

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: Colorado

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation  
42 CFR  
435.10 and  
Subpart J

2.1 Application, Determination of Eligibility and  
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. 92-1

Supersedes

TN No. 79-23

Approval Date

4/9/92

Effective Date

10/1/91

HCFA ID: 7982E

# COLORADO MEDICAID STATE PLAN

11

Revision: HCFA-PM- (MB)

## STATE OF COLORADO

### Citation

|                                   |                        |   |
|-----------------------------------|------------------------|---|
| 42 CFR 435.914                    | 2.1(b)(1)              | Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.  |
| 1902(a)(34) of the Act            |                        |   |
| 1902(e)(8) and 1905(a) of the Act | 2.1(b)(2)              | For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group. |
| 1902(a)(47)                       | <u>  X  </u> 2.1(b)(3) | Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.   |
|                                   | 2.1(c)                 | Deleted 2003 due to Medicaid managed care BBA regulations.  |

TN No: 05-004

Approval Date 1/05/05

Effective Date 7/1/05

Supersedes TN No. 04-003

Revision: HCFA-PM-91-8 (MB)  
October 1991

OMB No.

State/Territory: COLORADO

Citation

1902(a)(55) of the Act      2.1(d)      The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

TN No. 92-9  
Supersedes      Approval Date 6/16/92  
TN No. 91-22

Effective Date 10/1/91

HCFA ID: 7985E

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

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SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

**2.1 Application, Determination of Eligibility and Furnishing Medicaid**

1902(e)(13) of the Act [X] (e) Express Lane Option. This option is effective through September 30, 2017. If the statutory authority for express lane eligibility is reauthorized, this option will continue under the new authority provided that it continues to meet the statutory requirements. The Medicaid State agency elects the option to rely on a finding from an Express Lane of the agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before February 4, 2009, or after September 30, 2013.

- (1) The Express Lane option is applied to:  
[X] Initial determinations [ ] Redeterminations [ ] Both
- (2) A child is defined as younger than age:  
[X] 19 [ ] 20 [ ] 21
- (3) The following public agencies are approved by the Medicaid State Agency as Express Lane agencies:

The Supplemental Nutritional Assistance Programs (SNAP) and Temporary Assistance for Needy Families Program (TANF) are authorized to approve eligibility for the Medicaid State Agency.

- (4) The following component/components of Medicaid eligibility are determined under the Express Lane option Also specify any differences in budget unit deeming income exclusions income disregards or other methodology between Medicaid eligibility determinations for such children and the determination under the Express Lane option.

Income declared to other agencies will be used to determine Medicaid eligibility clients will not be required to provide additional income verification under the Express Lane option.

Income disregards outlined in Supplement 8a to Attachment 2.6-A will not be used to determine financial eligibility.

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(continued).

The eligibility findings from SNAP and TANF will be used to determine state residency, household size, and gross household income. All other eligibility requirements such as citizenship and identity will be verified through the standard verification process (SSA data match).

**SNAP and TANF ELE Process:**

When an application for SNAP and/or TANF (cash assistance) is approved for a child, the state uses SNAP and/or TANF findings for income and eligibility household size for Medicaid and CHIP eligibility determinations for children who apply via these methods. With this process, no additional eligibility determinations are required. The only requirement is for the family to provide affirmative consent for the child to receive Medical Assistance. The state also uses SNAP and/or TANF findings for verification of SSN and state residency. The state then verifies citizenship and obtains any supplemental health insurance information.

(5) Check off and describe the option used to satisfy the Screen and Enroll requirement before a child may be enrolled under title XXL.

(a) Screening threshold established by the Medicaid agency as:

(i) percentage of the Federal poverty level which exceeds the highest Medicaid income threshold applicable to a child by a minimum of 30 percentage points:

Children under age 6, accepted with gross income up to 133% of the FPL plus 30 percentage points for family size from the Supplemental Nutritional Assistance Program (SNAP).

Children over age 6 and under age 19, accepted with gross income up to 100% FPL plus 30 percentage point for family size from the Supplemental Nutritional Assistance Program (SNAP).

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(continued).

Children under age 6, accepted with gross income up to 133% of the FPL, plus 30 percentage points for family size from the Temporary Assistance for Needy Families Program (TANF).

Children over age 6 and under age 19, accepted with gross income up to 100% FPL plus 30 percentage point for family size from the Temporary Assistance for Needy Families Program (TANF).

or

(ii) percentage of the FPL (describe how this reflects the value of any differences between income methodologies of Medicaid and the Express Lane agency:

or

(b) Temporary enrollment pending screen and enroll.

(c) State's regular screen and enroll process for CHIP.

(6) Check off if the State elects the option for automatic enrollment without a Medicaid application, based on data obtained from other sources and with the child's or family's affirmative consent to the child's Medicaid enrollment.

(7) Check off if the State elects the option to rely on a finding from an Express Lane agency that includes gross income or adjusted gross income shown by State income tax records or returns.