
Table of Contents

State/Territory Name: Colorado

State Plan Amendments (SPA) #: CO-18-0028

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved SPA Pages

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 pages 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 S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

AUG 23 2018

Gretchen Hammer
Medicaid Director
Colorado Department of Health Care Policy and Financing
Medicaid & Child Health Plan Plus (CHP+)
1570 Grant Street
Denver, CO 80203-1818

Dear Ms. Hammer:

I am pleased to inform you that your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), CO-18-0028, submitted on June 29, 2018, has been approved. This SPA makes changes related to express lane eligibility (ELE) and the state's enrollment fee with an effective date of July 1, 2017 for both of these changes.

This amendment modifies the ELE agencies that will provide information to the CHIP agency to simplify the eligibility determination and redetermination process. Through this SPA, Colorado uses its authority for ELE to add the agencies that manage Supplemental Nutritional Assistance Program (SNAP) and the Temporary Assistance for Needy Families Program (TANF) as ELE agencies, and will no longer use the free/reduced lunch programs. On December 21, 2017, the state received approval for the same type of amendment under Medicaid SPA (CO-17-0032) also with an effective date of July 1, 2017.

This amendment also updates the Colorado CHIP state plan to reflect the existing practice of waiving an enrollment fee for children whose household includes a pregnant mother enrolled in Medicaid or Child Health Plan Plus (CHP+).

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning this amendment 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
E-mail: Joyce.Jordan@cms.hhs.gov

Page 2 – Ms. Gretchen Hammer

Official communications regarding program matters should be sent simultaneously to Ms. Jordan and to Mr. Richard Allen, Associate Regional Administrator (ARA) in our Denver Regional Office. Mr. Allen's address is:

Centers for Medicare & Medicaid Services
1961 Stout Street
Room 08-148
Denver, Colorado 80294

If you have additional questions, please contact Amy Lutzky, Director, Division of State Coverage Programs at (410) 786-0721.

We look forward to continuing to work with you and your staff.

Sincerely,

/ Anne Marie Costello /

Anne Marie Costello
Director

cc:

Mr. Richard Allen, ARA, CMS Region VIII, Denver

SPA #28

Date Amendment # 287 Submitted: June 29, 2018

Date Amendment # 278 Approved:

Date Amendment # 278 Effective: July 1, 2017

Effective July 1, 2017, Colorado added the 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. Moreover, Colorado added the authority to waive an enrollment fee when a child is eligible for the Child Health Plan Plus program, when there is a pregnant mother in the household, enrolled in either the Medicaid or Child Health Plan *Plus* program.

Guidance: Note that for purposes of presumptive eligibility, States do not need to verify the citizenship status of the child. States electing this option should indicate so in the State plan. (42 CFR 457.355)

4.3.2. Check if the State elects to provide presumptive eligibility for children that meets the requirements of section 1920A of the Act. (Section 2107(e)(1)(L)); (42 CFR 457.355). The State provides presumptive eligibility for children, and meets the requirement in 42 CFR 457.355. The State does not require verification of citizenship status for purposes of presumptive eligibility.

Guidance: Describe how the State intends to implement the Express Lane option. Include information on the identified Express Lane agency or agencies, and whether the State will be using the Express Lane eligibility option for the initial eligibility determinations, redeterminations, or both.

4.3.3-EL Express Lane Eligibility Check here if the state elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of CHIP eligibility. The state agrees to comply with the requirements of sections 2107(e)(1)(E) and 1902(e)(13) of the Act for this option. Please update sections 4.4-EL, 5.2-EL, 9.10, and 12.1 when electing this option. This authority may not apply to eligibility determinations made before February 4, 2009, or after September 30, 2013. (Section 2107(e)(1)(E))

4.3.3.1-EL Also indicate whether the Express Lane option is applied to (1) initial eligibility determination, (2) redetermination, or (3) both. The Express Lane option is applied to both initial eligibility determination and redetermination.

4.3.3.2-EL List the public agencies approved by the State as
Express Lane agencies. ~~Free/reduced lunch programs.~~ Supplemental Nutritional Assistance Program (SNAP) and the Temporary Assistance for Needy Families Program (TANF)

4.3.3.3-EL List the components/components of CHIP eligibility that are determined under the Express Lane. In this section, specify any differences in budget unit, deeming, income exclusions, income disregards, or other methodology between CHIP eligibility determinations for such children and the determination under the Express Lane option.

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

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). Express Lane Eligibility is used to determine income only. The free/reduced lunch program uses the income levels specified for the program by the USDA. The income level for free lunch is 130% of the FPL, and the income level for reduced lunch is 185% FPL. Data from free/reduced lunch does not replace the Medicaid/CHIP+ eligibility process; it only prompts the State to open a case. Children up to 133142% FPL are eligible for Medicaid, and children up to 250260% FPL are eligible for CHIPP+.

