

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Colorado

GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION

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| Agency* | Citation(s) | Groups Covered |
|---------|-------------|----------------|
|---------|-------------|----------------|

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The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups

42 CFR 435.110

1. Recipients of AFDC

The approved State AFDC plan includes:

- Families with an unemployed parent for the mandatory 6-month period and an optional extension of \_\_\_ months.
- Pregnant women with no other eligible children.
- AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.

The standards for AFDC payments are listed in Supplement 1 of ATTACHMENT 2.6-A.

42 CFR 435.115

2. Deemed Recipients of AFDC

- a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

\*Agency that determines eligibility for coverage are Colorado County Departments of Social Services.

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TN No. 92-2  
Supersedes  
TN No. 87-5

Approval Date 6/11/92

Effective Date 10/1/91

State: Colorado

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| Agency* | Citation(s) | Groups Covered |
|---------|-------------|----------------|
|---------|-------------|----------------|

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

2. Deemed Recipients of AFDC.

1902(a)(10)(A)(i)(I)  
of the Act

b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

402(a)(22)(A)  
of the Act

c. Individuals whose AFDC payments are reduced to zero reason of recovery of overpayment of AFDC funds.

406(h) and  
1902(a)(10)(A)  
(i)(I) of the Act

d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of  
the Act

e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

\*Agency that determines eligibility for coverage are Colorado County Departments of Social Services.

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TN No. 92-2  
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TN No. 90-11

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HCFA ID: 7983E

State: Colorado

Agency\* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

407(b), 1902  
(a)(10)(A)(i)  
and 1905(m)(1)  
of the Act

3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

1902(a)(52)  
and 1925 of  
the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)

\*Agency that determines eligibility for coverage. Colorado County Dept of Social Service

TN No. 92.2  
Supersedes NEW  
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Approval Date 6/11/92 Effective Date 10/1/91



State: Colorado

Agency\* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

42 CFR 435.114

6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.

X Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).

X Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).

— Not applicable with respect to intermediate care facilities; State did or does not cover this service.

1902(a)(10)  
(A)(i)(III)  
and 1905(n) of  
the Act

7. Qualified Pregnant Women and Children.

a. A pregnant woman whose pregnancy has been medically verified who--

(1) Would be eligible for an AFDC cash payment if the child had been born and was living with her;

\*Agency that determines eligibility for coverage.

*Colo. County Dept of Social Services*

TN No. 92-2  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COLORADO

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A)  
(i)(IV) and  
1902(1)(1)(A)  
and (B) of the  
Act

8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(i)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

— The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

1902(a)(10)(A)  
(i)(VI)  
1902(1)(1)(C)  
of the Act

- a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.
- b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

1902(a)(10)(A)(i)  
(VII) and 1902(1)  
(1)(D) of the Act

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

Agency that determines eligibility for coverage: Colorado County Department of Social Services.

TN No. 93-015 — Approval Date 10/13/93 Effective Date 1-1-93  
Supersedes  
TN No. 92-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:                    **COLORADO**

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)  
(A)(i)(V) and  
1905(m) of the  
Act

10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.

1902(e)(5)  
of the Act

11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6)  
of the Act

b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

Agency that determines eligibility for coverage: Colorado  
County Department of Social Services.

TN No. 93-015

Supersedes

TN No. 92-14

Approval Date

10/13/93

Effective Date

1-1-93

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State: COLORADO

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(e)(4)  
of the Act

12. A child born to a woman who is eligible for and receiving Medicaid as categorically needy on the date of the child's birth. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.

42 CFR 435.120

13. Aged, Blind and Disabled Individuals Receiving Cash Assistance

a. Individuals receiving SSI.

This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981 persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

Aged  
 Blind  
 Disabled

\*AGENCY THAT DETERMINES ELIGIBILITY FOR COVERAGE: COLORADO COUNTY DEPARTMENT OF SOCIAL SERVICES.

TN No. 93-013

Supersedes

TN No. 92-14

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State: Colorado

Agency\* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

435.121

13.

b. Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

1619(b)(1)  
of the Act

- Aged
- Blind
- Disabled

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

\*Agency that determines eligibility for coverage.

