

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COLORADO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	A. <u>General Conditions of Eligibility</u>
	Each individual covered under the plan:
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(l) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(l) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

TN No. 92-14
Supersedes 92-02 Approval Date 6/11/92 Effective Date 11/1/92

State COLORADO

<u>Citation(s)</u>	<u>Condition or Requirement</u>
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of thi Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
42 CFR 435.406	3. Is residing in the United States and-- a. Is a citizen or national of the United States; b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended; c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA; d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;

TN No: 11-011
Supersedes
TN No. 09-036

Approval Date 6/16/11

Effective Date 1/1/11

HCFA ID: 7985E

State COLORADO

<u>Citation(s)</u>	<u>Condition or Requirement</u>
e.	<p>Is a qualified alien (QA) whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended.</p> <p><u> X </u> State covers all authorized QAs. ___ State does not cover authorized QAs.</p>
f.	<p>State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women as specified below who are aliens lawfully residing in the United States; including the following:</p> <ul style="list-style-type: none">(1) A qualified alien as defined in section 431 of PRWORA (8 U.S.C. §1641);(2) An alien in nonimmigrant status who has not violated the terms of the status under which he or she was admitted or to which he or she has changed after admission;(3) An alien who has been paroled into the United States pursuant to section 212(d)(5) of the Immigration and Nationality Act (INA) (8 U.S.C. §1182(d)(5)) for less than 1 year, except for an alien paroled for prosecution, for deferred inspection or pending removal proceedings;(4) An alien who belongs to one of the following classes:<ul style="list-style-type: none">(i) Aliens currently in temporary resident status pursuant to section 210 or 245A of the INA (8 U.S.C. §§1160 or 1255a, respectively);(ii) Aliens currently under Temporary Protected Status (TPS) pursuant to section 244 of the INA (8 U.S.C. §1254a), and pending applicants for TPS who have been granted employment authorization;(iii) Aliens who have been granted employment authorization under 8 CFR 274a.12(c)(9), (10), (16), (18), (20), (22), or (24);(iv) Family Unity beneficiaries pursuant to section 301 of Pub. L. 101-649, as amended;(v) Aliens currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President;(vi) Aliens currently in deferred action status; or(vii) Aliens whose visa petition has been approved and who have a pending application for adjustment of status;

TN No: 11-011
Supersedes
TN No. 09-036

Approval Date 6/16/11

Effective Date 1/1/11

HCFA ID: 7985E

Revision: HCFA-PM-91-4
AUGUST 1991

(MB)

ATTACHMENT 2.6-A
Page 2b
OMB No.: 0938-

State COLORADO

<u>Citation(s)</u>	<u>Condition or Requirement</u>
(5)	A pending applicant for asylum under section 208(a) of the INA (8 U.S.C. § 1158) or for withholding of removal under section 241(b)(3) of the INA (8 U.S.C. § 1231) or under the Convention Against Torture who has been granted employment authorization, and such an applicant under the age of 14 who has had an application pending for at least 180 days;
(6)	An alien who has been granted withholding of removal under the Convention Against Torture;
(7)	A child who has a pending application for Special Immigrant Juvenile status as described in section 101(a)(27)(J) of the INA (8 U.S.C. § 1101(a)(27)(J));
(8)	An alien who is lawfully present in the Commonwealth of the Northern Mariana Islands under 48 U.S.C. § 1806(e); or
(9)	An alien who is lawfully present in American Samoa under the immigration laws of American Samoa.

Elected for pregnant women.
 Elected for children.

g. The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.

TN No: 11-011
Supersedes
TN No. 09-036

Approval Date 6/16/11

Effective Date 1/1/11

HCFA ID: 7985E

Revision: HCFA-PM-91-4
AUGUST 1991

(MB)

ATTACHMENT 2.6-A
Page 3
OMB No.: 0938-

State COLORADO

Citation(s)	Condition or Requirement
42 CFR 435.403 1902(b) of the Act	4. Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address. // State has interstate residency agreement with the following States: // State has open agreement(a). // Not applicable; no residency requirement.

TN No: 11-011
Supersedes
TN No. 09-036

Approval Date 6/16/11

Effective Date 1/1/11

HCFA ID: 7985E

State/Territory: COLORADO

Citation	Condition or Requirement
42 CFR 435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. <input checked="" type="checkbox"/> Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145 1912 of the Act	6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

TN No. 929
Supersedes

Approval Date 6/16/92

Effective Date 10/1/91

TN No. _____

92-2

HCFA ID: 7985E

.. State: COLORADO

Citation	Condition or Requirement
----------	--------------------------

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

Assignment of rights is automatic because of State law.

