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## Table of Contents

**State/Territory Name: Colorado**

**State Plan Amendment (SPA) #: CO-13-0019**

This file contains the following documents in the order listed:

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

The complete title XXI state plan for Colorado consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop: S2-26-12  
Baltimore, Maryland 21244-1850




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**Children and Adults Health Programs Group**

**FEB 25 2014**

William Heller  
Director  
Child Health Plan *Plus*  
Colorado Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203-1818

Dear Mr. Heller:

I am pleased to inform you that your title XXI Children’s Health Insurance Program (CHIP) state plan amendment (SPA) CO-13-0019 submitted on November 29, 2014, and related to the Modified Adjusted Gross Income (MAGI) Eligibility has been approved with an effective date of January 1, 2014.

SPA number CO-13-0019 is approved to clarify the state’s non-financial eligibility policies on residency, citizenship, social security numbers, substitution of coverage, continuous eligibility and presumptive eligibility. Copies of the approved state plan pages are attached and these approved pages supersede sections of Colorado's current state plan as detailed below:

New State Plan Page	Impact on Current State Plan Section
CS17: Non-Financial Eligibility – Residency	Section 4.1.5
CS18: Non-Financial Eligibility – Citizenship	Section 4.1.0; 4.1-LR; 4.1.1-LR
CS19: Non-Financial Eligibility – Social Security Number	Section 4.1.9.1
CS20: Non-Financial Eligibility – Substitution of Coverage	Section 4.4.4
CS21: Non-Financial Eligibility – Non-Payment of Premiums	Section 8.7
CS27: General Eligibility – Continuous Eligibility	Section 4.1.8
CS28: General Eligibility - Presumptive Eligibility for Children	Section 2.2.1 (note: this information will need to be reflected in the appropriate section in the future, section 4.3.2)
CS29: General Eligibility - Presumptive Eligibility for Pregnant Women	Section 2.2.1 (note: this information will need to be reflected in the appropriate section in the future, section 4.3.2)

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning these amendments and other CHIP-related issues. Ms. Jordan's contact information is as follows:

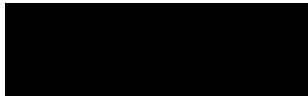
Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop: S2-01-16  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Telephone: (410) 786-3413  
Facsimile: (410) 786-5882  
E-mail: [Joyce.Jordan@cms.hhs.gov](mailto:Joyce.Jordan@cms.hhs.gov)

Please copy Mr. Richard Allen, Associate Regional Administrator (ARA) in our Denver Regional Office on all communications. Mr. Allen's address is:

Centers for Medicare & Medicaid Services  
Denver Regional Office  
Colorado State Bank Building  
1600 Broadway, Suite# 700  
Denver, Colorado 80202-4967

Congratulations on the approval. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs. If you have additional questions, please contact Ms. Linda Nablo, Director, Division of State Coverage Programs at (410) 786-5143.

Sincerely,

A solid black rectangular box used to redact the signature of Eliot Fishman.

Eliot Fishman  
Director

Enclosure

cc: Richard Allen, ARA, CMS Region VIII, Denver

logged in as TONIABROWN(CMS CO Staff)

read only mode

application rev p01

## Children's Health Insurance Program Eligibility

CO.0551.R00.00 - Jan 01, 2014

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### Children's Health Insurance Program Eligibility: Summary Page

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-13-0019

**Type of SPA:**

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

**Proposed Effective Date**

01/01/2014 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

Sections 2105(a)(4)(A), 2105(c)(9), 2107(e)(1)(J), 2110(b)(1)(C), and 2112(c) of the SSA; 42 CF

**Federal Budget Impact** This SPA has a budget impact.

Total budget impact:

State Funds: \$ Federal Funds: \$ **Subject of Amendment**

Please provide a brief summary of SPA changes.