Colo Department of Social Services - County

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TN No. 87-14

State: Colorado

Agency\*      Citation(s)      Groups Covered

A.      Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

1902(a)  
(10)(A)  
(i)(II)  
and 1905  
(q) of  
the Act

- 14.      Qualified severely impaired blind and disabled individuals under age 65, who--
  - a.      For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or
  - b.      For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must--
    - (1)      Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;
    - (2)      Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;
    - (3)      Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

Agency that determines eligibility for coverage.

County Dept of Social Services

N No.      92-2  
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State: Colorado

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Agency\*      Citation(s)                                      Groups Covered

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A.      Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

- (4)      Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
- (5)      Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.

     Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

\*Agency that determines eligibility for coverage.

County Dept of Social Services

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TN No.      87-14



State: Colorado

| Agency*            | Citation(s) | Groups Covered  |
|--------------------|-------------|---|
|                    | A.          | <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>   |
| 1634(c) of the Act | 15.         | Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who--<br>a. Are at least 18 years of age;<br>b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.<br><input type="checkbox"/> c. The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.<br><input type="checkbox"/> d. The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility. |
| 42 CFR 435.122     | 16.         | Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under §435.230), because of requirements that do not apply under title XIX of the Act.   |
| 42 CFR 435.130     | 17.         | Individuals receiving mandatory State supplements.  |

\*Agency that determines eligibility for coverage.

County Dept. of Social Services

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State: Colorado

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Agency\*      Citation(s)                                      Groups Covered

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A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

42 CFR 435.131

18.      Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

Aged       Blind       Disabled

Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

\*Agency that determines eligibility for coverage.

County Dept of Social Services

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State: Colorado

| Agency*        | Citation(s) | Groups Covered   |
|----------------|-------------|--|
|                |             | A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>   |
| 42 CFR 435.132 | 19.         | Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they--<br><br>a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and<br><br>b. Remain institutionalized; and<br><br>c. Continue to need institutional care. |
| 42 CFR 435.133 | 20.         | Blind and disabled individuals who--<br><br>a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and<br><br>b. Were eligible for Medicaid in December 1973 as blind or disabled; and<br><br>c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.   |

\*Agency that determines eligibility for coverage.

County Dept of Social Services  
TN No. 92-2 Approval Date 6/11/92 Effective Date 10/1/91  
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TN No. 87-14

State: Colorado

| Agency*        | Citation(s) | Groups Covered   |
|----------------|-------------|--|
|                | A.          | <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>  |
| 42 CFR 435.134 | 21.         | Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.<br><br><input checked="" type="checkbox"/> Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).<br><br><input type="checkbox"/> Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).<br><br><input type="checkbox"/> Not applicable with respect to intermediate care facilities; the State did or does not cover this service. |

\*Agency that determines eligibility for coverage.

County Dept of Social Services

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State: Colorado

| Agency*        | Citation(s) | Groups Covered  |
|----------------|-------------|---|
|                |             | A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u>  |
| 42 CFR 435.135 | 22.         | Individuals who --<br>a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and<br>b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.<br><input type="checkbox"/> Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.<br><input type="checkbox"/> Not applicable because the State applies more restrictive eligibility requirements than those under SSI.<br><input type="checkbox"/> The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility. |

\*Agency that determines eligibility for coverage.

County Dept of Social Services

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State: Colorado

| Agency* | Citation(s) | Groups Covered |
|---------|-------------|----------------|
|---------|-------------|----------------|

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634 of the Act

23. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.

The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or the SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.

\*Agency that determines eligibility for coverage.

County Dept A, Social Services

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State/Territory: Colorado

Agency\*      Citation(s)      Groups Covered

1634(d) of the  
Act

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

24. Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A.

— The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program.

X In determining eligibility as categorically needy, the State disregards the amount of the title II benefits identified in § 1634(d)(1)(A) in determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard.

— In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in §1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A.

— In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in § 1634(d)(1)(A) in determining the income of the individual.

\*Agency that determines eligibility for coverage.

