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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-14-006

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

November 18, 2014

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

RE: Colorado #14-006

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 14-006. This amendment concerns continuous eligibility allowing children under the age of 19 to maintain Medicaid coverage for a full year, even if families experience a change in income, household size, or other circumstances.

Please be informed that this State Plan Amendment was approved today with an effective date of March 1, 2014. We are enclosing the CMS-179 and the amended plan page.

We note that section 1902(e)(12) of the Act requires that when a state elects to provide continuous eligibility, it must do so for all categorically eligible children under section 1902(a)(10)(A) of the Act. While the state has adopted the policy to provide continuous eligibility for all children under age 19 enrolled in Medicaid, the Colorado Department of Health Care Policy and Financing (HCPF) has indicated that due to current system limitations, the state has not fully implemented this policy. The state is currently implementing continuous eligibility only for children determined eligible for the mandatory children's group at 42 CFR 435.118.

HCPF provided a corrective action plan, described in the response to CMS's request for additional information on September 9, 2014 and through further correspondence on October 22, 2014. Under this plan, the state will complete the necessary system changes to provide continuous eligibility for all categorically eligible children under section 1902(a)(10)(A) of the Act by no later than September 20, 2015. This approval requires bi-monthly reports on the HCPF's progress with implementing the corrective action plan beginning in January 2015. Reports need to be submitted to the CMS Regional Office no later than the 15th of each month in which the report is due.


If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

/s/

Mary Marchioni
Acting Associate Regional Administrator
Division for Medicaid & Children's Health Operations

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: CO-14-006	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 3/1/14	
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN		AMENDMENT TO BE CONSIDERED AS A NEW PLAN	
<input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 1902(c)(12)		7. FEDERAL BUDGET IMPACT a. FFY 2014 \$6,257,956.00 b. FFY 2015 \$15,069,653.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 23h of Attachment 2.2-A TN # 14-006		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New Page 23h of Attachment 2.2-A TN # 14-006	
10. SUBJECT OF AMENDMENT Continuous eligibility allows children under the age of 19 to maintain Medicaid coverage for a full year, even if families experience a change in income or household size.			
11. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		Governor's letter dated 01 September 2011	
12. SIGNATURE OF STATE AGENCY OFFICIAL  13. Suzanne Brennan		16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus	
14. TITLE Medicaid Director		15. DATE SUBMITTED 3/31/2014	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 3/31/14		18. DATE APPROVED 11/18/14	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 3/1/14		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Mary Marchioni		22. TITLE Acting ARA, DMCHO	
23. REMARKS			

Revision: HCFA-PM-91-8 (MB)
October 1991

ATTACHMENT 2.2-A
Page 23h
OMB NO.:0938-0193

State: Colorado

Citation	Groups Covered/Special Conditions of Coverage
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B. Optional Coverage Other Than the Medically Needy
(Continued)

1902(e)(12)

27. X Continuous Eligibility for Children

A child under age 19 (not to exceed age 19) who has been determined eligible under Section 1902(a)(10)(A) of the Act is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances, other than moving out of the state or attainment of the maximum age stated above, until the earlier of:

- a. The end of a period (not to exceed 12 months) of continuous eligibility; or
- b. The time that the individual exceeds that age.

TN No. 14-006
Supersedes NEW

Approval Date 11/18/14 Effective Date 3-01-2014