Character Count: 377 out of 2000

Details Colorado selections of presumptive eligibility for both children and pregnant women, residency and citizenship selections, requirement for applicants to provide Social Security Number and voluntary request for non-applicant household members. Details Colorado methods for assuring non substitution of commercial health

**Signature of State Agency Official**

Submitted By: Barbara Prehmus

Last Revision Date: Jan 24, 2014

Submit Date: Nov 29, 2013

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# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program Non-Financial Eligibility - Residency

CS17

42 CFR 457.320

### Residency

- The CHIP Agency provides CHIP to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

A child is considered to be a resident of the state under the following conditions:

- A non-institutionalized child, if capable of indicating intent and who is emancipated or married, if the child is living in the state and:
  1. Intends to reside in the state, including without a fixed address, or
  2. Has entered the state with a job commitment or seeking employment, whether or not currently employed.
- A non-institutionalized child not described above and a child who is not a ward of the state:
  1. Residing in the state, with or without a fixed address, or
  2. The state of residency of the parent or caretaker, in accordance with 42 CFR.435.403(h)(1), with whom the individual resides.
- An institutionalized child, who is not a ward of the state, if the state is the state of residence of the child's custodial parent or caretaker at the time of placement, or
- A child who is a ward of the state regardless of where the child lives, or
- A child physically located in the state when there is a dispute with one or more states as to the child's actual state of residence.

If the state covers pregnant women, a pregnant woman is considered to be a resident under the following conditions:

- A non-institutionalized pregnant woman who is living in the state and:
  1. Intends to reside in the state, including without a fixed address, or if incapable of indicating intent, is living in the state, or
  2. Entered with a job commitment or seeking employment, whether or not currently employed.
- An institutionalized pregnant woman placed in an out-of-state-institution, as defined in 42 CFR 435.1010, including foster care homes, by an agency of the state, or
- An institutionalized pregnant woman residing in an in-state-institution, as defined in 42 CFR 435.1010, whether or not the individual established residency in the state prior to entering the institution, or
- A pregnant woman physically located in the state when there is a dispute with one or more states as to the pregnant woman's actual state of residence.

The state has in place related to the residency of children and pregnant women (if covered by the state):

**FEB 25 2014**



# CHIP Eligibility

One or more interstate agreement(s).  No

A policy related to individuals in the state only for educational purposes.  No

### PRA Disclosure Statement

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# CHIP Eligibility

## PRA Disclosure Statement

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# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

**Separate Child Health Insurance Program**  
**Non-Financial Eligibility - Social Security Number** **CS19**

42 CFR 457.340(b)

### Social Security Number

As a condition of eligibility, the CHIP Agency must require individuals who have a social security number or are eligible for one as determined by the Social Security Administration, to furnish their social security number, or numbers if they have more than one number.

The CHIP Agency requires individuals, as a condition of eligibility, to furnish their social security number(s), with the following exceptions:

Individuals refusing to obtain a social security number (SSN) because of well established religious objections, or

Individuals who are not eligible for an SSN, or

Individuals who are issued an SSN only for a valid non-work purpose.

The CHIP Agency assists individuals, who are required to provide their SSN, to apply for or obtain an SSN from the Social Security Administration if the individual does not have or forgot their SSN.

The CHIP Agency informs individuals required to provide their SSN:

By what statutory authority the number is solicited; and

How the state will use the SSN.

The CHIP Agency provides assurance that it will verify each SSN furnished by an applicant or beneficiary with the Social Security Administration, not deny or delay services to an otherwise eligible applicant pending issuance or verification of the individual's SSN by the Social Security Administration and that the state's utilization of the SSNs is consistent with sections 205 and 1137 of the Social Security Act and the Privacy Act of 1974.

The state may request non-applicant household members to voluntarily provide their SSN, if the state meets the requirements below.

The state requests non-applicant household members to voluntarily provide their SSN.

When requesting an SSN for non-applicant household members, the state assures that:

At the time such SSN is requested, the state informs the non-applicant that this information is voluntary and provides information regarding how the SSN will be used; and

The state only uses the SSN for determination of eligibility for CHIP or other insurance affordability programs, or for a purpose directly connected with the administration of the state plan.