TN No. 92-15  
Supersedes  
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4/22/92

Effective Date

1/1/92

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MARCH 1993

ATTACHMENT 2.2-A  
Page 9b  
OMB NO.: 0938-

State: Colorado

Agency\* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

1902(a)(10)(E)(i)  
and 1905(p) of  
the Act

25. Qualified Medicare beneficiaries--

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resource standard is equal to the amount defined under Section 1905(p)(1)(C) of the Act

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii),  
1905(s) and  
1905(p)(3)(A)(i)  
of the Act

26. Qualified disabled and working individuals--

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI-
- d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

\*Agency that determined eligibility for coverage

TN No. 10-009  
Supersedes  
TN No. 93-008

Approval Date. June 7, 2010 Effective Date January 1, 2010

HCFA ID: 7983E

Revision: HCFA-PM-93-2 (MB)  
MARCH 1993

ATTACHMENT 2.2-A  
Page 9b1  
OMB NO.: 0938-

State: Colorado

| Agency*  | Citation(s) | Groups Covered   |
|--|-------------|--|
|  | A.          | <b><u>Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)</u></b>   |
| 1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) under of thb Act | 27.         | <b>Specified low-income Medicare beneficiaries--</b><br>a. Who are entitled to hospital insurance benefits<br><br>Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);<br><br>b. whose income for calendar years 1993 and 1994 exceeds the income level in 25.b., but is less than 110 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 120 percent of the Federal poverty level; and<br><br>c. Whose resource standard is equal to the amount defined under Section 1905(p)(1)(C) of the Act<br><br>(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.) |
|  | 28.         | <b>Qualifying Individuals</b><br>a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);<br><br>b. whose income for calendar years 1993 and 1994 exceeds the income level in 25.b., but is less than 120 percent of the Federal poverty level, and whose income for calendar years beginning 1995 is less than 135 percent of the Federal poverty level; and<br><br>c. Whose resource standard is equal to the amount defined under Section 1905(p)(1)(C) of the Act<br><br>(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)                         |

\*Agency that determined eligibility for coverage

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APRIL 1995

ATTACHMENT 2.2-A  
Page 9b2  
OMB NO.: 0938-

State: Colorado

Agency\* Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other  
Required Special Groups (Continued)

1634(e) of  
the Act

29. a. Each person to whom SSI benefits by reason of disability are not payable for any month solely by reason of clause (i) of (v) of section 1611(e)(3)(A) shall be treated, for purposes of Title XIX, as receiving SSI benefits for the month.
- b. The State applies more restrictive eligibility standards than those under SSI.

Individuals whose eligibility for SSI benefits are based solely on disability who are not payable for any months solely by reason of clause (i) or (v) of section 1611(e)(3)(A), and who continue to meet the more restrictive requirements for Medicaid eligibility under the State plan, are eligible for Medicaid as categorically needy.

\*Agency that determined eligibility for coverage

TN No. 10-009  
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TN No. 93-008

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HCFA ID: 7983E

State: Colorado

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy

42 CFR  
435.210  
1902(a)  
(10)(A)(ii) and  
1905(a) of  
the Act

1. Individuals described below who meet the income and resource requirements of AFDC, SSI, or an optional State supplement as specified in 42 CFR 435.230, but who do not receive cash assistance.

The plan covers all individuals as described above.

The plan covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Caretaker relatives
- Pregnant women

42 CFR  
435.211

2. Individuals who would be eligible for AFDC, SSI or an optional State supplement as specified in 42 CFR 435.230, if they were not in a medical institution.

Agency that determines eligibility for coverage.

County Dept of Social Services / Social Security

No. 01-008

Approval Date 10/12/01

Effective Date 07/01/01

Mercedes

No. 92-2

State/Territory: Colorado

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.212 &  
1902(e)(2) of the  
Act, P.L. 99-272  
(section 9517) P.L.  
101-508 (section  
4732)

- 3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in section 1903(m)(2)(B)(111), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C).

The State elects not to guarantee eligibility.

— The State elects to guarantee eligibility. The minimum enrollment period is \_\_\_ months.

The State measures the minimum enrollment period from:

— The date beginning the period of enrollment in the HMO or other entity, without any intervening Disenrollment, regardless of Medicaid eligibility.

