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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-09-042

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

TN: CO-09-042 **Approval Date:** 03/10/2010 **Effective Date** 05/01/2010

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1600 Broadway, Suite 700 Denver, CO 80202-4967



Region VIII

March 19, 2010

Sandeep Wadhwa, MD, MBA Medicaid Director Medical & CHP+ Administration Office Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818

Dear Dr. Wadhwa:

We are pleased to inform you that your Colorado SPA 09-042 regarding the 1931 eligibility group has been approved with an effective date of May 1, 2010.

If you have any questions regarding this SPA, please contact Diane Dunstan-Murphy of my staff at either (303) 844-7040 or diane.dunstan@cms.hhs.gov.

Sincerely,

 $/_{\rm S}/$

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

	1. TRANSMITTAL NUMBER:	2. STATE:	
TRANSMITTAL AND NOTICE OF APPROVAL OF	00.043	COLOBADO	
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	OB-042 COLORADO ROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE & MEDICAID SERVICES	April 1,2010 May 1,2		
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):			
3. THE OF FLAN MATERIAL (CHECK One).			
NEW STATE PLAN AMENDMENT TO BE CONSIDE	ERED AS A NEW PLAN	X AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (Separate transmittal for each	ch amendment)	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT		
1931(b)(2) of the Act [42 U.S.C. 1396u-1]	a. FFY 09 \$ 19,758,290 b. FFY 10 \$ 44,424,447		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE	SUPERSEDED PLAN	
	SECTION OR ATTACHME	NT (If Applicable)	
Page 1 Supplement 12a to Attachment 2.6-A	Page 12 Supplement 12a to Att	achment 2 6-A	
Attachment 2.6.4 pg.7, pg.11a. Supp.1 to attach 2.60, pg.3			
Supp. 1 to attach 2:60; pg. 3 Bush ple 800 46 both Even 2:60, 1+2pg	•		
Expansion of the 1931 program to 100% of the retter a	poverty level for Family and	Children's Medicaid	
		1	
11. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT	X OTHER, AS SPECIFIED	į	
	Governor's letter dated	29 July 2009	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		2.0019	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	L		
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO		
		<u> </u>	
13.	Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818		
Susan Williamson			
14 TITLE	Attn: Rachel Gibbons	!	
	MONET OFFICE 13		
Director, Client and Community Relations Office 15 DATE SUBMITTED		:	
12/21/09			
FOR REGIONAL OF	FICE USE ONLY		
17. DATE RECEIVED 1/09	18. DATE APPROVED		
PLAN APPROVED ON	3/11/20 E COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL	20 SIGNATURE OF PECHONAL O	CTICIAL	
5/1/10		TENOME.	
2/1/10		""" () / ()	
21 TYPED NAME	13		
	Associate Region		

Revision:

HCFA-PM-92-1

FEBRUARY 1992

(MB)

ATTACHMENT 2.6-A

Page 7

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

		Stat	te <u>Col</u>	orado		
ELI	GIBILITY	CONDI	TIONS	AND I	REQUI	REMENTS
Citation(s)				Cor	dition	or Requirement
1902(r)(2) of the Act	1.	Methods of Determining Income a. AFDC-related individuals (excelevel related pregnant women, in children).				iduals (except for poverty
			(1)	AFDC	ermini -relate ds are	ng countable income for d individuals, the following used:
					(a)	The methods under the State's approved AFDC plan only; or
				X	(b)	The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to <u>ATTACHMENT 2.6</u> -A.
			(2)	incom	noid as	ng relative financial y, the agency considers only f spouses living in the same available to spouses and the rents as available to children arents until the children
1902(e)(6) the Act			(3)	eligibl 1902(a regard family 60-day and ai	e unde 1)(10) o l to any of whi y period iv rem:	nues to treat women r the provisions of sections of the Act as eligible, without changes in income of the changes in member, for the dafter her pregnancy ends aining days in the month in th day falls.
	99-04 <u>2</u> 2-14			Approv Effectiv	val Date ve Date	3/19/10 May 1, 2010