42 CFR 435.910 7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number), except for aliens seeking medical assistance for the treatment of an emergency medical condition under section 1903(v)(2) of the Social Security Act (Section 1137(f)).

TN No. 92-9
Supersedes 92-2 Approval Date 6/16/92 Effective Date 10/1/91
TN No. _____

State: COLORADO

Citation	Condition or Requirement
1902(c)(2)	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

TN No. 92-2
Supersedes
TN No. NEW

Approval Date 6/11/92

Effective Date 10/1/91

Revision: HCFA-PM-91-8
October 1991

(MB)

ATTACHMENT 2.6-A
Page 3c

State of Colorado

Citation	Condition or Requirement
1906 of the Act	10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).
<i>New York State Department of Social Services v. Dublino</i>	11. Is required to apply for Medicare Parts A, B and/or D if it is likely that the individual would meet the eligibility criteria for any or all of those programs. The state agrees to pay any applicable premiums and cost-sharing (except those applicable under Part D) for individuals required to apply for and subsequently enrolled in Medicare. Application for Medicare is a condition of eligibility unless the state does not pay the Medicare premiums, deductibles or co-insurance (except those applicable under Part D) for persons covered by the Medicaid eligibility group under which the individual is applying.

TN# 05-012

APPROVAL DATE 3/03/06

SUPERCEDES TN# 92-9

EFFECTIVE DATE January 1, 2006

State: Colorado

Citation	Condition or Requirement
B. Posteligibility Treatment of Institutionalized Individuals' Incomes	
1. The following items are not considered in the posteligibility process:	
1902(o) of the Act	a. SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.
Bondi v Sullivan (SSI)	b. Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.
1902(r)(1) of the Act	c. German Reparations Payments (reparation payments made by the Federal Republic of Germany).
105/206 of P. L. 100-383	d. Japanese and Aleutian Restitution Payments.
1. (a) of P.L. 103-286	e. Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).
10405 of P.L. 101-239	f. Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.)
6(h)(2) of P.L. 101-426	g. Radiation Exposure Compensation.
12005 of P. L. 103-66	h. VA pensions limited to \$90 per month under 38 U.S.C. 5503.

TN No. 99-005
Supersedes

Approval Date 12/09/99

Effective Date 07/01/99

TN No. NEW

State: Colorado

Citation	Condition or Requirement
----------	--------------------------

1924 of the Act
435.725
435.733
435.832

2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care.

Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.

- a. Aged, blind, disabled:
Individuals \$ 50
Couples \$ 100

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- b. AFDC related:
Children \$ 50
Adults \$ 50

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

- c. Individual under age 21 covered in the plan as specified in Item B. 7. of Attachment 2.2 -A.
\$ 50

TN No. 2000-002
Supersedes

Approval Date 06/08/00

Effective Date 01/01/00

TN No. 99-003

State: Colorado

Citation	Condition or Requirement
----------	--------------------------

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:

a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

 X The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.

 The poverty level component is calculated using a percentage greater than the applicable percentage, equal to %, of the official poverty level (still subject to maximum maintenance needs standard).

 The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

TN No. 99-005
Supersedes

Approval Date 12/09/99

Effective Date 01/01/99

TN No. NEW

State: Colorado

Citation	Condition or Requirement
----------	--------------------------

In determining any excess shelter allowance, utility expenses are calculated using:

the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or

the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.

b. The monthly income allowance for other dependent family members living with the community spouse is:

one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924 (d)(3)(B)) exceeds the dependent family member's monthly income.

a greater amount calculated as follows:

The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):

c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:

(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.

(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.)

TN No. 99-005
Supersedes

Approval Date 12/09/99

Effective Date 07/01/99

TN No. NEW

State: Colorado

Citation Condition or Requirement

435.725
435.733
435.832

4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:
- a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:
- AFDC level; or
 - Medically needy level:

(Check one)

- AFDC levels in Supplement 1
- Medically needy level in Supplement 1
- Other: \$ _____

- b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:

(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.

(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to ATTACHMENT 2.6-A)

435.725
435.733
435.832

5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:

A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period.

No.

Yes (the applicable amount is shown on page 5a.)

TN No. 99-003
Supersedes
TN No. 99-001

Approval Date 12/09/99

Effective Date 09/01/99

State: Colorado

Citation	Condition or Requirement
<u>X</u>	Amount for maintenance of home is: <u>\$ 196.66</u>
_____	Amount for maintenance of home is the actual maintenance costs not to exceed \$ _____
_____	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
_____	Amount for maintenance of home is not deductible when countable income is determined under §1924(d)(1) of the Act.