— The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

— The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (a new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

\*Agency that determines eligibility for coverage

TN No. 02-004

Approval Date 04/26/02

Effective Date 01/01/02

Supersedes

TN No. 00-018

HCFA ID: 798E

State: Colorado

Agency\* Citation(s) Groups Covered  
1932(a)(4) of Act B. Optional Groups Other Than the Medically Needy (Continued)

The Medicaid Agency may elect to restrict the disenrollment of Medicaid enrollees of MCOs, PIHPs, PAHPs, and PCCMs in accordance with the regulations at 42 CFR 438.56

This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

Disenrollment rights are restricted for a period of 12 months (not to exceed 12 months).

During the first three months of each initial enrollment period the recipient may disenroll without cause. The State will provide notification, at least once per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

No restrictions upon disenrollment rights.

1903(m)(2)(H),  
1902(a)(52) of  
the Act P.L. 101-  
508 42 CFR  
438.56(g)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an MCO, PIHP, PAHP, or PCCM when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity has a contract.

The agency elects to reenroll the above individuals who are eligible in a month but in the succeeding two months become ineligible, into the same entity in which they were enrolled at the time eligibility was lost.

The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

\* Agency that determines eligibility for coverage.

TN No.  
Supersedes  
TN No.

04-001  
94-018

Approval Date

5/25/04

Effective Date

01/01/04

State/Territory: Colorado

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| Agency* | Citation(s) | Groups Covered |
|---------|-------------|----------------|
|---------|-------------|----------------|

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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.217

- X 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

\*Agency that determines eligibility for coverage.

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TN No. 92-15 Approval Date 4/22/92 Effective Date 1/1/92  
Supersedes  
TN No. 87-5 HCFA ID: 7983E

State: Colorado

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10)  
(A)(ii)(VII)  
of the Act

5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

- Aged
- Blind
- Disabled
- Individuals under the age of--
  - 21
  - 20
  - 19
  - 18
- Caretaker relatives
- Pregnant women

\*Agency that determines eligibility for coverage.

County Dept of Social Services

TN No. 92-2

Approval Date 6/11/92

Effective Date 10/1/91

Supersedes

TN No. 87-5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Colorado

| Agency* | Citation(s) | Groups Covered |
|---------|-------------|----------------|
|---------|-------------|----------------|

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.220

6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

The State covers all individuals as described above.

1902(a)(10)(A)  
(ii) and 1905(a)  
of the Act

The State covers only the following group or groups of individuals:

- Individuals under the age of--
  - 21
  - 20
  - 19
  - 18
- Caretaker relatives
- Pregnant women

42 CFR 435.222  
1902(a)(10)(A)  
(ii) and 1905(a)  
(i) of the Act

7.

a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State plan, and who are under the age of 21 as indicated below.

- 20
- 19
- 18

\*AGENCY THAT DETERMINES ELIGIBILITY FOR COVERAGE: COLORADO COUNTY DEPARTMENT OF SOCIAL SERVICES.

TN No. 93-015  
Supersedes  
TN No. 92-2

Approval Date 10/13/93

Effective Date 1-1-93

State: COLORADO

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.222

/X/ b. Reasonable classifications of individuals described in (a) above, as follows:

X (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

X (a) In foster homes (and are under the age of 21).

X (b) In private institutions (and are under the age of 21).

     (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of     ).

X (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 21).

X (3) Individuals in NFs (who are under the age of 21). NF services are provided under this plan.

X (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of 21).

\*AGENCY THAT DETERMINES ELIGIBILITY:  
COLORADO COUNTY DEPARTMENT OF SOCIAL SERVICES.

TN No. 93-015  
Supersedes

Approval Date 10/13/93

Effective Date  
1-1-93

TN No. 92-2

HCFA ID: 7983E

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

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State: COLORADO

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| Agency* | Citation(s) | Groups Covered |
|---------|-------------|----------------|
|---------|-------------|----------------|

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B. Optional Groups Other Than the Medically Needy  
(Continued)

- |          |     |   |
|----------|-----|---|
| <u>X</u> | (5) | Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of <u>21</u> ). Inpatient psychiatric services for individuals under age 21 are provided under this plan. |
| <u>X</u> | (6) | Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A</u> .  |

\*AGENCY THAT DETERMINES ELIGIBILITY COVERAGE: COLORADO COUNTY DEPARTMENT  
OF SOCIAL SERVICES.