### PRA Disclosure Statement



## CHIP Eligibility

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# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

**Separate Child Health Insurance Program  
Non-Financial Eligibility - Substitution of Coverage** **CS20**

457.310(b)(2) and (b)(3), 457.320(a)(9) and 2110(b)(1)(C) of the SSA

## Substitution of Coverage

The CHIP Agency provides assurance that it has methods and policies in place to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage. These policies include:

Substitution of coverage prevention strategy:

	Name of policy	Description	
+	Other Creditable Coverage Policy	<p>The joint Medicaid/CHP+ application, asks the applicant to report any health insurance coverage. If the family reports creditable coverage (most group health plans and health insurance coverage), the child or pregnant woman will be found ineligible. Providers contracting with the CHP+ are required contractually to notify the plan whenever they have reason to believe a member has coverage other than CHP+. CHP+ then verifies coverage with the insurance carrier and notifies the family that they will be disenrolled.</p> <p>There is no waiting period for pregnant women. To be eligible, a child must not be insured by a comparable group health plan.</p> <p>The Department will conduct the biennial Colorado Health Access Survey (CHAS) which determines inter alia, the percent of enrollees who dropped group health insurance without good cause in order to gain eligibility for CHP+. If substitution exceeds ten (10) percent, the department will collaborate with CMS to identify a strategy to reduce substitution.</p>	X

A waiting period during which an individual is ineligible due to having dropped group health coverage.

If the state covers pregnant women, the waiting period does not apply to pregnant women.

If the state elects to offer dental only supplemental coverage, the following assurances apply:

The other coverage exclusion does not apply to children who are otherwise eligible for dental only supplemental coverage as provided in section 2110(b)(5) of the SSA.

The waiting period does not apply to children eligible for dental only supplemental coverage.

**FEB 25 2014**



# CHIP Eligibility

## PRA Disclosure Statement

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V.20130718



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

<b>Separate Child Health Insurance Program Non-Financial Eligibility - Non-Payment of Premiums</b>		<b>CS21</b>
42 CFR 457.570		
<b>Non-Payment of Premiums</b>		
Does the state impose premiums or enrollment fees?	<input type="checkbox"/> Yes	
Can non-payment of premiums or enrollment fees result in loss of CHIP eligibility?	<input type="checkbox"/> Yes	
Does the state have a premium lock out period?	<input type="checkbox"/> No	
<input checked="" type="checkbox"/> The state assures that it provides enrollees with an opportunity for an impartial review to address disenrollment from the program in accordance with section 457.1130(a)(3).		

### PRA Disclosure Statement

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V.20130709



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

## Separate Child Health Insurance Program General Eligibility - Continuous Eligibility

CS27

2105(a)(4)(A) of the SSA and 42 CFR 457.342 and 435.926

The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an age specified by the state (not to exceed age 19), whichever is earlier.

The CHIP Agency elects to provide continuous eligibility to children under this provision.  Yes

For children up to age 19

For children up to age

The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends:

At the end of the  months continuous eligibility period.

Exceptions to the continuous eligibility period:

The child attains the age specified by the state Agency or age 19.

The child or child's representative requests voluntary disenrollment.

The child is no longer a resident of the state.

The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative.

The child dies.

There is a failure to pay required premiums or enrollment fees on behalf of a child, as provided for in the state plan.

Other

	Describe	
+	During the months of January 2014 and February 2014, any children who are enrolled in CHP+ and experience a decrease in family income to be within the Medicaid threshold will be disenrolled from CHP+ and enrolled into Medicaid.	X

### PRA Disclosure Statement

**FEB 25 2014**

SPA# CO-13-0019

Approval Date: \_\_\_\_\_

Effective Date: January 1, 2014



# CHIP Eligibility

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V.20130717





# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

**Separate Child Health Insurance Program**  
**General Eligibility - Presumptive Eligibility for Children** **CS28**

42 CFR 457.355 and 435.1102, 2107(e)(1)(L) and 1920A of the SSA

The CHIP Agency covers children when determined presumptively eligible by a qualified entity.  Yes

Describe the population of children to whom presumptive eligibility applies:

The presumptive eligibility applies to children who are under age 19 above 142 % FPL (MAGI-equivalent of 133% FPL) up to and including 260% FPL (MAGI-equivalent of 250% FPL) in accordance with Colorado's approved MAGI income threshold conversion plan.