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.

4.3.3.4-EL Describe the option used to satisfy the screen and enrollment requirements before a child may be enrolled under title XXI. Citizenship and identity are verified through the SSA interface.

Guidance: States should describe the process they use to screen and enroll children required under section 2102(b)(3)(A) and (B) of the Social Security Act and 42 CFR 457.350(a) and 457.80(c). Describe the screening threshold set as a percentage of the Federal poverty level (FPL) that exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points. (NOTE: The State may set this threshold higher than 30 percentage points to account for any differences between the income calculation methodologies used by an Express Lane agency and those used by the State for its Medicaid program. The State may set one screening threshold for all children, based on the highest Medicaid income threshold, or it may set more than one screening threshold, based on its existing, age-related Medicaid eligibility thresholds.) Include the screening threshold(s) expressed as a percentage of the FPL, and provide an explanation of how this was calculated. Describe whether the State is temporarily enrolling children in CHIP, based on the income finding from an Express Lane agency, pending the completion of the screen and enroll process.

who are American Indian and Alaska Native. (Section 2102)(b)(3)(D)) (42 CFR 457.125(a))

CHP+ has contracts with Indian Health Services in all areas of the state to allow tribal clinics to deliver health care to Native Americans. Because the federal legislation governing the Indian Health Services has regulations against the use of managed care, CHP+ pays these facilities fee-for-service. These primary care contracts, continue to allow Native Americans full access to specialty providers through a managed care environment (though still paid fee-for-service.)

CHP+ works directly with the Indian Health Resource Center to reach out to Native Americans living in the Denver metro area, home to nearly half of Colorado's Native Americans. CHP+ conducts outreach to Native Americans living in the remainder of the state, much of which is rural, through local public health nurses and caseworkers. In Southwestern Colorado, case workers at the San Juan Basin Health Department in Durango will provide outreach at two Indian Health Centers at the Ute Mountain Ute Indian Reservation near Towaoc and Southern Ute Indian Reservation in Ignacio.

Guidance: When the State is using an income finding from an Express Lane agency, the State must still comply with screen and enroll requirements before enrolling children in CHIP. The State may either continue its current screen and enroll process, or elect one of two new options to fulfill these requirements.

4.4-EL

The State should designate the option it will be using to carry out screen and enroll requirements:

The State will continue to use the screen and enroll procedures required under section

2102(b)(3)(A) and (B) of the Social Security Act and 42 CFR 457.350(a) and 42 CFR 457.80(c). Describe this process.

The State is establishing a screening threshold set as a percentage of the Federal poverty level (FPL) that exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points. (NOTE: The State may set this threshold higher than 30 percentage points to account for any differences between the income calculation methodologies used by the Express Lane agency and those used by the State for its Medicaid program. The State may set one screening threshold for all children, based on the highest Medicaid income threshold, or it may set more than one screening threshold, based on its existing, age-related Medicaid eligibility thresholds.) Include the screening threshold(s) expressed as a percentage of the FPL, and provide an explanation of how this was calculated.

The State is temporarily enrolling children in CHIP, based on the income finding from the Express Lane agency, pending the completion of the screen and enroll process.

Section 5. Outreach and Coordination

2009)

- 8.1.1.** Yes
8.1.2. No, skip to question 8.8.
- 8.1.1-PW** Yes
8.1.2-PW No, skip to question 8.8.

Guidance: It is important to note that for families below 150% of poverty, the same limitations on cost sharing that are under the Medicaid program apply. (These cost-sharing limitations have been set forth in Section 1916 of the Social Security Act, as implemented by regulations at 42 CFR 447.50-.59). For families with incomes of 150% of poverty and above, cost sharing for all children in the family cannot exceed 5% of a family's income per year. Include a statement that no cost sharing will be charged for pregnancy-related services. (CHIPRA #2, SHO # 09-006, issued May 11, 2009) (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c))

8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge by age and income (if applicable) and the service for which the charge is imposed or time period for the charge, as appropriate. (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c))

8.2.1. Premiums: The CHP+ Program uses an annual enrollment fee rather than a monthly premium. For families at or above 157% of the Federal Poverty level, an annual enrollment fee is \$25 for one child and \$35 for two or more. For families with income at or above 213% and up to 260% of the Federal Poverty Level, the annual enrollment is \$75 for one child and \$105 for two or more children.

Children who include a pregnant mother enrolled in Medicaid or CHP+ in their household are exempt from an annual enrollment fee.

8.2.2. Deductibles: None

8.2.3. Coinsurance or copayments:

American Indian/Alaska Natives are exempt from co-payment and annual enrollment fees.

The following copayments shall be due for enrollees at the time of service:

- A. For families with income, at the time of eligibility determination, less than 101% of the federal poverty level, all copayments shall be waived, except for emergency and urgent/after hours care, which shall be three dollars per use (co-pay is waived if client