TN No. 93-015  
Supersedes

Approval Date = 10/13/93

Effective Date

TN No. 92-2

1-1-93

HCFA ID: 7983E

Revision: HCFA-PM-91-4  
AUGUST 1991

(BPD)  
COLORADO

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OMB NO.: 0938-

State: \_\_\_\_\_

Agency\*      Citation(s)      Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(10)  
(A)(ii)(VIII)  
of the Act

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

- a. Was eligible for Medicaid under the State's approved Medicaid plan; or
- b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

21  
 20  
 19  
 18

\*AGENCY THAT DETERMINES ELIGIBILITY COVERAGE: COLORADO COUNTY DEPARTMENT  
OF SOCIAL SERVICES.

TN No. 93-015  
Supersedes  
TN No. 92-2

Approval Date 10/13/93

Effective Date 1-1-93

HCFA ID: 7983E

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

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OMB No.: 0938-

State: COLORADO

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| Agency* | Citation (s) | Groups Covered |
|---------|--------------|----------------|
|---------|--------------|----------------|

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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.223   

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A:

1902(a)(10)  
(A)(ii) and  
1905(a) of  
the Act

   Individuals under the age of--  
   21  
   20  
   19  
   18  
   Caretaker relatives  
   Pregnant women

\*AGENCY THAT DETERMINES ELIGIBILITY COVERAGE: COLORADO COUNTY DEPARTMENT  
OF SOCIAL SERVICES.

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TN No. 93-015  
Supersedes

Approval Date 10/13/93

Effective Date  
1-1-93

No. 92-2

HCFA ID: 7983E

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

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State: \_\_\_\_\_

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.230  10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
  - (1) All aged individuals.
  - \_\_\_ (2) All blind individuals.
  - \_\_\_ (3) All disabled individuals.

\*AGENCY THAT DETERMINES ELIGIBILITY COVERAGE: COLORADO COUNTY DEPARTMENT OF SOCIAL SERVICES.

TN No. 93-015  
Supersedes \_\_\_\_\_ . Approval Date 10/13/93 Effective Date 1-1-93  
TN No. 92-2 HCFA ID: 7983E

State: COLORADO

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

- |                |       |   |
|----------------|-------|---|
| 42 CFR 435.230 | — (4) | Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.                             |
|                | — (5) | Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.                            |
|                | — (6) | Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.                         |
|                | — (7) | Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230. |
|                | — (8) | Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.     |
|                | — (9) | Individuals in additional classifications approved by the Secretary as follows:   |

\*AGENCY THAT DETERMINES ELIGIBILITY COVERAGE: COLORADO COUNTY DEPARTMENT OF SOCIAL SERVICES.

TN No. 93-015  
Supersedes

Approval Date

10/13/93

Effective Date  
1-1-93

No. 92-2

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State: COLORADO

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| Agency* | Citation(s) | Groups Covered |
|---------|-------------|----------------|
|---------|-------------|----------------|

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B. Optional Groups Other Than the Medically Needy  
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

     Yes.

  x   No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

\*AGENCY THAT DETERMINES ELIGIBILITY COVERAGE: COLORADO COUNTY DEPARTMENT  
OF SOCIAL SERVICES.

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TN No. 93-015  
Supersedes

Approval Date 10/13/93

Effective Date  
1-1-93

TN No. 92-2

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Colorado

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.230  
435.121  
1902(a)(10)(A)  
(ii)(XI) of the Act

11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

- \_\_\_ (1) All aged individuals.
- \_\_\_ (2) All blind individuals.
- \_\_\_ (3) All disabled individuals.

\*AGENCY THAT DETERMINES ELIGIBILITY COVERAGE: COLORADO COUNTY DEPARTMENT  
OF SOCIAL SERVICES.

TN No. 93-015  
Supersedes  
TN No. 92-2

Approval Date 10/13/93

Effective Date 1-1-93

State: COLORADO

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Agency\*      Citation(s)                      Groups Covered

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B. Optional Groups Other Than the Medically Needy  
(Continued)

- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

\*AGENCY THAT DETERMINES ELIGIBILITY COVERAGE: COLORADO COUNTY DEPARTMENT OF SOCIAL SERVICES.

