-A Section 10, Dental Services (09-031) • NEW 	
10. SUBJECT OF AMENDMENT Adds adult dental services to the state plan.			
11. GOVERNOR'S REVIEW (<i>Check One</i>)			
GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED	
Governor's letter dated 01 September 2011			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO	
13. TYPED NAME Suzanne Brennan		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE Director, Medical & CHP+ Program Administration Office		Attn: Barbara Prehmus	
15. DATE SUBMITTED 3/25/14			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 03/25/14		18. DATE APPROVED 03/27/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 04/01/14		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Mary Marchioni		22. TITLE Acting ARA, DMCHO	
23. REMARKS			

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

STATE OF COLORADO

Attachment 3.1-A
Page 4
OMB NO.: 0938-0193

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

9. Clinic services.
 Provided: No limitations With limitations*

 Not provided.
10. Dental services.
 Provided: No limitations With limitations*

 Not provided.
11. Physical therapy and related services.
- a. Physical therapy.
 Provided: No limitations With limitations*

 Not provided.
- b. Occupational therapy.
 Provided: No limitations With limitations*

 Not provided.
- c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).
 Provided: No limitations With limitations*

 Not provided.

*Description provided on attachment.

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

10 Dental Services

Dental services for adults age 21 and over are limited to the following categories of service and may require prior authorization:

- a. Routine diagnostic and preventive services:
 1. Prophylaxis
 - i. Adult cleaning, two per twelve months
 2. Examinations
 3. Radiographs
 - i. Bitewings, one set (2-4 films) per twelve months.
 - ii. Intra-oral; complete series, one per sixty months.
 - iii. Panoramic image; with or without bitewings, one per sixty months.
- b. Restorative services
- c. Endodontic services
- d. Periodontal services

For clients under 21 years of age, dental services are provided in accordance with the Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) service category. See Supplement to Attachment 3.1-A, section 4b.

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

10. Dental Services

- a. Dental services for adults age 21 and over shall be reimbursed at the lower of the following:
 1. Submitted charges or
 2. Dental services fee schedule as determined by the Department of Health Care Policy and Financing.

- b. Dental services for adults accessing services through the state's Home and Community-Based Services for Persons with Developmental Disabilities (HCBS-DD) and Supported Living Services (HCBS-SLS) waivers are based on competitive market pricing. No later than June 30, 2014 the Department will cease reimbursement based on competitive market pricing for adults accessing services through the state's HCBS-DD and HCBS-SLS waivers.

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 April 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.