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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-14-036

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
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

September 11, 2014

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

RE: Colorado #14-036

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-036. This SPA amends adult dental sections of the state plan to impose annual maximum for services, implement Denture (prosthetics) services, implement fee-schedule for adults accessing state plan dental services through the HCBS waivers.

Please be informed that this State Plan Amendment was approved today with an effective date of July 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 8- Dental Services.

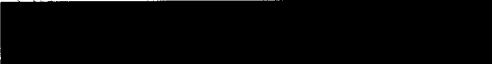
If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

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: 14-036	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 July 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 440.100 42 CFR 440.120		7. FEDERAL BUDGET IMPACT a. FFY 2013-14: \$6,317,276 b. FFY 2014-15 \$23,952,615	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <ul style="list-style-type: none"> • Supplement to Attachment 3.1-A Section 10, dental Services • Attachment 3.1-A, Section 12, Dentures (Page 5) • Attachment 4.19-B, section 10, Dental Services • Attachment 4.19-B, Section 12, Dentures (New) • Supplement to Attachment 3.1-A Section 12.b, Dentures (New) 		<ul style="list-style-type: none"> • PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) • Supplement to Attachment 4.19-B, section 10, Dental Services (TN 13-005) • Attachment 3.1-A Section 10, Dental Services • Attachment 3.1-A, Section 12, Dentures (Page 5)(TN 96-003) 	
10. SUBJECT OF AMENDMENT Amends Adult Dental sections of the State Plan to impose annual maximum for services, implements Denture (prosthetics) services, and implements fee-schedule for adults accessing state plan dental services though the HCBS waivers.			
11. GOVERNOR'S REVIEW (<i>Check One</i>)			
GOVERNOR'S OFFICE REPORTED NO COMMENT		X OTHER, AS SPECIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		Governor's letter dated 01 September 2011	
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 Suzanne Brennan			
14. TITLE Director, Medical & CHP+ Program Administration Office			
15. DATE SUBMITTED 7/1/2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 7/1/14		18. DATE APPROVED 9/11/14	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/14		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Mary Marchioni		22. TITLE Acting ARA, DMCHO	

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

STATE OF COLORADO

Attachment 3.1-A
Page 5
OMB NO.: 0938-0193

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

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed drugs:
 Provided: No limitations With limitations*
 Not provided.
- b. Dentures:
 Provided: No limitations With limitations*
 Not provided.
- c. Prosthetic devices:
 Provided: No limitations With limitations*
 Not provided.
- d. Eyeglasses
 Provided: No limitations With limitations*
 Not provided.
13. Other diagnostic, screening, preventive and rehabilitative services, i.e. other than those provided elsewhere in the plan:
- a. Diagnostic services
 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

12.b. Dentures

1. Complete and Partial Removable Prosthetics are a benefit for recipients age 21 and older based on medical necessity. Services consist of fabrication of complete or partial dentures and are subject to Prior Authorization Requests.
 - a. Complete Dentures are limited to one set every 7 years, includes initial 6 months of relines
 - b. Partial Dentures are limited to one set every 7 years

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.

Dental services for adults 21 years of age and older, except for services for the immediate relief of severe pain, alleviation of acute infection, or necessary because of trauma, are limited to a total of \$1,000 per adult Medicaid recipient per state fiscal year.

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

12.b. Dentures

- a. Dentures 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.

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 July 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.

**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 shall be based on a separate fee schedule found on the official website of the Department of the Health Care Policy and Financing at www.colorado.gov/hcpf.

- c. Dental services for adults 21 years of age and older, except for services for the immediate relief of severe pain, alleviation of acute infection, or necessary because of trauma, are limited to a total of \$1,000 per adult Medicaid recipient per state fiscal year. Dentures (see 4.19-B section 12.b) are not subject to this \$1,000 limitation and are available to clients when medically necessary.

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 July 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.