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TN No. 93-015  
Supersedes

Approval Date 10/13/93

Effective Date  
1-1-93

TN No. 92-2

HCFA ID: 7983E

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

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OMB NO.: 0938-

State: COLORADO

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| Agency* | Citation(s) | Groups Covered |
|---------|-------------|----------------|
|---------|-------------|----------------|

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B. Optional Groups Other Than the Medically Needy  
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

\*AGENCY THAT DETERMINES ELIGIBILITY COVERAGE: COLORADO COUNTY DEPARTMENT OF SOCIAL SERVICES.

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TN No. 93-015

Supersedes

Approval Date

10/13/93

Effective Date

1-1-93

TN No. 92-2

HCFA ID: 7983E

State: COLORADO

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.231   
1902(a)(10)  
(A)(ii)(V)  
of the Act

12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

1902(a)(10)(A)  
(ii) and 1905(a)  
of the Act

- Aged
- Blind
- Disabled
- Individuals under the age of--
  - 21
  - 20
  - 19
  - 18
- Caretaker relatives
- Pregnant women

\*AGENCY THAT DETERMINES ELIGIBILITY COVERAGE: COLORADO COUNTY DEPARTMENT OF SOCIAL SERVICES.

TN No. 93-015  
Supersedes  
TN No. 92-2.

Approval Date 10/13/93

Effective Date 1-1-93

HCFA ID: 7983E

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

ATTACHMENT 2.2-A  
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OMB NO.: 0938-

State/Territory Colorado

Agency\* Citation(s) Groups Covered

**B. Optional Groups Other Than the Medically Needy**  
**(Continued)**

1902(e)(3)  
of the Act

// 13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B), of the Act. Supplement 3 to ATTACHMENT 2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)  
(A)(ii)(IX)  
and 1902(1)  
of the Act

/X/ 14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6--A:

- X a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

TN No 13-002  
Supersedes TN No. 93-015

Approval Date 3/26/13  
Effective Date 01/01/2013

State: COLORADO

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)   
(10)(A)  
(11)(IX)  
and 1902(1)(1)  
(D) of the Act

15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size.

Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained--

7 years of age; or

8 years of age.

\*AGENCY THAT DETERMINES ELIGIBILITY COVERAGE: COLORADO COUNTY DEPARTMENT OF SOCIAL SERVICES.

TN No. 93-015

Supersedes

TN No. 92-2

Approval Date 10/13/93

Effective Date 1-1-93

HCFA ID: 7983E

State: COLORADO

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)     
(ii)(X)  
and 1902(m)  
(1) and (3)  
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

\*AGENCY THAT DETERMINES ELIGIBILITY COVERAGE: COLORADO COUNTY DEPARTMENT  
OF SOCIAL SERVICES.

TN No. 93-015  
Supersedes

Approval Date 10/13/93

Effective Date  
1-1-93

TN No. 92-2

HCFA ID: 7983E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of Colorado

**Citation(s)**

1902(a)(47) and 1920 of the Act

**Groups Covered**

B. Optional Groups Other Than the  
Medically Needy (Continued)

X 17. Pregnant women who are determined by a “qualified provider” (as defined in Section 1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with Section 1920 of the Act.

TN No: 05-004

Approval Date 7/05/05

Effective Date 7/1/05

Supersedes TN No. 04-003

State/Territory: COLORADO

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

1906 of the  
Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of     months.

1902(a)(10)(F)  
and 1902(u)(1)  
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

\*AGENCY THAT DETERMINES ELIGIBILITY COVERAGE: COLORADO COUNTY DEPARTMENT  
OF SOCIAL SERVICES.

TN No. 93-015

Supercedes

TN No. 92-9

Approval Date

10/13/93

Effective Date

1-1-93

HCFA ID: 7982E

October 1991

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OMB No.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Colorado

Citation(s)                      Groups Covered

B.    Optional Coverage Other Than the Medically Needy (Continued):

1902 (a) (10) (A)  
(ii) (XVIII) of the  
Act

X [20]. Women who:

- a. Have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

1920B of the Act

X [21]. Women who are determined by a "qualified entity" (as defined in 1920B (b) based on preliminary information, to be a woman described in 1902 (aa) of the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does

TN# 07-008

APPROVAL DATE 12/14/07

SUPERSEDES TN# 02-008

EFFECTIVE DATE July 1, 2007

State:

Citation

Groups Covered

1920B of the Act

B. Optional Groups Other Than the Medically Needy  
(Continued)

not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

Sections 477,  
1902(a)(10)(A)(ii)(XVII),  
and 1905(w) of the Act

X 22. Independent Foster Care Adolescents.

