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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 25-0022

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

CO - Submission Package - CO2025MS00040 - (CO-25-0022) - Eligibility

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

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



Center for Medicaid & CHIP Services

June 25, 2026

Gretchen Hammer
Executive Director
Department of Health Care Policy & Financing
303 E. 17th Avenue Ste 1100
Denver, CO 80203

Re: Approval of State Plan Amendment CO-25-0022

Dear Gretchen Hammer,

On September 24, 2025, the Centers for Medicare and Medicaid Services (CMS) received Colorado State Plan Amendment (SPA) CO-25-0022, in which the state proposed income and resource disregards for compensation paid for participation in the Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC).

We approve Colorado State Plan Amendment (SPA) CO-25-0022 with an effective date(s) of July 01, 2025.

If you have any questions regarding this amendment, please contact Keri Rosenbloom at 312-353-1754 or keri.toback@cms.hhs.gov.

Sincerely,
Nicole McKnight
Acting Director, Division of Program
Operations
Center for Medicaid & CHIP Services

CO - Submission Package - CO2025MS00040 - (CO-25-0022) - Eligibility

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

CMS-10434 OMB 0938-1188

Package Header

Package ID	CO2025MS00040	SPA ID	CO-25-0022
Submission Type	Official	Initial Submission Date	9/24/2025
Approval Date	06/25/2026	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Superseded SPA ID	N/A		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 | CO2025MS00040 | CO-25-0022

Package Header

Package ID CO2025MS00040
Submission Type Official
Approval Date 06/25/2026
Superseded SPA ID N/A

SPA ID CO-25-0022
Initial Submission Date 9/24/2025
Effective Date N/A

SPA ID and Effective Date

SPA ID CO-25-0022

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	7/1/2025	CO-23-0009
Qualified Medicare Beneficiaries	7/1/2025	CO-18-0032
Specified Low Income Medicare Beneficiaries	7/1/2025	CO-18-0032
Qualifying Individuals	7/1/2025	CO-18-0032
Optional Eligibility Groups	7/1/2025	CO-22-0007
Individuals Eligible for Cash Except for Institutionalization	7/1/2025	CO-05-019
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules	7/1/2025	NEW
Individuals in Institutions Eligible under a Special Income Level	7/1/2025	CO-93-001, CO-06-018
Work Incentives	7/1/2025	CO-22-0010
Ticket to Work Basic	7/1/2025	CO-16-0013
Family Opportunity Act Children with a Disability	7/1/2025	CO-12-013

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

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Package Header

Package ID	CO2025MS00040	SPA ID	CO-25-0022
Submission Type	Official	Initial Submission Date	9/24/2025
Approval Date	06/25/2026	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment seeks to disregard compensation for participation in member advisory councils and will affect Health First Colorado non-MAGI members who participate in the Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC).

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

Federal Statute / Regulation Citation

42 C.F.R. 431.12(h)(3)(ii)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Package Header

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Superseded SPA ID	N/A		

Governor's Office Review

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

Describe Governor's letter dated April 5, 2023.

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 - CO2025MS00040 - (CO-25-0022) - Eligibility

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

CMS-10434 OMB 0938-1188

Package Header

Package ID	CO2025MS00040	SPA ID	CO-25-0022
Submission Type	Official	Initial Submission Date	9/24/2025
Approval Date	06/25/2026	Effective Date	<u>7/1/2025</u>
Superseded SPA ID	CO-23-0009		
	System-Derived		

Mandatory Coverage








A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" 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
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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Superseded SPA ID	CO-23-0009		
	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Adult Group		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

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

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 - CO2025MS00040 - (CO-25-0022) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

CMS-10434 OMB 0938-1188

Package Header

Package ID	CO2025MS00040	SPA ID	CO-25-0022
Submission Type	Official	Initial Submission Date	9/24/2025
Approval Date	06/25/2026	Effective Date	7/1/2025
Superseded SPA ID	CO-18-0032		
	User-Entered		

The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Package Header

Package ID	CO2025MS00040	SPA ID	CO-25-0022
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Approval Date	06/25/2026	Effective Date	7/1/2025
Superseded SPA ID	CO-18-0032		
	User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
MAC and BAC Income Disregard	For purposes of eligibility, compensation for participation in the Medicaid Advisory Committee and Beneficiary Advisory Council is disregarded income.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

Name of resource type:	Description:
Disregard MAC/BAC Resource	For purposes of eligibility, compensation for participation in the Medicaid Advisory Committee and Beneficiary Advisory Council is a disregarded resource.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Package Header

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Superseded SPA ID	CO-18-0032		
	User-Entered		

C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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F. Additional Information (optional)

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 - CO2025MS00040 - (CO-25-0022) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

Package ID	CO2025MS00040	SPA ID	CO-25-0022
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Approval Date	06/25/2026	Effective Date	7/1/2025
Superseded SPA ID	CO-18-0032		
	User-Entered		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Package Header

Package ID	CO2025MS00040	SPA ID	CO-25-0022
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Superseded SPA ID	CO-18-0032		
	User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
MAC and BAC Income Disregard	For purposes of eligibility, compensation for participation in the Medicaid Advisory Committee and Beneficiary Advisory Council is disregarded income.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