Revision:

HCFA-PM-92-1

FEBRUARY 1992

(MB)

ATTACHMENT 2.6-A

Page 11a

State	Colorado	

ELIGIBILITY CONDITIONS AND REQUIREMENTS				
Citation(s)			Condition or Requirement	
1902(l)(3)(E) and 1902(r)(2) of the Act	е.	child child section	rty level pregnant women, infants, and ren. For pregnant women and infants or ren covered under the provisions of ons 1902(a)(10)(A)(i)(IV), (VI), and (VII), 1902(a)(10)(A)(ii)(IX) of the Act The following methods are used in determining countable income: The methods of the State's approved AFDC plan. The methods of the approved title IV-E plan. The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A. The methods of the approved title IV-E plan and/or any more liberal methods described in	

TN No. **09-042**Supersedes TN No. **92-14**

Approval Date 3/19/10
Effective Date May 1, 2010

ATTACHMENT 2.6-A Supplement 12 a Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF COLORADO

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The state covers low-income families and children under section 1931 of the Act.

The following	g groups were in	ncluded in the AFDC State Plan effective July 16, 1996:			
X	Pregnant women with no other eligible children.				
<u>X</u>	AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training with the expectation that the child will graduate before age 19.				
	In determining eligibility for Medicaid, the agency uses the AFI standards and methodologies in effect as of July 16, 1996 with modification.				
		The agency applies lower income standards which are not lower than the AFDC standards in effect on May 12, 1988, as follows:			
	·	The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:			

TN No. 09-042 Supercedes TN No. 06-016 Approval Date 3/19/10
Effective Date: May 1, 2010

ATTACHMENT 2.6-A Supplement 12a Page 1a

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

STATE OF COLORADO

ELIG	BILITY UNDER SECTION 1931 OF THE ACT
	The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1995, as follows:
X	The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
	No resource test
	• Disregards the income difference by the family size in the amount of the AFDC payment standard and 100% of the Federal Poverty Level (as revised annually in the Federal Register) plus \$1 using all AFDC income counting methodologies except the 185% of the need standard income test, the \$30 plus 1/3 earned income disregard for the first 4 months, and the \$30 disregard for 8 calendar months following the 4 consecutive months of \$30 plus 1/3 disregard
	All wages paid by the Census Bureau for temporary employment related to the decennial Census are excluded
X	The income and/or resource methodologies that the less restrictive methodologies replace are as follows:
	• Resource limit of \$2,000.00
	One motor vehicle of any value is allowed
	Requirement of parental deprivation

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TN No	09-042	Approval Date	3/19/10
Supersedes TN No	09-001	Effective Date	May 1, 2010

first 4 months

\$30 plus 1/3 remaining earned income disregard for the

\$30 disregard for 8 calendar months following the 4

consecutive months of \$30 plus 1/3 disregard

185% of the need standard gross income test

ATTACHMENT 2.6-A Supplement 12a Page 1b

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

STATE OF COLORADO

 The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.
 The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

 TN No.
 09-042
 Approval Date
 3//9/10

 Supersedes TN No.
 Effective Date
 May 1, 2010

Revision:

HCFA-PM-91-4 (BPD)

FEBRUARY 1992

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 3

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Colorado

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(10)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Based on __ percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent).

Family size	Income Level	
1	\$	
2	\$	
3	\$	
4	\$	
5	\$	

TN No. <u>09-042</u> Approval Date <u>3/19/10</u> Effective Date <u>May 1, 2010</u>
Supersedes
TN No. <u>92-2</u> HCFA ID: 7985E