An individual who is younger than age 21, who on the individual's 18<sup>th</sup> birthday was in foster care under the responsibility of a State, who meets the targeting criteria in a.) below, and whose income and resources do not exceed the level(s), if any, established in b.) below.

a. Individuals who meet the following criteria:

- 1) Are under the age of:    X    21  
  —    20  
  —    19

- 2) Are: X    All such individuals.  
          —    Individuals for whom foster care maintenance payments or independent living services were furnished under a program funded under title IV-E before the date the individual turned 18 years old.  
          —    Other reasonable classifications:

October 1991

Page 23d  
OMB No.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Colorado

Citation(s)                      Groups Covered

B.      Optional Coverage Other Than the Medically Needy (Continued):

    \_\_\_ 3) Other (please describe):

\_\_\_\_\_

\_\_\_\_\_

a. Financial Requirements

1) Income test

X There is no income test for this group.

    \_\_\_ The income test for this group is

\_\_\_\_\_

2) Resource test

X There is no resource test for this group.

    \_\_\_ The resource test for this group is

\_\_\_\_\_

**NOTE:**

If there is an income or resource test, then the standards and methodologies used cannot be more restrictive than those used for the State's low-income families with children eligible under section 1931 of the Act as specified in Supplement 12 of Attachment 2.6-A.

TN# 07-008

APPROVAL DATE 12/14/07

SUPERSEDES TN# NEW

EFFECTIVE DATE July 1, 2007

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State of Colorado

**Citation(s)**

1902(a)(47) and 1920A of the Act

**Groups Covered**

B. Optional Groups Other Than the  
Medically Needy (Continued)

X 23. Children under age 19 who are determined by a “qualified entity” (as defined in Section 1920A(b)(3)(A) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with Section 1920A of the Act.

TN No: 07-018

Approval Date 6/30/08

Effective Date 1/1/08

Supersedes TN. No: NEW

Revision:

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OMB NO.:

State/Territory: Colorado

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Citation

Groups Covered

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B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(10)(A)  
(ii)(XIII) of the Act

[ ]

23. BBA Work Incentives Eligibility Group - Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of ATTACHMENT 2.6-A.

1902(a)(10)(A)  
(ii)(XV) of the Act

[X]

24. TWWIA Basic Coverage Group - Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State.  
See page 12d of ATTACHMENT 2.6-A.

1902(a)(10)(A)  
(ii)(XVI) of the Act

[ ]

25. TWWIA Medical Improvement Group - Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State.  
See page 12h of ATTACHMENT 2.6-A.

NOTE: If the State elects cover this group, it MUST also cover the eligibility group described in No. 24 above.

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TN No. 12-005  
Supersedes TN No. New

Approval Date 3/22/12 Effective Date 03/01/2012  
CMS ID:

State/Territory: Colorado

Citation

Groups Covered

B Optional Groups Other Than the Medically Needy  
(Continued)

1902(a)(10)(A)  
(ii)(XIX) of the Act

[X] 26

Family Opportunity Act –  
Children who have not attained 19 years of  
age, who would be considered disabled under  
Section 1614(a)(3)(C) of the Act, and whose  
family income meets the standard described on  
Page 12p of Attachment 2.6-A.

X Beginning with the effective date of its  
plan amendment, the State covers all  
children eligible under this group, as  
described below

In the case of the second, third, and  
fourth quarters of fiscal year 2007, the  
State covers children who were born on  
or after January 1, 2001, or who were  
born on or after the following earlier date  
\_\_\_\_\_.

In the case of each quarter of fiscal  
year 2008, the State covers children  
who were born on or after October 1,  
1995, or who were born on or after the  
following earlier date \_\_\_\_\_

In the case of each quarter of fiscal  
year 2009 and each quarter of any  
fiscal year thereafter, the State covers  
children who were born after October 1,  
1989

TN No 12-013

Supersedes

TN No \_\_\_\_\_

Approval Date 10/24/12 Effective Date 7/1/2012

State: Colorado

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| Agency* | Citation(s) | Groups Covered |
|---------|-------------|----------------|
|---------|-------------|----------------|

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C. Optional Coverage of the Medically Needy

42 CFR 435.301

This plan includes the medically needy.