TN# 01-001
Supersedes
TN# 00-001

Approval Date 4/5/01 Effective Date 01/01/2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COLORADO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.711 435.721, 435.831	<p>C. <u>Financial Eligibility</u></p> <p>For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.</p> <p>For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.</u></p>

TN No. 92-14 Approval Date 6/11/92 Effective Date 1/1/92
Supersedes
TN No. 92-02

State: Colorado

Citation	Condition or Requirement
<input checked="" type="checkbox"/>	<u>Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.</u>
<input type="checkbox"/>	<u>Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.</u>
<input type="checkbox"/>	<u>Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.</u>
<input type="checkbox"/>	<u>Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.</u>
<input checked="" type="checkbox"/>	<u>Supplement 8a to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.</u>
<input checked="" type="checkbox"/>	<u>Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.</u>
<input type="checkbox"/>	<u>Supplement 14 to ATTACHMENT 2.6-A specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under §1902(z)(1) of the Act.</u>

TN No. 00-010
Supersedes
TN No. 93-001 Approval Date 09/08/00 Effective Date 04/01/00

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Colorado

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r)(2) of the Act	<p>1. <u>Methods of Determining Income</u></p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income for AFDC-related individuals, the following methods are used:</p> <p>— (a) The methods under the State's approved AFDC plan only; or</p> <p><u>X</u> (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to <u>ATTACHMENT 2.6-A.</u></p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p>
1902(e)(6) the Act	<p>(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COLORADO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act	b. <u>Aged individuals.</u> In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used: <input type="checkbox"/> The methods of the SSI program only. <input checked="" type="checkbox"/> The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>

TN No. 93-001 Approval Date MAY 28 1993 Effective Date 10/1/92
Supersedes
TN No. 92-14

State: COLORADO

Citation	Condition or Requirement
----------	--------------------------

For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

For institutional couples, the methods specified under section 1611(e)(5) of the Act.

For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.

For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--

___ SSI methods only.

___ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.

___ Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

N No. 93-001
supersedes
N No. 92-2

Approval Date MAY 28 1993

Effective Date 10/1/92

State: COLORADO

Citation	Condition or Requirement
12 CFR 435.721 and 135.831 1902(m)(1)(B), (m)(4), and 1902(r)(2) of the Act	<p>c. <u>Blind individuals.</u> In determining countable income for blind individuals, the following methods are used:</p> <p><input type="checkbox"/> The methods of the SSI program only.</p> <p><input checked="" type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p><input type="checkbox"/> For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A,</u> and any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p><input checked="" type="checkbox"/> For institutional couples, the methods specified under section 1611(e)(5) of the Act.</p> <p><input type="checkbox"/> For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A.</u></p> <p><input type="checkbox"/> For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--</p> <p><input type="checkbox"/> SSI methods only.</p> <p><input type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p><input type="checkbox"/> Methods more restrictive and/ or more liberal than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and more liberal methods are described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p>

N No. 93-001
supersedes
N No. 92-2

Approval Date MAY 28 1993

Effective Date 10/1/92

State: COLORADO

Citation

Condition or Requirement

In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

42 CFR 435.721,
and 435.831
1902(m)(1)(B),
(m)(4), and
1902(r)(2) of
the Act

d. Disabled individuals. In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
- For institutional couples: the methods specified under section 1611(e)(5) of the Act.
- For optional State supplement recipients under §435.230: income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.
- For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

TN No. 43-001
Supersedes
TN No. 92-2

Approval Date MAY 28 1993

Effective Date 10/1/92

State: COLORADO

Citation

Condition or Requirement

- For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements--
- SSI methods only.
- SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.
- Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8a to ATTACHMENT 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

TN No. 92-2
Supersedes
TN No. 89-23

Approval Date 6/11/92

Effective Date 10/1/91

State Colorado

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(l)(3)(E) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women, infants, and children.</u> For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act--</p> <p>(1) The following methods are used in determining countable income:</p> <p>___ The methods of the State's approved AFDC plan.</p> <p>___ The methods of the approved title IV-E plan.</p> <p><u>X</u> The methods of the approved AFDC State plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>___ The methods of the approved title IV-E plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COLORADO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act	(3) The agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f. <u>Qualified Medicare beneficiaries.</u> In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used: <input type="checkbox"/> The methods of the SSI program only. <input checked="" type="checkbox"/> SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> <input type="checkbox"/> For institutional couples, the methods specified under section 1611(e)(5) of the Act.

