

COLORADO SECTION 1115 WAIVER

Status as of June 2003

- Submitted May 14, 2002
- Approved September 27, 2002
- Implemented October 8, 2002
- Enrollment closed May 2, 2003

Overview

- Colorado's approved waiver allows the state to use SCHIP funds to expand SCHIP eligibility to uninsured pregnant women with incomes between 134-185% of poverty, who were previously ineligible for Medicaid or SCHIP, subject to an enrollment cap. Children of these newly eligible pregnant women are automatically enrolled in the state's SCHIP program upon birth. The state's Medicaid program already covers pregnant women with incomes through 133% of poverty.
- Newly eligible pregnant women are covered throughout their pregnancy and for 60 days following birth. They receive the same benefit package and pay the same copayments as SCHIP children. They do not pay the enrollment fee that is required of some SCHIP children.
- Expenditures under the waiver are limited to available SCHIP and state funds. SCHIP funds are first used to cover SCHIP children and then newly eligible pregnant women. If funds are depleted, the state may lower eligibility to 133% of poverty, close enrollment, or discontinue coverage for newly eligible pregnant women. The state cannot decrease eligibility standards, close enrollment, or discontinue coverage for SCHIP children while the waiver demonstration is in effect.
- In May 2003, the state closed enrollment to newly eligible pregnant women due to funding constraints. Those enrolled prior to May 2003 continue to be covered through the 60 days following birth.
- Under the waiver, the state has committed to develop a plan to expand coverage for low-income children and adults and to coordinate coverage with employer-sponsored insurance.

Individuals Covered By Waiver

	Eligible for Waiver Coverage
Eligible Prior to Waiver	(No individuals who were eligible for Medicaid or SCHIP prior to the waiver are covered by the waiver)
Newly Eligible Under Waiver	Uninsured pregnant women 134-185% FPL, who are not otherwise eligible for Medicaid or SCHIP, subject to an enrollment cap

**Premiums/Enrollment Fees, Benefits, & Cost Sharing for
State's Medicaid Program for Pregnant Women and Waiver Coverage**

(This table shows coverage and cost sharing for a selected list of benefits; other benefits not shown on this list may also be covered.)

	State's Medicaid Program for Pregnant Women 0-133% FPL		Waiver Coverage: Pregnant Women 134-185% FPL (SCHIP Benefit Package)	
Premiums/ Enrollment Fees	None		None	
Groups Exempt from Cost Sharing	No cost sharing for pregnant women		American Indians and Alaska Natives	
Benefits & Cost Sharing	Covered	Benefit Limits	Covered	Benefit Limits & Copayments/Coinsurance
Inpatient Hospital	✓		✓	
Outpatient Hospital	✓		✓	
Emergency Room	✓		✓	133-150% FPL: \$3 per visit 151-185% FPL: \$15 per visit
Physician Services	✓		✓	133-150% FPL: \$2 per visit 151-185% FPL: \$5 per visit Preventive services exempt from copayments
Lab and X-ray	✓		✓	
Ambulance	✓		✓	
Non-emergency Transportation	✓			
Home Health Care	✓		✓	
Long-term Care	✓		L	Coverage only for medically necessary skilled nursing facility care.
Prescription Drugs	✓		✓	133-150% FPL: \$1 per drug 151-185% FPL: \$3 per generic drug; \$5 per name brand drug
Mental Health and Chemical Dependency	✓		L	<u>Mental Health:</u> 45 inpatient days per year (can convert to 90 outpatient visits) 20 outpatient visits per year <u>Chemical Dependency:</u> Inpatient care not covered except for acute detox 20 outpatient visits per year 133-150% FPL: \$2 per outpatient visit 151-185% FPL: \$5 per outpatient visit
Durable Medical Equipment	✓		L	\$2,000 annual benefit limit
Dental	✓	Coverage limited to medical and surgical dental services		
Vision	✓	Coverage limited to eyeglasses following surgery	✓	Coverage for preventive and specialty care. Coverage for eyeglasses limited to \$50 per year 133-150% FPL: \$2 per visit 151-185% FPL: \$5 per visit
Hearing	✓	Coverage only for treatment of disorders	✓	Coverage for preventive care. \$800 annual benefit limit
PT, OT, SLP	✓		L	30 visits per diagnosis per year for PT, OT, & SLP combined 133-150% FPL: \$2 per visit 151-185% FPL: \$5 per visit
Other Provisions				Total cost-sharing cannot exceed 5% of a family's income.

TABLE NOTES:

Information on the state's basic Medicaid program for adults from State Plan on file with CMS (<http://www.cms.gov/medicaid/stateplans/map.asp>).

L = Limits in the amount, scope, or duration of benefit as compared to state's basic Medicaid benefit package.

PT = Physical Therapy, OT = Occupational Therapy, SLP = Speech Language Pathology Therapy