No.

Yes. This plan covers:

1902(e) of the Act.

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

2. Women who, while pregnant, were eligible for and have applied for Medicaid and received Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)  
(C)(ii)(I)  
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

TN No. 92-2

Approval Date 6/11/92

Effective Date 10/1/91

Supersedes

TN No. 87-14

State: COLORADO -NONE

Agency\* Citation(s) Groups Covered

C. Optional Coverage of Medically Needy (Continued)

1902(e)(4) of  
the Act

4. Newborn children born on or after  
October 1, 1984 to a woman who is eligible  
as medically needy and is receiving  
Medicaid on the date of the child's birth. The child  
is deemed to have applied and been found eligible for  
Medicaid on the date of birth and remains eligible  
for one year so long as the woman remains eligible  
and the child is a member of the woman's household.

42 CFR 435.308

5.  a. Financially eligible individuals who are not  
described in section C.3. above and who are  
under the age of--  
\_\_\_ 21  
\_\_\_ 20  
\_\_\_ 19  
\_\_\_ 18 or under age 19 who are full-time  
students in a secondary school or in the  
equivalent level of vocational or  
technical training
- b. Reasonable classifications of financially  
eligible individuals under the ages of 21, 20,  
19, or 18 as specified below:
- \_\_\_ (1) Individuals for whom public agencies are  
assuming full or partial financial  
responsibility and who are:
- \_\_\_ (a) In foster homes (and are under the age  
of \_\_\_).
- \_\_\_ (b) In private institutions (and are under  
the age of \_\_\_).

TN No. 92-2  
Supersedes

Approval Date 6/11/92

Effective Date  
10/1/91

No. 87-14

HCFA ID: 7983E



State: \_\_\_\_\_  
COLORADO NONE

Agency\*      Citation(s)      Groups Covered

C. Optional Coverage of Medically Needy (Continued)

- 42 CFR 435.310  6. Caretaker relatives.
- 42 CFR 435.320  7. Aged individuals.  
and 435.330
- 42 CFR 435.322  8. Blind individuals.  
and 435.330
- 42 CFR 435.324  9. Disabled individuals.  
and 435.330
- 42 CFR 435.326  10. Individuals who would be ineligible if they were  
not enrolled in an HMO. Categorically needy  
individuals are covered under 42 CFR 435.212 and  
the same rules apply to medically needy  
individuals.
- 435.340      11. Blind and disabled individuals who:
  - a. Meet all current requirements for Medicaid  
eligibility except the blindness or disability  
criteria;
  - b. Were eligible as medically needy in December  
1973 as blind or disabled; and
  - c. For each consecutive month after December 1973  
continue to meet the December 1973. eligibility  
criteria.

TN No. 92-2  
Supersedes

Approval Date 6/11/92

Effective Date  
10/1/91

TN No. 87-14

HCFA ID: 7983E

Revision: HCFA-PM-91-8 (BPD)

October 1991

ATTACHMENT 2.2-A ✓

Page 26a

OMB NO.: 0938-

State: COLORADO

Citation(s)

Groups Covered

C. Optional Coverage of Medically Needy  
(Continued)

1906 of the  
Act

12. Individuals required to enroll in  
cost effective employer-based group  
health plans remain eligible for a minimum  
enrollment period of \_\_\_\_\_ months.

TN No. 92-9  
Supersedes New

APPROVAL 6/16/92

EFFECTIVE 10/1/91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE OF COLORADO

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE  
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

| Agency                        | Citation (s)   | Groups Covered |
|-------------------------------|--|----------------|
| 1935(a) and<br>1902(a)(66)    | The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act.  |                |
| 42 CFR 423.774 and<br>423.904 | <ol style="list-style-type: none"><li>1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act.</li><li>2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined.</li><li>3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.</li></ol> |                |

TN No. 05-016 Approval Date 11/07/05 Effective Date July 1, 2005

Supersedes  
TN No. NEW