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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-13-046-MM

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form
- 3) Superseding Pages Notice
- 4) Approved SPA Pages
- 5) Additional Attachments that are part of the state plan



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 10, 2013

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

RE: Colorado #13-046-MM

Dear Ms. Birch:

Enclosed is an approved copy of Colorado's state plan amendment (SPA) 13-046-MM, which was submitted to CMS on August 30, 2013. SPA CO-13-046-MM incorporates the MAGI-based eligibility process requirements into Colorado's Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

The approval of SPA CO-13-046-MM includes full approval of your state's alternative single streamlined application used to apply for multiple human service programs. Until April 30, 2014, the state is using an interim alternative single streamlined paper application. Until October 1, 2014, the state is using an interim alternative single streamlined online application. The state will implement revised applications that will address CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the end of Colorado's approved state plan:

- S94, pages S94-1 and S94-2
- Attachment 1- Multibenefit Application
- Attachment 2- Statement of use with respect to the alternative single streamlined online application
- Attachment 3- Statement of use with respect to the alternative single streamlined paper application

CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan amendment. If you have any questions concerning this SPA, please contact Curtis Volesky at 303-844-7033, or by e-mail at Curtis.Volesky@cms.hhs.gov.

Sincerely,

/s/

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

cc: Suzanne Brennan, Barb Prehmus, Pat Connally
John Bartholomew, Max Salazar

DEPARTMENT OF HEALTH & HUMAN SERVICES
 Centers for Medicare & Medicaid Services
 San Francisco Regional Office
 90 Seventh Street, Suite 5-300 (5W)
 San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

December 10, 2013

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

Dear Ms. Birch:

This letter is being sent as a companion to Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) CO-13-046-MM, which was submitted to CMS on August 30, 2013. Our review of this submission included a review of both the paper and online alternative single streamlined applications and the application used to apply for multiple human service programs developed by the state.

Until April 30, 2014, the state is using an interim alternative single streamlined paper application. In addition, until October 1, 2014, the state is using an interim alternative single streamlined online application. The interim applications must be revised to reflect the following changes.

Necessary changes:	Date by which changes will be completed:
<u>Paper application:</u> Co-branded Application for Health Coverage and Help Paying Costs:	
Question #7—Removal of the question of individual shared responsibility exemption.	April 30, 2014
<u>Online application:</u>	
<p>If the applicant has not indicated that he or she is aged or blind or disabled, the following questions will not appear on applications for health coverage only.</p> <ul style="list-style-type: none"> • Questions regarding bills, such as child care and child support • Questions related to non-MAGI income types, such as in-kind income, veterans benefits and SSI 	February 28, 2014
<p>The following question will not appear for household members not seeking any benefits.</p> <ul style="list-style-type: none"> • The non-MAGI screening questions related to disability, 	April 30, 2014

blindness and long term care need. This function will be made dynamic.	
The following questions will not appear for household members not seeking any benefits. <ul style="list-style-type: none"> • Residency information • All citizenship and immigration questions 	February 28, 2014
Applicants will have the opportunity to identify themselves as American Indians and Alaska Natives for purposes of cost-sharing protections, and identify American Indian and Alaska Native income not countable for Medicaid and CHIP income determinations.	June 30, 2014
School attendance questions will only appear when necessary for Medicaid eligibility determinations.	February 28, 2014
The state will integrate questions for Medicaid, CHIP and APTC into a single application.	October 1, 2014

Please submit the revised alternative single streamlined paper application to CMS for review no later than April 1, 2014 to ensure approval by April 30, 2014. Also, please submit a revised alternative single streamlined online application to CMS for review no later than September 1, 2014, to ensure approval by October 1, 2014. We continue to be available to provide technical assistance. For technical assistance with your application, please contact Dena Greenblum at 410-786-8684 or Dena.Greenblum@cms.hhs.gov. If you have any questions or require any further assistance, please contact Curtis Volesky of my staff at either 303- 844-7033 or by email at CurtisVolesky@cms.hhs.gov.

Sincerely,

/s/

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

cc: Suzanne Brennan, Barb Prehmus, Pat Connally
John Bartholomew, Max Salazar

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Colorado**Transmittal Number:***Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

CO-13-0046

Proposed Effective Date

10/01/2013 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435, Subparts J and M

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Eligibility Processes, including request for Secretary approval of alternative single streamlined application (both paper and online versions), and an alternative multi-benefit application.

Governor's Office Review **Governor's office reported no comment****Comments of Governor's office received**

Describe:

 No reply received within 45 days of submittal**Other, as specified**

Describe:

Signature of State Agency Official**Submitted By:** Barbara Prehmus**Last Revision Date:** Nov 19, 2013**Submit Date:** Aug 30, 2013



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

General Eligibility Requirements Eligibility Process S94

42 CFR 435, Subpart J and Subpart M

Eligibility Process

- The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

- Yes No



Medicaid Eligibility

- The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

Redetermination Processing

- Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
- Once every 12 months
 - Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency

If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.

- Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- Once every 12 months
 - Once every 6 months
 - Other, more often than once every 12 months

Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application Online Application

TRANSMITTAL NUMBER:

CO 13-046

STATE:

Colorado

Through April 30, 2014, the state is using an interim paper alternative single streamlined application. After April 30, 2014, the state will use a revised paper alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION

Paper Application Online Application

TRANSMITTAL NUMBER:

CO 13-046

STATE:

Colorado

Through October 1, 2014, the state is using an interim online alternative single streamlined application. After October 1, 2014, the state will use a revised online alternative single streamlined application. The revised application will address the issues outlined in the CMS letter, which was issued with the approval of this state plan amendment, concerning the state's application. The revised application will be incorporated by reference into the state plan.

Department of Social Services State of South Dakota

