
Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-13-002

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

March 27, 2013

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

RE: Colorado #13-002

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-002. This amendment increases the income limit for pregnant women from 133% of FPL to 185% of the Federal Poverty Level.

Please be informed that this State Plan Amendment was approved March 26, 2013 with an effective date of January 1, 2013. 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,

/s/

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

cc: Suzanne Brennan
Pat Connally
Barb Prehmus
John Bartholomew
Sharon Parga

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 13-002	2. STATE: COLORADO
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE 1/1/2013	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 435.116		7. FEDERAL BUDGET IMPACT a. FFY 2013 \$ 4,506,956 b. FFY 2014 \$ 6,091,963	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 3 of supplement 1 of attachment 2.6A regarding income eligibility levels for Mandatory Categorically Needy and page 20 of attachment 2.2A regarding groups covered under the program		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Page 3 of supplement 1 of attachment 2.6A regarding income eligibility levels for Mandatory Categorically Needy (TN 09-042) and page 20 of attachment 2.2A regarding groups covered under the program (TN 93-015)	
10. SUBJECT OF AMENDMENT This amendment increases the income limit for pregnant women from 133% of the Federal Poverty Level (FPL) to 185% of the FPL <i>* Expenditures reflect Medicaid costs and do not show CHIP savings. Federal share is calculated assuming the CHIP match rate.</i>			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED Governor's letter dated 01 September 2011 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL.			
12. SIGNATURE 	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 Medicaid Director			
15. DATE SUBMITTED 1/3/13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 1/3/13		18. DATE APPROVED 3/27/13	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/13		AGENCY OFFICIAL 	
21. TYPED NAME RICHARD C. ALLEN		22. TITLE ARA, DMCHS	
23. REMARKS			

3/13
* dep
3/13

Title 01 = Uninsured - get enhanced FMAP
TPL coming

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:

For pregnant women, based on 185 percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent.)

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 20
OMB NO.: 0938-

State/Territory Colorado

Agency* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(e)(3)
of the Act

// 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B), of the Act. Supplement 3 to ATTACHMENT 2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)
(A)(ii)(IX)
and 1902(1)
of the Act

/X/ 14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6--A:

- X a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

TN No 13-002
Supersedes TN No. 93-015

Approval Date 3/26/13
Effective Date 01/01/2013