Name of resource type:	Description:
MAC/BAC Resource Disregard	For purposes of eligibility, compensation for participation in the Medicaid Advisory Committee and Beneficiary Advisory Council is a disregarded resource.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Package Header

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Superseded SPA ID	CO-18-0032		
	User-Entered		

C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Package Header

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	User-Entered		

F. Additional Information (optional)

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 - CO2025MS00040 - (CO-25-0022) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	CO-18-0032		
	User-Entered		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Package Header

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	User-Entered		

B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
MAC and BAC Income Disregard	For purposes of eligibility, compensation for participation in the Medicaid Advisory Committee and Beneficiary Advisory Council is disregarded income.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

A specified type of resource is disregarded:

Name of resource type:	Description:
MAC & BAC Resource Disregard	For purposes of eligibility, compensation for participation in the Medicaid Advisory Committee and Beneficiary Advisory Council is a disregarded resource.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Package Header

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	User-Entered		

C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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F. Additional Information (optional)

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CO - Submission Package - CO2025MS00040 - (CO-25-0022) - Eligibility

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

CMS-10434 OMB 0938-1188

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Superseded SPA ID	CO-22-0007		
	User-Entered		

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 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 checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
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 checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
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 checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
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 checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
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 | CO2025MS00040 | CO-25-0022

Package Header

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Superseded SPA ID	CO-22-0007		
	User-Entered		

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 | CO2025MS00040 | CO-25-0022

Package Header

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Superseded SPA ID	CO-22-0007		
	User-Entered		

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

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 - CO2025MS00040 - (CO-25-0022) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

CMS-10434 OMB 0938-1188

Package Header

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Superseded SPA ID	CO-05-019		
	User-Entered		

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are in a medical institution.
2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
 - a. SSI
 - b. Optional State Supplement
 - c. AFDC

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Package Header

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Superseded SPA ID	CO-05-019		
	User-Entered		

B. Individuals Covered

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

- Yes
- No

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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Superseded SPA ID	CO-05-019		

User-Entered

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
MAC and BAC participation income disregard	For purposes of eligibility, compensation for participation in the Medicaid Advisory Committee and Beneficiary Advisory Council is disregarded as either income or a resource.

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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F. Additional Information (optional)

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CO - Submission Package - CO2025MS00040 - (CO-25-0022) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

CMS-10434 OMB 0938-1188

Package Header

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Submission Type	Official	Initial Submission Date	9/24/2025
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Superseded SPA ID	NEW		
	User-Entered		

The state operates the Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Would be eligible for Medicaid if in a medical institution.
2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
 - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
 - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
3. Will receive the waived services.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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B. Income and Resource Methodologies

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
 No

The less restrictive income methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
MAC and BAC participation income disregard	For purposes of eligibility, compensation for participation in the Medicaid Advisory Committee and Beneficiary Advisory Council is disregarded as either income or a resource.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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Superseded SPA ID	NEW		
	User-Entered		

C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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D. Additional Information (optional)

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CO - Submission Package - CO2025MS00040 - (CO-25-0022) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

CMS-10434 OMB 0938-1188

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Superseded SPA ID	CO-93-001, CO-06-018		
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The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

A. Characteristics

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

1. Have been in a medical institution for at least 30 consecutive days.
2. Have income at or below a standard described in section D.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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B. Individuals Covered

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

- Yes
 No

2. The state covers the following populations:

- a. Individuals age 65 or older
 b. Individuals who have blindness
 c. Individuals who have a disability
 d. Pregnant women
 e. All Individuals under age 21, or a lower age
 f. Reasonable classifications of children.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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	User-Entered		

C. Financial Methodologies

1. In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
2. In calculating household resources, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable resources.

- Yes
 No

The less restrictive resource methodologies are:

- Real property not otherwise excluded is disregarded.

Description of disregard:

Description of disregard:

In the following instance, Colorado shall employ a methodology in determining resource eligibility which is less restrictive than the methodology under the federal SSI program (Title XVI of the Social Security Act). For adult financial and Medicaid recipients effective 4/1/88, if the individual cannot sell otherwise countable property for two-thirds of the actual value as defined in the section on equity value, the property shall be exempted provided that the individual continues reasonable efforts to sell the property. This is done by listing the property with an agency or by advertising in the local media as examples. The county must verify on a quarterly basis that a reasonable effort is being made to sell the property. If it is not determined to be a reasonable effort, the property shall not be exempted.

- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
MAC and BAC Resource Disregard	For purposes of eligibility, compensation for participation in the Medicaid Advisory Committee and Beneficiary Advisory Council is a disregarded resource.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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	User-Entered		

D. Income Standard Used

The income standard for this group is:

- 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- 2. Other lower income level

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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E.Resource Standard Used

The resource standard for this group is the one used for the most closely-related cash assistance program.