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

STATE OF COLORADO

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902 (r) (2) OF THE ACT*

<u>X</u>	Section 1902 (f) State	Non-Section 1902 (f) State
1.	All wages paid by the Census Burea decennial Census are excluded. Methodologies less restrictive than a	AFDC
	Wages paid by the Census Bureau for census activities are excluded for the	
	$\frac{X}{1902(a)(10)(A)(i)(III)}$. Qualified children and properties of the properties	regnant women under
	X Poverty level pregnant wom 1902(a)(10)(A)(i)(IV).	en and infants (133 –185% FPL) under
	X Poverty level children under 1902(a)(10)(A)(i)(VI).	age 6 (133% FPL) under
	_X Poverty level children under 1902(a)(10)(A)(i)(VII).	age 19 (100% FPL) under
	<u>X</u> Optional categorically no below:	eedy groups under 1902(a)(10)(A)(ii) as
	 1902(a)(10)(A)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	()(II)
	the Individuals Who Would b 1902(a)(10)(A)(ii)(VI) and th	Level Group under 1902(a)(10)(A)(ii)(V), be Eligible if In an Institution Group under he Hospice Group under ot be included in this disregard.

TN No.	09-042	Approval Date	3/19/10
Supersedes TN No	<u>09-001</u>	Effective Date	May 1, 2010

Supplement 8a to ATTACHMENT 2.6-A Page 2

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

	STATE OF COLORADO
	Medically Needy under 1902(a)(10)(C)(i)(III).
	All aged, blind or disabled groups in 209(b) states under 1902(f)
_X	QMBs, SLMBs and QIs under 1905(p),

TN No.	09-042	Approval Date	3/19/10
Supersedes TN No	09-001	Effective Date	May 1, 2010

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

STATE OF COLORADO

2. Parents/caretaker relatives, pregnant women, and children under age 20 who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State Agency under 1902(a)(10)(A)(ii)(II) Methodologies less restrictive than AFDC

In determining countable income, the agency disregards the income difference by the family size in the amount of the AFDC payment standard and 100% of the Federal Poverty Level (as revised annually in the Federal Register) plus \$1 using all AFDC income counting methodologies except the 185% of the need standard income test, the \$30 plus 1/3 earned income disregard for the first 4 months, and the \$30 disregard for 8 calendar months following the 4 consecutive months of \$30 plus 1/3 disregard.

3. Qualified pregnant women and children under 1902(a)(10)(A)(i)(III) Methodologies less restrictive than AFDC

In determining countable income, the agency disregards the income difference by the family size in the amount of the AFDC payment standard and 100% of the Federal Poverty Level (as revised annually in the Federal Register) plus \$1 using all AFDC income counting methodologies except the 185% of the need standard income test, the \$30 plus 1/3 earned income disregard for the first 4 months, and the \$30 disregard for 8 calendar months following the 4 consecutive months of \$30 plus 1/3 disregard.

4. Parents/caretaker relatives, pregnant women, and children under age 20 who would be eligible for AFDC if they were not in a medical institution under 1902(a)(10)(A)(ii)(IV)

Methodologies less restrictive than AFDC

In determining countable income, the agency disregards the income difference by the family size in the amount of the AFDC payment standard and 100% of the Federal Poverty Level (as revised annually in the Federal Register) plus \$1 using all AFDC income counting methodologies except the 185% of the need standard income test, the \$30 plus 1/3 earned income disregard for the first 4 months, and the \$30 disregard for 8 calendar months following the 4 consecutive months of \$30 plus 1/3 disregard.

TN No	09-042	Approval Date	3/19/10
Supersedes TN No		Effective Date	May 1, 2010

Supplement 8a to ATTACHMENT 2.6-A Page 4

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

STATE OF COLORADO

5. Poverty-level related pregnant women, infants, and children under 1902(a)(10(A)(i)(IV), (VI), and VII)
Methodologies less restrictive than AFDC

In determining countable income, the agency uses all AFDC income counting methodologies except the 185% of the need standard income test and any more liberal income methodologies specified for these eligibility groups in Supplement 8a to Attachment 2.6-A.

TN No	09-042	Approval Date	3/19/10
Supersedes TN No.		Effective Date	May 1, 2010

^{*}More liberal methods may not result in exceeding gross income limitations under Section 1903 (f).