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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 19-0015

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



Denver Regional Operations Group

August 22, 2019

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) 19-0015. This amendment increases the maximum adult dental benefit from \$1,000 to \$1,500.

Please be informed that this State Plan Amendment was approved August 21, 2019, with an effective date of July 1, 2019. 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,



Richard C. Allen
Director, Western Regional Operations Group
Denver Regional Office
Centers for Medicaid and CHIP Services

cc: Laurel Karabatsos, Colorado
John Bartholomew, Colorado
Russell Ziegler, Colorado
Whitney McOwen, Colorado
Jami Gazarro, Colorado

**TRANSMITTAL AND NOTICE OF APPROVAL
OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: **19-0015**
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, 2019

5. TYPE OF PLAN MATERIAL (Check One):
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN **AMENDMENT**

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
SOCIAL SECURITY ACT 1905(a)(10) / 42 CFR 440.100

7. FEDERAL BUDGET IMPACT:
a. FFY 2018-19: **\$2,047,068**
b. FFY 2019-20: **\$8,188,272**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 10 – Dental Services
Attachment 4.19-B – Methods and Standards for Establishing Payment Rates-Other Types of Care – Item 10 – Dental Services – Page 1 of 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
Supplement to Attachment 3.1-A – Limitations to Care and Services – Item 10 – Dental Services (TN 14-036)
Attachment 4.19-B – Methods and Standards for Establishing Payment Rates-Other Types of Care – Item 10 – Dental Services – Page 1 of 3 (TN 17-0005)

10. SUBJECT OF AMENDMENT:
Increase the maximum adult dental benefit from \$1,000 to \$1,500.

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT **X OTHER, AS SPECIFIED**
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED **Governor's letter dated 29 March, 2018**
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE: 

16. RETURN TO:
**Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818**
Attn: David DeNovellis

13. TYPED NAME:
Laurel Karabatsos

14. TITLE:
Interim Medicaid Director

15. DATE SUBMITTED: Initial: June 20, 2019
Update #1: **July 9, 2019**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **June 20, 2019** 18. DATE APPROVED: **August 21, 2019**

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2019

20. SIGNATURE:  OFFICIAL

21. TYPED NAME:
Richard C. Allen

22. TITLE:
Director, WROG

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

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:
 - I. 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 \$1,500 per adult Medicaid recipient per state fiscal year. Medically necessary services reimbursed under the Medical and Surgical Services Furnished by a Dentist benefit at Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care, Item 5.b. Medical and Surgical Services Furnished by a Dentist, are not subject to the \$1,500 limitation.

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

STATE OF COLORADO

ATTACHMENT 4.19-B

Page 1 of 3

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 \$1,500 per adult Medicaid recipient per state fiscal year. Dentures (see 4.19-B section 12.b) are not subject to this \$1,500 limitation and are available to clients when medically necessary. Medically necessary services reimbursed under the Medical and Surgical Services Furnished by a Dentist benefit at Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care, Item 5.b. Medical and Surgical Services Furnished by a Dentist, are not subject to the \$1,500 limitation.

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.