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## **Table of Contents**

**State/Territory Name: Colorado**

**State Plan Amendment (SPA) #: 18-0018**

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  
Denver Regional Office  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**REGION VIII - DENVER**

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June 25, 2018

Kim Bimestefer, Executive Director  
Department of Health Care Policy & Financing  
1570 Grant Street  
Denver, CO 80203

Dear Ms. Bimestefer:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0018. This amendment updates and clarifies the reimbursement methodology for eyeglasses and contact lenses.

Please be informed that this State Plan Amendment was approved today with an effective date of April 1, 2018. 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,

A solid black rectangular box used to redact the signature of the sender.

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

cc: Gretchen Hammer  
John Bartholomew  
David DeNovellis  
Russell Ziegler  
Whitney McOwen

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  18-0018	2. STATE:  COLORADO
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE:  April 1, 2018	
5. TYPE OF PLAN MATERIAL (Check One):  NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS A NEW PLAN <b>X AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:  Social Security Act Title XIX, Section 1905(a)(12) and 42 CFR 440.120		7. FEDERAL BUDGET IMPACT:  a. FFY 2017-18: \$ 0 b. FFY 2018-19: \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B – Methods and Standards for Establishing Payment Rates - Other Types of Care-12.d. Eyeglasses and Contact Lenses  Attachment 4.19-B – Methods and Standards for Establishing Payment Rates - Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services (Page 2 of 3)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  4.19-B – Methods and Standards for Establishing Payment Rates - Other Types of Care – Effective Dates for Reimbursement Rates for Specified Services (Page 2 of 3) (18-0023)	
10. SUBJECT OF AMENDMENT:  Adding optician reimbursement page. This Amendment is submitted pursuant to the March 5, 2018 CMS companion letter to the approval of SPA 17-0043. The companion letter required that this SPA be submitted on or before May 31, 2018. This SPA does not make any change to rates.			
11. GOVERNOR'S REVIEW (Check One):  GOVERNOR'S OFFICE REPORTED NO COMMENT <b>X OTHER, AS SPECIFIED</b> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Governor's letter dated 29 March, 2018 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: David DeNovellis	
13. TYPED NAME:  Gretchen Hammer			
14. TITLE:  Medicaid Director			
15. DATE SUBMITTED: <i>Initial: May 23, 2018</i> <i>Update #1: June 11, 2018</i>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED  May 23, 2018		18. DATE APPROVED  June 25, 2018	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL  April 1, 2018		20. SIGNATURE: 	
21. TYPED NAME  Richard C. Allen		22. TITLE  ARA, DMCHO	

23. REMARKS

FORM CMS-179 (07/92)

*Instructions on Back*

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

STATE OF COLORADO

Attachment 4.19-B  
Introduction  
Page 2 of 3

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

Effective Dates for Reimbursement Rates for Specified Services

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
9. Clinic Services	Attachment 4.19-B, Page 1-3 of 4	July 1, 2018
10. Dental Services	Attachment 4.19-B, Page 1 of 3	July 1, 2018
11. Physical Therapy, Occupational Therapy, Speech Therapy, and Audiology Services	Attachment 4.19-B	July 1, 2018
12.b. Dentures	Attachment 4.19-B	July 1, 2018
12.c. Prosthetics	Attachment 4.19-B	July 1, 2018
12.d. Eyeglasses and Contact Lenses	Attachment 4.19-B	July 1, 2018
13.c. Preventive Services - Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Attachment 4.19-B	July 1, 2018
13.d. Rehabilitative Services: Substance Use Disorder Treatment	Attachment 4.19-B	July 1, 2018
13.d. Rehabilitative Services: Behavioral Health Services	Attachment 4.19-B	July 1, 2018
13.d. Rehabilitative Services: Mental Health and Substance Abuse Rehabilitation Services for Children	Attachment 4.19-B, Page 1-2 of 2	July 1, 2018
19. Targeted Case Management: Persons with a Developmental Disability	Attachment 4.19-B, Page 1-2 of 2	July 1, 2018
19.a. Targeted Case Management: Outpatient Substance Use Disorder Treatment	Attachment 4.19-B, Page 1 of 2	July 1, 2018

TN No. 18-0018

Supersedes TN No. 18-0023

Approval Date: June 25, 2018

Effective Date: April 1, 2018

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

STATE OF COLORADO

42 CFR 440.120

Attachment 4.19-B

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

12.d. EYEGASSES AND CONTACT LENSES

Eyeglasses, contact lenses, and ocular prosthetics are reimbursed to opticians at 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 rates are effective for services on or after the date listed on the attachment 4.19-B Introduction Page.

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TN No. 18-0018  
Supersedes TN No. NEW

Approval Date June 25, 2018  
Effective Date April 1, 2018