Describe the duration of the presumptive eligibility period and any limitations:

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

- The date the eligibility determination for regular CHP+ is made, if an application for CHP+ is filed by the last day of the month following the month in which the determination of presumptive eligibility is made;
- or
- The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for CHP+ is filed by that date.

Periods of presumptive eligibility are limited as follows:

No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Describe the application process and eligibility determination factors used:

A written application is required to be signed by the applicant, parent or representative, as appropriate. The state uses a single application form for Medicaid/CHP+ and presumptive eligibility, approved by CMS.

Eligibility determination factors for children include:

- Household income must not exceed the applicable income standard described above
- State residency
- Citizenship, status as a national, or satisfactory immigration status
- Are not covered by other health insurance and ineligible for Medicaid

The CHIP Agency uses qualified entities, as defined in section 1920A, to determine eligibility presumptively for children.

**Separate Child Health Insurance Program**  
**General Eligibility - List of Qualified Entities** **CS30**

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select the types of entities used to determine presumptive eligibility:



# CHIP Eligibility

<p><input checked="" type="checkbox"/> Furnishes health care items and services covered under the approved plan and is eligible to receive payments under the approved plan</p> <p><input type="checkbox"/> Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act</p> <p><input type="checkbox"/> Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990</p> <p><input type="checkbox"/> Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966</p> <p><input checked="" type="checkbox"/> Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)</p> <p><input checked="" type="checkbox"/> Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)</p> <p><input type="checkbox"/> Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs</p> <p><input type="checkbox"/> Is a state or Tribal child support enforcement agency under title IV-D of the Act</p> <p><input checked="" type="checkbox"/> Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act</p> <p><input type="checkbox"/> Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act</p> <p><input checked="" type="checkbox"/> Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 <i>et seq.</i>)</p> <p><input type="checkbox"/> Any other entity the state so deems, as approved by the Secretary</p> <p><input checked="" type="checkbox"/> The CHIP Agency assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.</p> <div style="text-align: center; border: 1px solid black; padding: 5px; background-color: #cccccc;"><b>An attachment is submitted.</b></div>	
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V.20130709



# CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

**Separate Child Health Insurance Program**  
**General Eligibility - Presumptive Eligibility for Pregnant Women** **CS29**

2112(c) of the SSA

The CHIP Agency covers pregnant women when determined presumptively eligible by a qualified entity.  Yes

- Describe the population of pregnant women to whom presumptive eligibility applies:

The presumptive eligibility applies to pregnant women who are over age 18 above 195% FPL (the MAGI equivalent of 185% FPL per Colorado's approved conversion plan) up to and including 260% FPL (the MAGI equivalent of 250% FPL per Colorado's approved conversion plan).

- Describe the duration of the presumptive eligibility period and any limitations:

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

- The date the eligibility determination for regular CHP+ is made, if an application for CHP+ is filed by the last day of the month following the month in which the determination of presumptive eligibility is made;
- or
- The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for CHP+ is filed by that date.

Periods of presumptive eligibility are limited as follows:

No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

- Describe the application process and eligibility determination factors used:

A written application is required to be signed by the applicant, parent or representative, as appropriate. The state uses a single application form for Medicaid/CHP+ and presumptive eligibility, approved by CMS.

Eligibility determination factors for pregnant women include:

- Household income must not exceed the applicable income standard described above
- State residency
- Citizenship, status as a national, or satisfactory immigration status
- Are not covered by other health insurance and ineligible for Medicaid

- The CHIP Agency uses the following entities to determine presumptive eligibility for pregnant women.

The same qualified entities are used to determine presumptive eligibility for pregnant women as used for children.  Yes

## PRA Disclosure Statement



# CHIP Eligibility

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V.20130709