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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	User-Entered		

F.Additional Information (optional)

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CO - Submission Package - CO2025MS00040 - (CO-25-0022) - Eligibility

Eligibility Groups - Options for Coverage

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

CMS-10434 OMB 0938-1188

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Superseded SPA ID	CO-22-0010		
	System-Derived		

The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:
 - a. Step One - A comparison of family net income to 250% FPL; and
 - b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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Superseded SPA ID	CO-22-0010		
	System-Derived		

B. Step One Financial Methodologies and Income Test

1. Financial methodologies

a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

A specified type of income is disregarded:

Name of income type:	Description:
MAC and BAC income disregard	For purposes of eligibility, compensation for participation in the Medicaid Advisory Committee and Beneficiary Advisory Council is disregarded income.
Child support	One-third of child support for the applicant/recipient child from an absent parent must be disregarded
Disabled or blind child	The first \$400 of gross monthly earnings, not to exceed \$1,620 in a calendar year, shall be exempt from consideration as earned income of a disabled or blind child who is a student regularly attending school
Applicant spouse income	The applicant spouse's income does not count toward the applicant.

The following less restrictive methodologies are used:

Name of methodology:	Description:
450% Federal Poverty Level	The Department disregards all otherwise countable income between 250% FPL and 450% FPL.

2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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	System-Derived		

C. Step Two Financial Methodologies and Income/Resource Test

1. Financial methodologies

a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

b. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
450% Federal Poverty Level	The Department disregards all otherwise countable income between 250% FPL and 450% FPL.
Income exclusions	The income exclusions in addition to standard SSI methodology are as follows: a. One-third of child support for the applicant/recipient child from an absent parent must be disregarded; b. The applicant spouse's income does not count toward the applicant.

c. Less restrictive methodologies are used in calculating countable resources.

Yes

No

The less restrictive resource methodologies are:

All resources are disregarded. No resource test is applied.

2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

a. The SSI income standard.

b. The income standard of the state supplement program.

3. Resource Test

The individual's resources must be less than the SSI resource standard.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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	System-Derived		

D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

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E. Additional Information (optional)

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CO - Submission Package - CO2025MS00040 - (CO-25-0022) - Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Individuals between ages 16 and 64 with a disability, who have earned income.

CMS-10434 OMB 0938-1188

Package Header

Package ID	CO2025MS00040	SPA ID	CO-25-0022
Submission Type	Official	Initial Submission Date	9/24/2025
Approval Date	06/25/2026	Effective Date	7/1/2025 *****
Superseded SPA ID	CO-16-0013 User-Entered		

The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

Ticket to Work Basic

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A. Characteristics

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

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

Ticket to Work Basic

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- A specified type of income is disregarded:

Name of income type:	Description:
Child support disregard	One-third of child support for the applicant/recipient child from an absent parent must be disregarded
Disabled or blind child disregard	The first \$400 of gross monthly earnings, not to exceed \$1,620 in a calendar year, shall be exempt from consideration as earned income of a disabled or blind child who is a student regularly attending school
Spouse income disregard	The applicant spouse's income does not count toward the applicant
MAC and BAC income disregard	Compensation for participation in the Medicaid Advisory Committee and Beneficiary Advisory Council is disregarded as income.

3. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

Ticket to Work Basic

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C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

FPL 450.00%

Ticket to Work Basic

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D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

Ticket to Work Basic

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E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Ticket to Work Basic

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F. Additional Information (optional)

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 - CO2025MS00040 - (CO-25-0022) - Eligibility

Eligibility Groups - Options for Coverage

Family Opportunity Act Children with a Disability

MEDICAID | Medicaid State Plan | Eligibility | CO2025MS00040 | CO-25-0022

Children under age 19 who are considered to have a disability, with income equal to or less than a standard specified by the state.

CMS-10434 OMB 0938-1188

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The state operates the Family Opportunity Act Children with a Disability eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are under age 19;
2. Would be considered disabled under section 1614(a)(3)(C) of the Act, without regard to any income or asset eligibility requirements that apply under such title; and
3. Have income that does not exceed the standard established by the state

Family Opportunity Act Children with a Disability

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B. Financial Methodologies

1. SSI methodologies are used in calculating household income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
MAC and BAC Income Disregard	For purposes of eligibility, compensation for participation in the Medicaid Advisory Committee and Beneficiary Advisory Council is disregarded income.

Family Opportunity Act Children with a Disability

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C. Income Standard Used

The income standard for this eligibility group is:

- 1. No income standard (FFP available only for individuals with income at or below 300% FPL)
- 2. 300% FPL
- 3. Other percent of FPL

Family Opportunity Act Children with a Disability

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D. Resource Standard Used

There is no resource test for this eligibility group.

Family Opportunity Act Children with a Disability

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E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

Family Opportunity Act Children with a Disability

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F. Employer-Based Health Coverage

1. If the eligible individual is offered employer-sponsored coverage under a group health plan, the state requires the parent to apply for, enroll and pay premiums for such coverage, provided that the following conditions are met:

- a. The parent is eligible for the coverage; and
- b. The employer contributes at least 50 percent of the total cost of the premiums.

2. Requirements for premium assistance for this group are found in the premium assistance section of the state plan.

Family Opportunity Act Children with a Disability

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