TN No. 93-001

Supersedes

TN No. 92-14

Approval Date

MAY 28 1993

Effective Date

10/1/92

State: Colorado

<u>Citation</u>	<u>Condition or Requirement</u>
	<p>If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.</p> <p>For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.</p> <p>For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.</p>
1905(s) of the Act	g. (1) <u>Qualified disabled and working individuals</u> In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.
1905(p) of the Act	(2) <u>Specified low-income Medicare beneficiaries.</u> In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.
	(3) <u>Qualifying Individuals</u> In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

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

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

HCFA ID: 7985E

State/Territory: COLORADO

Citation	Condition or Requirement
----------	--------------------------

1902(u)
of the Act

(h) COBRA Continuation Beneficiaries

In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:

- _____ The disregards of the SSI program;
- _____ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.

NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).

TN No. 929
Supersedes _____

Approval Date 6/16/92

Effective Date 10/1/91

TN No. New

HCFA ID: 7985E

Revision:

ATTACHMENT 2.6-A

Page 12c

OMB No.:

State/Territory: Colorado

Citation	Condition or Requirement
1902(a)(10)(A)(ii) I. (XIII) of the Act	<p data-bbox="561 564 591 596">(i) <u>Working Individuals With Disabilities -BBA</u></p> <p data-bbox="657 638 1365 743">In determining countable income and resources for working individuals with disabilities under BBA, the following methodologies are applied:</p> <ul style="list-style-type: none"> <li data-bbox="657 785 1305 821">_____ The methodologies of the SSI program. <li data-bbox="657 863 1398 1079">_____ The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 (income) and Supplement 5 (resources) to <u>ATTACHMENT 2.6-A</u>. <li data-bbox="657 1121 1417 1339">_____ The agency uses more liberal income and/or resource than the SSI program. More liberal methodologies are described in Supplement 8a to attachment 2.6-A. More liberal resource methodologies are described in <u>Supplement 8b to ATTACHMENT 2.6-A</u>.

TN No. 12-005
Supersedes TN No. New

Approval Date 3/22/12 Effective Date 03/01/2012

CMS ID:

Revision:

ATTACHMENT 2.6-A

Page 12d

OMB No.:

State/Territory: Colorado

Citation	Condition or Requirement
----------	--------------------------

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

(ii) Working Individuals with Disabilities - Basic Coverage Group - TWWIA

In determining financial eligibility for working individuals with disabilities under this provision, The following standards and methodologies are applied:

The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

The agency applies the following income and/or resource standard(s): 450% FPL is the income standard. There is no resource standard applied.

TN No.	12-005	Approval Date <u>3/22/12</u>	Effective Date 03/01/2012
Supersedes TN No.	New	CMS ID:	

Revision:

ATTACHMENT 2.6-A
Page 12e
OMB No.:

State/Territory: Colorado

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	<p data-bbox="651 562 971 594"><u>Income Methodologies</u></p> <p data-bbox="651 636 1377 741">In determining whether an individual meets the income standard described above, the agency uses the following methodologies.</p> <p data-bbox="651 783 1409 814"><input type="checkbox"/> The income methodologies of the SSI program.</p> <p data-bbox="651 898 1409 1077"><input type="checkbox"/> The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in <u>Supplement 4 to ATTACHMENT 2.6-A.</u></p> <p data-bbox="651 1119 1409 1266"><input checked="" type="checkbox"/> The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p>

TN No. 12-005 Approval Date 3/22/12 Effective Date 03/01/2012
SupersedesTN No. New CMS ID:

State/Territory: Colorado

Citation	Condition or Requirement
----------	--------------------------

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

Resource Methodologies

In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.

All funds held in retirement funds and accounts are disregarded.

Unless one of the following items is checked, the agency, under the authority of 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to ATTACHMENT 2.6-A.

The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.

The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to ATTACHMENT 2.6-A.

Revision:

ATTACHMENT 2.6-A
Page 12g
OMB No.:

State/Territory: Colorado

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	_____ The agency does not disregard funds in retirement accounts.
	_____ The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>
	_____ The agency uses the resource methodologies of the SSI Program.
	_____ The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in <u>Supplement 5 to ATTACHMENT 2.6-A.</u>

TN No. 12-005 Approval Date 3/22/12 Effective Date: 03/01/2012
Supersedes: TN No. New CMS ID:

Revision:

ATTACHMENT 2.6-A
Page 12h
OMB No.:

State/Territory: Colorado

Citation	Condition or Requirement
----------	--------------------------

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

(ii) Working Individuals with Disabilities -
Employed Medically Improved Individuals -
TWWIIA

Not applicable

In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied:

_____ The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

_____ The agency applies the following income and/or resource standard(s):

TN No. 12-005
Supersedes TN No. New

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

Revision:

ATTACHMENT 2.6-A

Page 12i

OMB No.:

State/Territory: Colorado

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	<p data-bbox="662 562 979 594"><u>Income Methodologies</u></p> <p data-bbox="662 636 1380 741">In determining whether an individual meets the income standard described above, the agency uses the following methodologies.</p> <ul data-bbox="662 783 1412 1266" style="list-style-type: none"><li data-bbox="662 783 1412 825">_____ The income methodologies of the SSI program.<li data-bbox="662 898 1412 1077">_____ The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in <u>Supplement 4 to ATTACHMENT 2.6-A.</u><li data-bbox="662 1119 1412 1266">_____ The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in <u>Supplement 8a to ATTCHMENT 2.6-A.</u>

TN No. 12-005
Supersedes TN No. New

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

State/Territory: Colorado

Citation	Condition or Requirement
----------	--------------------------

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

Resource Methodologies

In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.

Unless one of the following items are checked, the agency, under the authority of 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to ATTACHMENT 2.6-A.

_____ The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.

_____ The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to ATTACHMENT 2.6-A.

Revision:

ATTACHMENT 2.6-A
Page 12k
OMB No.:

State/Territory: Colorado

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	<ul style="list-style-type: none"><li data-bbox="751 560 1370 632">_____ The agency does not disregard funds in retirement accounts. <li data-bbox="751 674 1419 926">_____ The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u> <li data-bbox="751 968 1321 1039">_____ The agency uses the resource methodologies of the SSI Program. <li data-bbox="751 1081 1419 1302">_____ The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in <u>Supplement 5 to ATTACHMENT 2.6-A.</u>

TN No. 12-005
Supersedes TN No. New

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

Revision:

ATTACHMENT 2.6-A

Page 121

OMB No.:

State/Territory: Colorado

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) and 1905(v)(2) of the Act	<u>Definition of Employed – Employed Medically Improved Individuals – TVWIIA</u> —— The agency uses the statutory definition of “employed”, i.e., earning at least the minimum wage, and working at least 40 hours per month. —— The agency uses an alternative definition of “employed” that provides for substantial and reasonable threshold criteria for hours of work, wages, or other measures. The agency’s threshold criteria is described below:

TN No. 12-005
Supersedes TN No. New

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

Revision:

ATTACHMENT 2.6-A

Page 12m

OMB No.:

State/Territory: Colorado

Citation	Condition or Requirement
----------	--------------------------

1902(a)(10)(A)(ii)(XIII)
(XV), (XVI), and 1916(g)
of the Act

Payment of Premiums or Other Cost Sharing Charges

For individuals eligible under the BBA eligibility group described in No. 23 on page 23d of ATTACHMENT 2.2-A:

_____ The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied are described below:

TN No. 12-005
Supersedes TN No. New

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

Revision:

ATTACHMENT 2.6-A

Page 12n

OMB No.:

State/Territory: Colorado

Citation	Condition or Requirement
1902(a)(10)(A)(ii) (XIII), (XV), (XVI), and 1916(g) of the Act (cont.)	For individuals eligible under the Basic Coverage Group described in No. 24 on page 23d of <u>ATTACHMENT 2.2-A</u> . NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums. <u>X</u> The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income. The premiums or other cost-sharing charges, and how they are applied are described on page 12o.

TN No. 12-005 Approval Date 3/22/12 Effective Date 03/01/2012
Supersedes TN No. New CMS ID:

Revision:

ATTACHMENT 2.6-A
Page 12o
OMB No.:

State/Territory: Colorado

Citation	Condition or Requirement
Sections 1902(a)(10)(A) (ii)(XV), (XVI), and 1916(g) of the Act (cont.)	<p data-bbox="748 632 1411 663"><u>Premiums and Other Cost-Sharing Charges</u></p> <p data-bbox="748 709 1411 814">For the Basic Coverage Group, the agency's premium and other cost-sharing charges, and how they are applied, are described below.</p> <p data-bbox="748 856 1127 888">There are five income tiers:</p> <ul data-bbox="748 934 1411 1455" style="list-style-type: none"><li data-bbox="748 934 1411 1003">• There is a no monthly premium amount for income which is at or below 40% of FPL<li data-bbox="748 1010 1411 1115">• A monthly premium of \$25 is applied to income above 40% FPL but at or below 133% FPL<li data-bbox="748 1121 1411 1226">• A monthly premium of \$90 is applied to income above 133% FPL but at or below 200% FPL<li data-bbox="748 1232 1411 1337">• A monthly premium of \$130 is applied to income above 200% FPL but at or below 300% FPL<li data-bbox="748 1344 1411 1455">• A monthly premium of \$200 is applied to income above 300% FPL but at or below 450% FPL <p data-bbox="748 1497 1411 1638">Premiums are waived due to undue hardship for the first month of eligibility and for the 3 month retroactive period upon enrollment, where applicable.</p>

TN No. 12-005
Supersedes TN No. New

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

State/Territory: Colorado

Citation	Condition or Requirement
----------	--------------------------

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

Income Standards

The agency uses the family income standard of 300% of federal poverty level,

The agency uses the family income standard of less than 300% of the federal poverty level.

