Revision:	AUGUST 15	(BPD) OMB No.: 0938-	
	State:	Colo	rado
Citation 42 CFR 435.10	2.2 Coverage and Conditions of Eligibility		
	Medicaid is available to the groups specified in ATTACHMENT 2.2-A.		
		口	Mandatory categorically needy and other required special groups only.
		_7	Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
		<u>/X/</u>	Mandatory categorically needy, other required special groups, and specified optional groups.
			Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.
			e conditions of eligibility that must be met are ecified in $\underline{\text{ATTACHMENT 2.6-A}}$.
		an 19	l applicable requirements of 42 CFR Part 435 d sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 02(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(1) and (m), 05(p), (q) and (s), 1920, and 1925 of the Act are met.

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