
Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-13-041

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
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

March 3, 2014

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 #13-041

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-041. This amendment changes the effective beginning date for the Aged, Blind, Disabled groups to have coverage for the full month if they are determined eligible at any time during the month. This will apply to both the prospective period as well as the retroactive period.

Please be informed that this State Plan Amendment was approved today with an effective date of October 1, 2013. We will be sending the CMS-179 and the amended plan page(s) in a separate email tomorrow.


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: Suzanne Brennan
Pat Connally
Barb Prehmus
John Bartholomew
Max Salazar

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: _1_ _3_ - _0_ _4_ _1_	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 10/01/2013	
5. TYPE OF PLAN MATERIAL (Check One):			
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN X AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 435.914		7. FEDERAL BUDGET IMPACT a. FFY 2014 \$ _____ indeterminate _____ b. FFY 2015 \$ _____ indeterminate _____	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 24 of Attachment 2.6-A TN#13-041		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Page 24 of Attachment 2.6-A TN#07-004	
10. SUBJECT OF AMENDMENT Changing the effective begin date for the Aged, Blind, Disabled groups to have coverage for the full month if they are determined eligible at any time during the month. This will apply to both the prospective period as well as the retroactive period.			
11. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Governor's letter dated 01 September 2011 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO	
13. TYPED NAME Suzanne Brennan		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE Medicaid Director		Attn: Barbara Prehmus	
15. DATE SUBMITTED 12/03/2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 12/03/13		18. DATE APPROVED 03/03/14	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 10/01/13		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
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

STATE OF COLORADO

ATTACHMENT 2.6-A

Page 24

Citation
42 CFR § 435.914 11. Effective Date of Eligibility

Condition or Requirement

a. Groups Other Than Qualified Medicare Beneficiaries

(1) For the prospective period.

Coverage is available for the full month if the following individuals are eligible at any time during the month.

- ☒ Aged, blind, disabled
☒ AFDC-related
☒ All other Title XIX populations

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

- ☐ Aged, blind, disabled
☐ AFDC-related
☐ All other Title XIX populations

(2) For the retroactive period.

Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:

- ☐ Aged, blind, disabled
☐ AFDC-related
☐ All other Title XIX populations.

Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.

- ☒ Aged, blind, disabled
☒ AFDC-related.
☒ All other Title XIX populations

No. 13-041
ersedes TN No. 07-004

Approval Date 3/3/14
Effective Date 10/01/13