Specify the income standard _____

The agency uses a family income standard higher than 300% of the federal poverty level, (no federal financial participation is provided for benefits to families above 300% FPL)

Specify the income standard _____

Resource Standards

Under this provision agencies may not impose resource standards in determining eligibility

TN No 12-013

Supersedes

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

TN No. _____

State/Territory: Colorado

Citation	Condition or Requirement
----------	--------------------------

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

Income Methodologies

In determining whether a family meets the income standard described above, the agency uses the following methodologies.

The income methodologies of the SSI program

The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.

The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

TN No. 12-013

Supersedes

TN No. _____

Approval Date

10/24/12

Effective Date 07/01/2012

CMS ID

State/Territory Colorado

Citation	Condition or Requirement
1902(cc) of the Act and 1903(a)	<p><u>Interaction with Employer Sponsored Family Coverage</u></p> <p>For individuals eligible under the FOA eligibility group described in No. 26 on page 23e of Attachment 2.2-A.</p> <p>The agency requires parents to enroll in available group health plans through their employers if the plan qualifies under Section 2791(a) of the Public Health Service Act and the employer contributes at least 50 percent of the total cost of annual premiums for such coverage.</p> <p>If such coverage is obtained, the agency (subject to the payment of premiums described in Attachment 2.6-A, pages 12s and t) reduces any premium imposed by the State by an amount that reasonably reflects the premium contribution made by the parent for private coverage on behalf of a child with a disability; and treats such coverage as a third party liability.</p> <p>_____ The agency provides for payment of all or some portion of the annual premium for the employer-provided private family coverage that the parent is required to pay. Any payments made by the State are considered, for purposes of section 1903(a), to be payments for medical assistance.</p> <p>The agency pays _____ percent of the premium</p>

TN No. 12-013

Supersedes

TN No _____

Approval Date 10/24/12 Effective Date 07/01/2012

State/Territory: Colorado

Citation	Condition or Requirement
----------	--------------------------

1902(a)(10)(A)(ii)(XIX), 1916(i) and 1902(cc)(2)(A)(ii)(I) of the Act

Payment of Premiums

For individuals eligible under the FOA eligibility group described in No 26 on page 23e of Attachment 2.2-A.

The agency does not require the payment of premiums for Medicaid coverage

The agency requires payment of premiums on a sliding scale based on income. The premiums, and how they are applied are described below:

NOTE. Amounts paid for premiums for Medicaid, required family coverage, and other cost-sharing may not exceed 5% of a family's income for families with income up to and including 200% FPL and 7.5% of a family's income for families above 200% and up to 300% FPL.

TN No 12-013

Supersedes

TN No. _____

Approval Date 10/24/12 Effective Date 07/01/2012

State/Territory: Colorado

Citation	Condition or Requirement
----------	--------------------------

1902(a)(10)(A)(ii)(XIX), 1916(i)
and 1902(cc)(2)(A)(ii)(I)
of the Act

Payment of Premiums
(Continued)

NOTE: A State may not require prepayment of premiums and may not terminate eligibility of a child for medical assistance on the basis of failure to pay a premium until the failure to pay continues for at least 60 days from the date on which the premium was past due

NOTE: The State may waive payment of any such premium in any case where the State determines that requiring payment would create an undue hardship
Premium amounts are as follows:

- a. There is no monthly premium for households with income at or below 133% of FPL.
- b. A monthly premium of \$70 is applied to households with income above 133% of FPL but at or below 185% of FPL.
- c. A monthly premium of \$90 is applied to individuals with income above 185% of FPL but at or below 250% of FPL.
- d. A monthly premium of \$120 is applied to individuals with income above 250% of FPL but at or below 300% of FPL.

TN No. 12-013

Supersedes

TN No _____

Approval Date 10/24/12 Effective Date 07/01/2012

State: COLORADO

Citation

Condition or Requirement

1902(k) of the Act

2. Medicaid Qualifying Trusts

In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded.

The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship.

1902(a)(10) of the Act

3. Medically needy income levels (MNILs) are based on family size.

Supplement 1 to ATTACHMENT 2.6-A specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.

