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**State/Territory Name:** Colorado

**State Plan Amendment (SPA) #:** CO-15-0006

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  
1961 Stout Street, Room 08-148  
Denver, CO 80294



## **Region VIII**

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September 18, 2015

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

RE: Colorado #15-0006

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0006. This amendment revises when premiums are initiated for the Medicaid Buy In programs for Children with Disabilities and Adults with Disabilities.

Please be informed that this State Plan Amendment was approved on September 16, 2015 with an effective date of April 1, 2015. We are enclosing the CMS-179 and the amended plan page(s).

In order to track expenditures associated with this amendment, Colorado should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual (SMM).

For those individuals whose expenditures qualify for the newly eligible federal medical assistance percentage report on the Form CMS-64.9 VIII and those not enrolled in the new adult group, claims should be reported on the Form CMS-64.9 Base.

This amendment would affect expenditures reported on Line 9D-Other Collections.


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: Gretchen Hammer      John Bartholomew  
Tess Ellis                  Barb Prehmus  
Pat Connally                Amanda Forsythe

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: CO 15 -- 0 0 0 6	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 4/1/15	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS A NEW PLAN <b>X AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION Sections 1902(a)(10)(A)(ii)(XV), (XVI) and 1916(g) of the Social Security Act for the Medicaid Buy-In Program for Working Adults with Disabilities and Sections 1902(a)(10)(A)(ii)(XIX), 1916(i) and 1902(cc)(2)(A)(ii)(1) of the Social Security Act for the Medicaid Buy-In Program for Children with Disabilities		7. FEDERAL BUDGET IMPACT a. FFY 2015                      \$ 0 b. FFY 2016                      \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 2.6-A Page 12o Working Individuals with Disabilities</b> <b>Attachment 2.6-A Page 12t Children with Disabilities</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ) <b>Attachment 2.6-A Page 12o Working Individuals with Disabilities (CO 12-005)</b> <b>Attachment 2.6-A Page 12t Children with Disabilities (CO 12-013)</b>	
10. SUBJECT OF AMENDMENT  <b>Premiums for Buy-In Programs for Adults and Children</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> )  GOVERNOR'S OFFICE REPORTED NO COMMENT <b>X OTHER, AS SPECIFIED</b>  COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>Governor's letter dated 15 January, 2015</b> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO  Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818  Attn: Barbara Prehmus	
13. TYPE  Gretchen Hammer			
14. TITLE  Medicaid Director, Health Programs Office			
15. DATE SUBMITTED  6/23/15			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED                      6/23/15		18. DATE APPROVED                      9/16/15	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL 4/1/15		20. SIGNATURE OF REGIONAL OFFICIAL  /s/	
21. TYPED NAME  Richard C. Allen		22. TITLE  ARA, DMCHO	
23. REMARKS			

State/Territory: Colorado

Citation	Condition or Requirement
1902(a)(10)(A)(ii)(XIX), 1916(i) and 1902(cc)(2)(A)(ii)(I) of the Act	<p data-bbox="667 541 980 606"><u>Payment of Premiums</u> (Continued)</p> <p data-bbox="667 648 1430 863">NOTE: A State may not require prepayment of premiums and may not terminate eligibility of a child for medical assistance on the basis of failure to pay a premium until the failure to pay continues for at least 60 days from the date on which the premium was past due.</p> <p data-bbox="667 905 1398 970">NOTE: Premiums are charged beginning the month after determination of eligibility.</p> <p data-bbox="573 1012 1373 1157">NOTE: The State may waive payment of any such premium in any case where the State determines that requiring payment would create an undue hardship.</p> <p data-bbox="573 1199 1040 1226">Premium amounts are as follows:</p> <ol data-bbox="573 1268 1419 1602" style="list-style-type: none"> <li>a. There is no monthly premium for households with income at or below 133% of FPL.</li> <li>b. A monthly premium of \$70 is applied to households with income above 133% of FPL but at or below 185% of FPL.</li> <li>c. A monthly premium of \$90 is applied to individuals with income above 185% of FPL but at or below 250% of FPL.</li> <li>d. A monthly premium of \$120 is applied to individuals with income above 250% of FPL but at or below 300% of FPL.</li> </ol>
TN No. 15-0006 Supersedes TN No. <u>12-03</u>	Approval Date <u>9/16/15</u> Effective Date 04/01/2015

Revision:

ATTACHMENT 2.6-A  
Page 12o  
OMB No.:

State/Territory: Colorado

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Citation	Condition or Requirement
Sections 1902(a)(10)(A)(ii)(XV), (XVI), and 1916(g) of the Act (cont.)	<p data-bbox="764 632 1406 663"><u>Premiums and Other Cost-Sharing Charges</u></p> <p data-bbox="764 705 1406 810">For the Basic Coverage Group, the agency's premium and other cost-sharing charges, and how they are applied, are described below.</p> <p data-bbox="764 852 1143 884">There are five income tiers:</p> <ul data-bbox="764 926 1406 1440" style="list-style-type: none"><li data-bbox="764 926 1406 999">• There is a no monthly premium amount for income which is at or below 40% of FPL</li><li data-bbox="764 999 1406 1104">• A monthly premium of \$25 is applied to income above 40% FPL but at or below 133% FPL</li><li data-bbox="764 1104 1406 1209">• A monthly premium of \$90 is applied to income above 133% FPL but at or below 200% FPL</li><li data-bbox="764 1209 1406 1314">• A monthly premium of \$130 is applied to income above 200% FPL but at or below 300% FPL</li><li data-bbox="764 1314 1406 1440">• A monthly premium of \$200 is applied to income above 300% FPL but at or below 450% FPL</li></ul> <p data-bbox="764 1482 1406 1545">Premiums are charged beginning the month after determination of eligibility.</p> <p data-bbox="667 1587 1406 1736">NOTE: The State may waive payment of any such premium in any case where the State determines that requiring payment would create an undue hardship.</p>

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TN No. 15-0006  
Supersedes TN 12-005

Approval Date 9/16/15  
Effective Date 04/01/2015