

Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: 22-0028

This file contains the following documents in the order listed:

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

CO - Submission Package - CO2022MS00050 - (CO-22-0028) - 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
601 E. 12th St., Room 355
Kansas City, MO 64016



Center for Medicaid & CHIP Services

June 26, 2023

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

Re: Approval of State Plan Amendment CO-22-0028

Dear Kim Bimestefer,

On July 20, 2022, the Centers for Medicare & Medicaid Services (CMS) received Colorado State Plan Amendment (SPA) CO-22-0028 to revise Colorado's paper alternative single, streamlined application and the paper alternative application used for multiple human services programs. This SPA is approved with the attached companion letter.

We approve Colorado State Plan Amendment (SPA) CO-22-0028 with an effective date(s) of July 01, 2022.

This SPA is being approved with a companion letter to memorialize the timeline agreed to for additional required changes to Colorado's application.

Name	Date Created	
CO-22-0028 companion letter	6/23/2023 12:52 PM EDT	

If you have any questions regarding this amendment, please contact Michala Walker at michala.walker@cms.hhs.gov.

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

June 23, 2023

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

Dear Ms. Bimestefer:

This letter is being sent as a companion to the Centers for Medicare and Medicaid Services (CMS) approval of state plan amendment (SPA) CO 22-0028, which was submitted to CMS on July 20, 2022. This approval will be effective as of July 1, 2022. Approval of SPA CO 22-0028 includes approval of the paper alternative single, streamlined application and the paper alternative application used for multiple human services programs.

Until June 2024 and pending implementation of the changes described below, Colorado will use an interim alternative single, streamlined online application. The state will revise the online application as described below.

	Necessary Change	Date by which the change will be completed:
1	CO will remove questions about payments to providers for child or adult care, for applicants only applying for health coverage.	6/30/2024
2	CO will remove questions about where applicants are applying.	6/30/2024
3	CO will update "Privacy" and "What I Should Know Language" to reduce duplication, and mirror the paper application.	6/30/2024
4	CO will remove the requirement for authorized representatives to sign the application prior to submission.	6/30/2024
5	CO will update the section on immigration document types to clarify that no document expiration date is required for individuals with immigration documents that do not have expiration dates.	6/30/2024
6	CO will remove options for income and deductions that are not relevant for MAGI eligibility.	6/30/2024
7	CO will clarify that applicants screened as potentially eligible on a non-MAGI basis may submit their application and obtain	6/30/2024

	a determination based on MAGI, prior to completing additional detailed questions needed only to complete the determination on a non-MAGI basis.	
8	CO will remove the question asking whether or not the applicant's employer sponsored plan is considered affordable.	6/30/2024
9	CO will remove the reference to coverage year when asking "Did this person pass away?"	6/30/2024
10	CO will remove Railroad Retirement as an option for other health coverage in the section on other coverage.	6/30/2024
11	CO will replace the term "Actual Annual" with "Expected Annual" throughout the application when seeking information from the applicant on total expected income during the coverage year.	6/30/2024
12	CO will remove all questions and associated help text related to applicants' receipt of or eligibility for a shared exemption	6/30/2024
13	CO will remove questions about information on applicants' former employers from the COBRA, Retiree Railroad, and Veterans' Insurance pages.	6/30/2024
14	CO will modify the application to limit questions regarding SSI Letter, SSI 1619(a) or (b) questions to household members who appear potentially eligible on a non-MAGI basis.	6/30/2024
15	CO will update the question used to determine eligibility for reproductive benefits and emergency services to align across application modalities.	6/30/2024
16	CO will update the application so that non-applying household members are not asked if they are incarcerated.	6/30/2024
17	CO will remove the question, "Was anyone in the home uninsured within the last six months?" from the application.	6/30/2024
18	CO elected to require as a condition of parent or caretaker relative status that dependent children be full-time students. Therefore, CO needs to add a question to determine if certain individuals under age 18 are a full-time student. CO will add a question to the application. The Single Streamlined Application includes: "Are you a full-time student?"	6/30/2024
19	CO will add the follow content to the application: <ul style="list-style-type: none"> • A question to identify if a child has an absent parent; • A question to ask an adult applying on behalf of a child to attest to a willingness to cooperate with medical support enforcement; • Notification of the right to establish good cause for not cooperating 	6/30/2024
20	CO will update the application to inform the individual that they can request a fair hearing through all modalities described at 435.907(a).	6/30/2024

This companion letter supersedes the companion letter issued with SPA 16-0001. Please submit the revised changes to CMS for review no later than June 2024. We will continue to be available to provide technical assistance. Should you have any questions about this letter, please contact Michala Walker at Michala.Walker@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

cc: Russell Zigler
Melissa Torres
Jami Gazerro
Alex Lyons
Erica Schaler
Shawn Bodiker

CO - Submission Package - CO2022MS00050 - (CO-22-0028) - Eligibility

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

Related Actions

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00050 | CO-22-0028

CMS-10434 OMB 0938-1188

Package Header

Package ID	CO2022MS00050	SPA ID	CO-22-0028
Submission Type	Official	Initial Submission Date	7/20/2022
Approval Date	06/26/2023	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 | CO2022MS00050 | CO-22-0028