TN No. 92-2
Supersedes
TN No. 87-14

Approval Date 6/11/92

Effective Date 10/1/91

State: COLORADO

Citation	Condition or Requirement
42 CFR 435.732, 435.831	4. Handling of Excess Income - Spend-down for the Medically Needy in All States and the Categorically Needy in 1902(f) States Only a. <u>Medically Needy</u> (1) Income in excess of the MNIL is considered as available for payment of medical care and services. The Medicaid agency measures available income for periods of either ___ or ___ month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services. (2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order: (a) Health insurance premiums, deductibles and coinsurance charges. (b) Expenses for necessary medical and remedial care not included in the plan. (c) Expenses for necessary medical and remedial care included in the plan. ___ Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.

1902(a)(17) of the Act

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 92-2 Approval Date 6/11/92 Effective Date 10/1/91
Supersedes
TN No. 87-14

State/Territory: COLORADO (NONE)

Citation	Condition or Requirement
----------	--------------------------

1903(f)(2) of
the Act

a. Medically Needy (Continued)

- (3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

TN No. 92.9
Supersedes
TN No. New

Approval Date 6/16/92

Effective Date 10/1/91

HCFA ID: 7985E/



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

ATTACHMENT 2.6-A
Page 15
OMB No.: 0938-

State: COLORADO

Citation

Condition or Requirement

b. Categorically Needy - Section 1902 (f) States

42 CFR 435.732

The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income:

- (1) Any SSI benefit received.
- (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.
- (3) Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.
- (4) Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4.
- (5) Incurred expenses for necessary medical and remedial services recognized under State law.

1902(a)(17) of the Act, P.L. 100-203

Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

TN No. 92-2
Supersedes
No. 87-14

Approval Date 6/11/92

Effective Date 10/1/91



HCFA ID: 7985E

State/Territory: _____

Citation	Condition or Requirement
1903(f)(2) of the Act	4.b. <u>Categorically Needy - Section 1902(f) States</u> Continued ____ (6) Spenddown payments made to the State by the individual.

NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

TN No. 92-9
Supersedes
TN No. New

Approval Date 6/16/92

Effective Date 10/1/91

HCFA ID: 7985E/

STATE OF COLORADO

Citation

Condition or Requirement

5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children

(1) In determining countable resources for AFDC-related individuals, the following methods are used:

(a) The methods under the State's approved AFDC plan; and

/x/ (b) The method under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

State: COLORADO

Citation	Condition or Requirement
----------	--------------------------

5. Methods for Determining Resources

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B)
and (C), and
1902(r) of the Act

b. Aged individuals. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency used the following methods for treatment of resources:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
- Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specifies the more liberal methods.

TN No. 93-001
Supersedes
TN No. 92-2

Approval Date MAY 28 1993

Effective Date 10/1/92

State: COLORADO

Citation

Condition or Requirement

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.

1902(a)(10)(A),
1902(a)(10)(C),
1902(m)(1)(B), and
1902(r) of the
Act

c. Blind individuals. For blind individuals the agency uses the following methods for treatment of resources:

- The methods of the SSI program.
- SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
- Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods.

In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No. 93-001
Supersedes
TN No. 92-2

Approval Date MAY 28 1993

Effective Date 10/1/92

Citation	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r)(2) of the Act	<p>d. <u>Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act.</u> The agency uses the following methods for the treatment of resources:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> The methods of the SSI program.<input type="checkbox"/> SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u><input type="checkbox"/> Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in <u>Supplement 5 to ATTACHMENT 2.6-A</u> and more liberal methods are specified in <u>Supplement 8b to ATTACHMENT 2.6-A.</u> <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>
1902(l)(3) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.</u></p> <p>The agency uses the following methods in the treatment of resources.</p> <ul style="list-style-type: none"><input type="checkbox"/> The methods of the SSI program only.<input type="checkbox"/> The methods of the SSI program and/or any more liberal methods described in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u>

TN No. 92-2
Supersedes
TN No. 87-14

Approval Date 6/11/92

Effective Date 10/1/91

State: COLORADO

Citation	Condition or Requirement
	<p>Methods that are more liberal than those of SSI. The more liberal methods are specified in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></p>
	<p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p>
	<p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>
1902(1)(3) and 1902(r)(2) of the Act	<p>f. <u>Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act.</u></p> <p>The agency uses the following methods for the treatment of resources:</p>
	<p><input type="checkbox"/> The methods of the State's approved AFDC plan.</p>
1902(1)(3)(C) of the Act	<p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u></p>
1902(r)(2) of the Act	<p><input type="checkbox"/> Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.</u></p>
	<p><input checked="" type="checkbox"/> Not applicable. The agency does not consider resources in determining eligibility.</p>

