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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-16-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion Letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

August 3, 2017

Susan E. Birch, MBA, BSN, RN, Executive Director
Department of Health Care Policy & Financing
303 East 17th Avenue, 7th Floor
Denver, CO 80203

RE: Colorado #16-0001

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 16-0001. This Amendment would amend the Colorado eligibility application materials in response to stakeholder input to address issues of readability (plain language, font size, and white space), to ensure that application questions are limited to gaining only that information necessary to make an eligibility determination, and to better ensure that members of a federally recognized tribe are able to obtain all the benefits to which they are entitled.

Please be informed that this State Plan Amendment was approved today with an effective date of January 1, 2016. We are enclosing the CMS-179 and the amended plan page(s). In addition to the approval of this SPA, the online application will need to be revised to meet the required changes as identified in the companion letter issued with this approval.

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

Sincerely,

A solid black rectangular box redacting the signature of the sender.

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

cc: Gretchen Hammer
John Bartholomew
David DeNovellis
Amanda Forsythe

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

August 3, 2017

Ms. Gretchen Hammer
State Medicaid Director
Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818

RE: S94 – Eligibility Process State Plan Amendment (SPA), CO-16-0001

Dear Ms. Hammer:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of Colorado’s state plan amendment (SPA) transmittal CO-16-0001, which was submitted to CMS on February 4, 2016. Our review of this submission included a review of the paper and online alternative single streamlined applications and the state’s alternative paper application used to apply for multiple human service programs.

Approval of SPA 16-0001 included full approval of the state’s revised alternative single streamlined paper application and paper application for multiple service programs only. Until no later than December 31, 2020, the state is using an interim single, streamlined online application. The online application will need to be revised to reflect the following changes. The respective changes will be completed by the dates noted in the table below.

	Necessary Changes	Date by which changes will be completed:
1	Remove "Social Security Income" as a drop down option for "other income" for applicants not seeking coverage on a basis other than MAGI.	March 2018
2	Remove detailed questions used to connect beneficiaries to EPSDT services in the Health Communities Program. These questions may be asked post-eligibility, for individuals determined eligible for Medicaid.	March 2018
3	Include the following questions for purposes of APTC eligibility: <ul style="list-style-type: none"> • Are you entitled to receive Medicare Part A? • Are you enrolled in Medicare Part A? • Is your Medicare Part A? Additional Medicare questions should only appear if the applicant chooses to fill out the Non-MAGI application.	March 2018
4	Remove questions about payments to providers for child or adult care, for applicants only applying for health coverage.	March, 2018
5	Remove questions about where applicants are applying.	December 2019
6	Remove detailed questions about assistance given by child care providers to individuals only applying for health coverage.	December 2019

	Necessary Changes	Date by which changes will be completed:
7	Revise logic to only display the question about whether applicants have an eligible immigration status to applicants who indicate that they are not U.S citizens.	December 2019
8	Update “Privacy” and “What I Should Know Language” to reduce duplication, and mirror the paper application.	December 2019
9	Include a separate question to provide applicants with an opportunity to identify themselves American Indians and Alaska Natives to for purposes of cost-sharing protections, and identify American Indian and Alaska Native income not countable for Medicaid and CHIP income determinations.	December 2019
10	Remove the requirement for authorized representatives to sign the application prior to submission.	December 2019
11	Update the section on immigration document types to clarify that no document expiration date is required for individuals with immigration documents that do not have expiration dates.	December 2019
12	Remove options for income and deductions that are not relevant for MAGI eligibility.	December 2019
13	Clarify that applicants screened as potentially eligible on a non-MAGI basis may submit their application and obtain a determination based on MAGI, prior to completing additional detailed questions needed only to complete the determination on a non-MAGI basis.	December 2019
14	Remove the question asking whether or not the applicant's employer sponsored plan is considered affordable.	December 2020
15	Remove the reference to coverage year when asking "Did this person pass away".	December 2020
16	Remove Railroad Retirement as an option for other health coverage in the section on other coverage.	December 2020
17	Replace the term “Actual Annual” with “Expected Annual” throughout the application when seeking information from the applicant on total expected income during the coverage year.	December 2020
18	Remove all questions and associated help text related to applicants’ receipt of or eligibility for a shared exemption.	December 2020
19	Remove questions about information on applicants’ former employers from the COBRA, Retiree Railroad, and Veterans’ Insurance pages.	December 2020

Please submit the revised alternative single streamline online application to CMS for review no later than December 1, 2020 to ensure approval by December 31, 2020. CMS will monitor the state’s progress toward completion of the individual milestones listed above. We continue to be available to provide technical assistance. If you have any additional questions or require any further assistance, please contact Curtis Volesky at (303) 844-7033 or at Curtis.Volesky@cms.hhs.gov.

Sincerely,



Mary Marchioni
Acting Associate Regional Administrator
Division of Medicaid & Children’s Health Operations

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-16-0001

Proposed Effective Date

01/01/2016 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435, Subparts J and M

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2016	\$ 0.00
Second Year	2017	\$ 0.00

Subject of Amendment

Eligibility Processes, including request for Secretary approval of revised alternative single streamlined application (both paper and online versions), and an alternative multi-program application. This SPA amends the Colorado eligibility application materials in response to stakeholder input to address issues of readability (plain language, font size, and white space), to ensure that application questions are limited to gaining only that information necessary to make an eligibility determination, and to better ensure that members of a federally recognized tribe are able to obtain all the benefits to which they are entitled. This SPA supersedes CO 13-0046.

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: **Amanda Forsythe**
Last Revision Date: **May 10, 2017**
Submit Date: **Feb 4, 2016**



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: CO - 16 - 0001

Expiration date: 10/31/2014

General Eligibility Requirements Eligibility Process	S94
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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.

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