Package Header

Package ID CO2022MS00050

Submission Type Official

Approval Date 06/26/2023

Superseded SPA ID N/A

SPA ID CO-22-0028

Initial Submission Date 7/20/2022

Effective Date N/A

SPA ID and Effective Date

SPA ID CO-22-0028

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	7/1/2022	CO-16-0001

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00050 | CO-22-0028

Package Header

Package ID	CO2022MS00050	SPA ID	CO-22-0028
Submission Type	Official	Initial Submission Date	7/20/2022
Approval Date	06/26/2023	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

Summary Description Including Goals and Objectives Updating the eligibility paper applications and the electronic eligibility application.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

Federal Statute / Regulation Citation

42 CFR 435, Subpart J

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00050 | CO-22-0028

Package Header

Package ID	CO2022MS00050	SPA ID	CO-22-0028
Submission Type	Official	Initial Submission Date	7/20/2022
Approval Date	06/26/2023	Effective Date	N/A
Superseded SPA ID	N/A		

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.

This view was generated on 7/12/2023 3:02 PM EDT

CO - Submission Package - CO2022MS00050 - (CO-22-0028) - Eligibility

Summary | Reviewable Units | Versions | Correspondence Log | Analyst Notes | Approval Letter | RAI | Transaction Logs | News

Related Actions

Medicaid State Plan Eligibility General Eligibility Requirements Application

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00050 | CO-22-0028
CMS-10434 OMB 0938-1188

Package Header

Package ID	CO2022MS00050	Submission Type	Official
Approval Date	06/26/2023	Superseded SPA ID	CO-16-0001
Effective Date	7/1/2022	Initial Submission Date	7/20/2022
SPA ID	CO-22-0028		

System-Derived

A. MAGI Paper Application

- The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.
- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
 - 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

CO-22-0028_MedicaidCHPP-PaperApp_ENG_Final 5-30-2023

The paper application(s) has been uploaded.

Document Name	↑	CO-22-0028_MedicaidCHPP-PaperApp_ENG_Final 5-30-2023	5/30/2023 6:18 PM EDT
Date Created			

- 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Name

CO-22-0028_CO Application for Public Assistance_English SPA_Final 5-30-2023

The alternative multi-program paper application(s) has been uploaded.

Document Name	↑	CO-22-0028_CO Application for Public Assistance_English SPA_Final 5-30-2023	5/30/2023 6:38 PM EDT
Date Created			

- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Package Header

Package ID	CO2022MS00050	SPA ID	CO-22-0028
Submission Type	Official	Initial Submission Date	7/20/2022
Approval Date	06/26/2023	Effective Date	7/1/2022
Superseded SPA ID	CO-16-0001		
	System-Derived		

B. MAGI Online Application

- The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.
- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
 - 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

CO-22-0028_Online Application_MAGI_Non MAGI_7-20-22

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	↑	CO-22-0028_Online Application_MAGI_Non MAGI_7-20-22
Date Created	↑	7/20/2022 6:52 PM EDT

Name

CO-22-0028_CO Application for Public Assistance_English SPA_Final 5-30-2023

Screenshots or other documentation of the multi-program online application(s) have been uploaded.

Document Name	↑	CO-22-0028_CO Application for Public Assistance_English SPA_Final 5-30-2023
Date Created	↑	5/30/2023 6:41 PM EDT

- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00050 | CO-22-0028

Package Header

Package ID	CO2022MS00050	SPA ID	CO-22-0028
Submission Type	Official	Initial Submission Date	7/20/2022
Approval Date	06/26/2023	Effective Date	7/1/2022
Superseded SPA ID	CO-16-0001		
	System-Derived		

C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary
- 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more applications used to apply for multiple human service programs

Name

CO-22-0028_MedicaidCHPP-PaperApp_ENG_Final 5-30-2023

This application for multiple human service programs is the same one used for applicants on the basis of the applicable MAGI standard.

- Yes
- No
- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00050 | CO-22-0028

Package Header

Package ID	CO2022MS00050	SPA ID	CO-22-0028
Submission Type	Official	Initial Submission Date	7/20/2022
Approval Date	06/26/2023	Effective Date	7/1/2022
Superseded SPA ID	CO-16-0001		
	System-Derived		

D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary
- 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more application used to apply for multiple human service programs

Name

CO-22-0028_Online Application_MAGI_Non MAGI_7-20-22

This application for multiple human service programs is the same one used for applicants on the basis of the applicable MAGI standard.

- Yes
- No
- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | CO2022MS00050 | CO-22-0028

Package Header

Package ID	CO2022MS00050	SPA ID	CO-22-0028
Submission Type	Official	Initial Submission Date	7/20/2022
Approval Date	06/26/2023	Effective Date	7/1/2022
Superseded SPA ID	CO-16-0001		
	System-Derived		

E. 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.

This view was generated on 7/12/2023 3:03 PM EDT