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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 17-0032

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

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



REGION VIII - DENVER

December 21, 2017

Tom Massey, Acting Executive Director
Department of Health Care Policy & Financing
303 East 17th Avenue, 7th Floor
Denver, CO 80203

RE: Colorado #17-0032

Dear Mr. Massey:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0032. This Amendment will be adding authority for direct certification through Supplemental Nutritional Assistance Program (SNAP) and the Temporary Assistance for Needy Families Program (TANF) to the Express Lane eligibility option.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2017. We are enclosing the CMS-179 and the amended plan page(s).

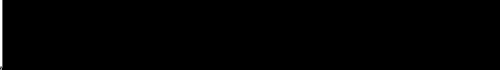

If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,



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

cc: Gretchen Hammer
John Bartholomew
David DeNovellis
Russell Ziegler

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p>FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		1. TRANSMITTAL NUMBER: 17-0032	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: July 1, 2017	
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: Section 203 of CHIPRA		7. FEDERAL BUDGET IMPACT: a. FFY 2016-17: \$ _____ 0 _____ b. FFY 2017-18: \$ _____ 0 _____	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 2 - Coverage and Eligibility, 2.1 Application, Determination of Eligibility and Furnishing of Medicaid, Pages 11b-d		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Section 2 - Coverage and Eligibility, 2.1 Application, Determination of Eligibility and Furnishing of Medicaid, Pages 11b-d (TN 11-051)	
10. SUBJECT OF AMENDMENT: The Colorado Department of Health Care Policy and Financing (Department) is adding authority for direct certification through Supplemental Nutritional Assistance Program (SNAP) and the Temporary Assistance for Needy Families Program (TANF) to the Express Lane eligibility option.			
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 Governor's letter dated 15 January, 2015 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: David DeNovellis	
13. TYPED NAME: Gretchen Hammer			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: 9/28/2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED September 28, 2017		18. DATE APPROVED December 21, 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2017		20. SIGNATURE 	
21. TYPED NAME Richard C. Allen		22. TITLE ARA, DMCHO	
23. REMARKS			

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM**

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SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid

1902(e)(13) of the Act [X] (e) Express Lane Option. This option is effective through September 30, 2017. If the statutory authority for express lane eligibility is reauthorized, this option will continue under the new authority provided that it continues to meet the statutory requirements. The Medicaid State agency elects the option to rely on a finding from an Express Lane of the agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before February 4, 2009, or after September 30, 2013.

- (1) The Express Lane option is applied to:
[X] Initial determinations [] Redeterminations [] Both
- (2) A child is defined as younger than age:
[X] 19 [] 20 [] 21
- (3) The following public agencies are approved by the Medicaid State Agency as Express Lane agencies:

The Supplemental Nutritional Assistance Programs (SNAP) and Temporary Assistance for Needy Families Program (TANF) are authorized to approve eligibility for the Medicaid State Agency.

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option Also specify any differences in budget unit deeming income exclusions income disregards or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

Income declared to other agencies will be used to determine Medicaid eligibility clients will not be required to provide additional income verification under the Express Lane option.

Income disregards outlined in Supplement 8a to Attachment 2.6-A will not be used to determine financial eligibility.

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SECTION 2 – COVERAGE AND ELIGIBILITY

Citations(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(continued).

The eligibility findings from SNAP and TANF will be used to determine state residency, household size, and gross household income. All other eligibility requirements such as citizenship and identity will be verified through the standard verification process (SSA data match).

SNAP and TANF ELE Process:

When an application for SNAP and/or TANF (cash assistance) is approved for a child, the state uses SNAP and/or TANF findings for income and eligibility household size for Medicaid and CHIP eligibility determinations for children who apply via these methods. With this process, no additional eligibility determinations are required. The only requirement is for the family to provide affirmative consent for the child to receive Medical Assistance. The state also uses SNAP and/or TANF findings for verification of SSN and state residency. The state then verifies citizenship and obtains any supplemental health insurance information.

(5) Check off and describe the option used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXL.

(a) Screening threshold established by the Medicaid agency as:

(i) percentage of the Federal poverty level which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points:

Children under age 6, accepted with gross income up to 133% of the FPL plus 30 percentage points for family size from the Supplemental Nutritional Assistance Program (SNAP).

Children over age 6 and under age 19, accepted with gross income up to 100% FPL plus 30 percentage point for family size from the Supplemental Nutritional Assistance Program (SNAP).

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SECTION 2 – COVERAGE AND ELIGIBILITY

Citations(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(continued).

Children under age 6, accepted with gross income up to 133% of the FPL, plus 30 percentage points for family size from the Temporary Assistance for Needy Families Program (TANF).

Children over age 6 and under age 19, accepted with gross income up to 100% FPL plus 30 percentage point for family size from the Temporary Assistance for Needy Families Program (TANF).

or

(ii) percentage of the FPL (describe how this reflects the value of any differences between income methodologies of Medicaid and the Express Lane agency:

or

(b) Temporary enrollment pending screen and enroll.

(c) State's regular screen and enroll process for CHIP.

(6) Check off if the State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollment.

(7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.