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

TN: CO-13-041 Approval Date: 3/3/14 Effective Date: 10/1/13

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

ce: Suzanne Brennan
Pat Connally
Barb Prehmus
John Bartholomew
Max Salazar

DEPARTMENT	OF	HEALTH	AND	HUMAN	SERVICES
CENTERS FOR	ME	DICARE	& ME	DICAID :	SERVICES

FORM APPROVED

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICARE & MEDICARE	1. TRANSMITTAL NUMBER: 13 041_	2. STATE:		
FOR: CENTERS FOR MEDICARE & MEDICARD SERVICES		, OCEOIMDO		
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)			
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 CONSIDER	ED AS A NEW PLAN	X AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDI	MENT (Separate transmittal for e	each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION 7 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 P	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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Page 24 of Attachment 2.6-A TN#07-004			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	ago ar or Attachmont 2.0-A	1 (4707 -004		
period as well as the retroactive period.				
11. GOVERNOR'S REVIEW (Check One)				
11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT	X OTHER, AS SPECIFIED			
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Instructions on Back

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

STATE OF COLORADO ATTACHMENT 2.6-A

Page 24

 a. Groups Other Than Qualified Medicare Beneficiaries (1) For the prospective period. Coverage is available for the full month if the following individuals a eligible at any time during the month. 	Condition or Requirement 11. Effective Date of Eligibility				
Coverage is available for the full month if the following individuals a					
Coverage is available for the full month if the following individuals a					
ongrove at any time during the month.	re				
X Aged, blind, disabled _X_ AFDC-related _X_ All other Title XIX populations					
Coverage is available only for the period during the month for which to following individuals meet the eligibility requirements.	he				
Aged, blind, disabledAFDC-relatedAll other Title XIX populations (2) For the retroactive period.					
Coverage is available for three months before the date of application is following individuals would have been eligible had they applied:	fthe				
Aged, blind, disabledAFDC-relatedAll other Title XIX populations.					
Coverage is available beginning the first day of the third month before of application if the following individuals would have been eligible at time during that month, had they applied.	the date any				
_X Aged, blind, disabled _X_ AFDC-relatedX_ All other Title XIX populations					
No13-041					