

Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: 22-0007

This file contains the following documents in the order listed:

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

CO - Submission Package - CO2022MS00040 - (CO-22-0007) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes **Approval Letter** Transaction Logs News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St.
Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

September 09, 2022

Kim Bimestefer
Executive Director
Department of Health Care Policy & Financing
1570 Grant St.
Denver, CO 80203

Re: Approval of State Plan Amendment CO-22-0007

Dear Kim Bimestefer,

On June 29, 2022, the Centers for Medicare and Medicaid Services (CMS) received Colorado State Plan Amendment (SPA) CO-22-0007 to implement the family planning eligibility group. The group will cover individuals with household income up to 260 percent of the federal poverty level (FPL), the state's current income standard for pregnant individuals in its Children's Health Insurance Program.

We approve Colorado State Plan Amendment (SPA) CO-22-0007 with an effective date(s) of July 01, 2022.

Since Colorado is adding the family planning group (limited eligibility group), a companion coverage SPA describing the family planning-related services covered under this group needs to be submitted. As identified in the implementation guide, benefits for individuals eligible in this group are limited to family planning services and supplies and family planning-related services, as described in the coverage section of the state's Medicaid state plan. This includes medical diagnosis and treatment services that are provided pursuant to a family planning service in a family planning setting. When a state is newly electing to cover the family planning group, it must submit a "companion" coverage state plan amendment (SPA) in addition to the eligibility SPA electing to cover this group. In the coverage SPA, the state describes the family planning-related services covered under this group.

If you have any questions regarding this amendment, please contact Curtis Volesky at curtis.volesky@cms.hhs.gov

Sincerely,
James G. Scott
Division of Program Operations Director
Center for Medicaid & CHIP Services

CO - Submission Package - CO2022MS00040 - (CO-22-0007) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00040 | CO-22-0007

CMS-10434 OMB 0938-1188

Package Header

Package ID	CO2022MS00040	SPA ID	CO-22-0007
Submission Type	Official	Initial Submission Date	6/29/2022
Approval Date	9/9/2022	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: Colorado

Medicaid Agency Name: Department of Health Care Policy & Financing

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00040 | CO-22-0007

Package Header

Package ID CO2022MS00040
Submission Type Official
Approval Date 9/9/2022
Superseded SPA ID N/A

SPA ID CO-22-0007
Initial Submission Date 6/29/2022
Effective Date N/A

SPA ID and Effective Date

SPA ID CO-22-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Optional Eligibility Groups	7/1/2022	CO-22-0010
Individuals Eligible for Family Planning Services	7/1/2022	NEW

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00040 | CO-22-0007

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Executive Summary

Summary Description Including Goals and Objectives Expand family planning services to individuals earning up to the state's current limit for the Children's Basic Health Plan, which is 260 percent of the federal poverty level (FPL).

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$723255
Second	2023	\$3118963

Federal Statute / Regulation Citation

42 CFR 435.214

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
CO-22-0007_Standard Funding Questions	6/29/2022 2:53 PM EDT	

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00040 | CO-22-0007

Package Header

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Submission Type	Official	Initial Submission Date	6/29/2022
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Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Governor's letter dated 14 July 2021

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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CO - Submission Package - CO2022MS00040 - (CO-22-0007) - Eligibility

[Summary](#)
[Reviewable Units](#)
[Versions](#)
[Correspondence Log](#)
[Analyst Notes](#)
[Approval Letter](#)
[Transaction Logs](#)
[News](#)
[Related Actions](#)

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00040 | CO-22-0007

CMS-10434 OMB 0938-1188

Package Header

Package ID	CO2022MS00040	SPA ID	CO-22-0007
Submission Type	Official	Initial Submission Date	6/29/2022
Approval Date	9/9/2022	Effective Date	<u>7/1/2022</u>
Superseded SPA ID	CO-22-0010		
	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes
 No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Individuals Eligible for but Not Receiving Cash Assistance	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers	?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00040 | CO-22-0007

Package Header

Package ID	CO2022MS00040	SPA ID	CO-22-0007
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Approval Date	9/9/2022	Effective Date	7/1/2022
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B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00040 | CO-22-0007

Package Header

Package ID	CO2022MS00040	SPA ID	CO-22-0007
Submission Type	Official	Initial Submission Date	6/29/2022
Approval Date	9/9/2022	Effective Date	7/1/2022
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	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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CO - Submission Package - CO2022MS00040 - (CO-22-0007) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [Transaction Logs](#) [News](#) [Related Actions](#)

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00040 | CO-22-0007

Individuals, regardless of gender, who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services.

CMS-10434 OMB 0938-1188

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Package ID	CO2022MS00040	SPA ID	CO-22-0007
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Approval Date	9/9/2022	Effective Date	<u>7/1/2022</u>
Superseded SPA ID	NEW		
	User-Entered		

The state covers the family planning eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are not pregnant
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that does not exceed the income standard established by the state for this group

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00040 | CO-22-0007

Package Header

Package ID	CO2022MS00040	SPA ID	CO-22-0007
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Superseded SPA ID	NEW		
	User-Entered		

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00040 | CO-22-0007

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C. Income Standard Used

1. The state uses the same income standard for all individuals covered.

- Yes
- No

2. The income standard for this eligibility group is:

260.00% FPL

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00040 | CO-22-0007

Package Header

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D. Financial Methodologies

1. MAGI-based methodologies are used in calculating household income. Except as described in this section, for information on the methodology used for this group, please refer as necessary to MAGI-Based Methodologies, completed by the state.

2. The state uses the same financial methodology for all individuals covered.

- Yes
- No

3. In determining eligibility for this group, the state includes the following household members:

- a. All household members
- b. Only the individual

4. In determining eligibility for this group, the state increases the family size by one, counting the individual as two

- Yes
- No

5. In determining eligibility for this group, the state counts the income of:

- a. All household members
- b. Only the individual

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00040 | CO-22-0007

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E. Basis for Income Standard - Maximum Income Standard

1. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

2. The state's maximum income standard for this eligibility group is the highest of the following:

- a. The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.
- b. The state's current effective income level for pregnant women under a Medicaid 1115 Demonstration.
- c. The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.
- d. The state's current effective income level for pregnant women under a CHIP 1115 Demonstration.

3. The amount of the maximum income standard is:

260.00% FPL

F. Family Planning Benefits

Benefits for this eligibility group are limited to family planning and related services described in the Benefit and Payments section of the state plan.

G. Additional Information (optional)

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