TN No. 92-2
Supersedes
TN No. 87-14

Approval Date 6/11/92

Effective Date 10/1/91

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: COLORADO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	<p>g. 1. <u>Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act.</u></p> <p>The agency uses the following methods for the treatment of resources:</p> <ul style="list-style-type: none">✦ <u>The methods of the State's approved AFDC plan.</u>
1902(1)(3)(C) of the Act	<ul style="list-style-type: none">— <u>Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A.</u>
1902(r)(2) of the Act	<ul style="list-style-type: none">— <u>Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8b to ATTACHMENT 2.6-A.</u>— <u>Not applicable. The agency does not consider resources in determining eligibility.</u> <p>In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.</p>

TN No. 92-14 Approval Date 6/11/92 Effective Date 11/1/92
Supersedes
TN No. 92-02

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF COLORADO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)		Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	g. 2.	<u>Poverty level children under section 1902(a)(10)(A)(i)(VII)</u> The agency uses the following methods for the treatment of resources: — The methods of the State's approved AFDC plan. — Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in <u>Supplement 5a of ATTACHMENT 2.6-A.</u> — Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> <u>x</u> Not applicable. The agency does not consider resources in determining eligibility.
1902(1)(3)(C) of the Act		
1902(r)(2) of the Act		
		In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

State: Colorado

<u>Citation</u>		<u>Condition or Requirement</u>
1905(p)(1) (C) and (D) and 1902(r)(2) of- the Act	5. h.	<u>For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act the agency uses the following methods for treatment of resources:</u> — The methods of the SSI program only. — The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>
1905(s) of the Act	i.	For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902(u) of the Act	j.	For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources: — The methods of the SSI program only. — More restrictive methods applied under section 1902(f) of the Act as described in <u>Supplement 5 to Attachment 2.6-A.</u>

TN No: 10-009
Supersedes
TN No. 93-001

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

HCFA ID: 7985E

State: Colorado

<u>Citation</u>	<u>Condition or Requirement</u>
1902(a)(10)(E)(iii) of the Act	k. <u>Specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act--</u> The agency uses the same method as in 5.h. of <u>Attachment 2.6-A.</u>
	l. <u>Qualifying Individuals covered under section 1902(a)(10)(E)(iii) of the Act--</u> The agency uses the same method as in 5.h. of <u>Attachment 2.6-A.</u>
6.	Resource standard - Categorically Needy
a.	1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals: — Same as SSI resource standards. — More restrictive. The resource standards for other individuals are the same as those in the related cash assistance program.
b.	Non-1902(f) States (except as specified under items 6.c. and d. below) The resource standards are the same as those in the related cash assistance program. <u>Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.</u>

TN No: 10-009
2010
Supersedes
TN No. 00-009

Approval Date June 7, 2010

Effective Date January 1,

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF COLORADO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3)(A), (B) and (C) of the Act	c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.
	— Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.
	<u>x</u> No. The agency does not apply a resource standard to these individuals.
1902(1)(3)(A) and (C) of the Act	d. For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard.
	— Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.
	<u>x</u> No. The agency does not apply a resource standard to these individuals.

State: COLORADO

Citation	Condition or Requirement
1902(m)(1)(C) and (m)(2)(B) of the Act	e. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is: <input checked="" type="checkbox"/> Same as SSI resource standards. <input type="checkbox"/> Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy). <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for these individuals.

TN No. 92-2
Supersedes
TN No. 87-14

Approval Date 6/11/92

Effective Date 10/1/91

State: Colorado

Citation	Condition or Requirement
1902(a)(10)(C)(i) of the Act	<p>7. Resource Standard - Medically Needy</p> <p>a. Resource standards are based on family size.</p> <p>b. A single standard is employed in determining resource eligibility for all groups.</p> <p>c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--</p> <ul style="list-style-type: none">-- Aged-- Blind-- Disabled <p><u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., <u>Supplement 2</u> so indicates.</p>
1905(p)(1)(D) and (p)(2)(B) of the Act	<p>8. Resource Standard - Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries, and Qualifying Individuals</p> <p>For qualified Medicare beneficiaries covered under Section 1902(a)(10)(E)(i) of the Act, specified low-income Medicare beneficiaries covered under Section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under Section 1902(a)(10)(E)(iv) of the Act, the resource standard is equal to the amount defined under Section 1905(p)(1)(C) of the Act.</p>
1905(s) of the Act	<p>9. Resource Standard - Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.</p>

TN No: 10-009

Approval Date June 7, 2010

Supersedes
TN No. 00-009

Effective Date January 1, 2010
OMB ID: 7985E

State/Territory: COLORADO

Citation	Condition or Requirement
1902(u) of the Act	9.1 For COBRA continuation beneficiaries, the resource standard is: — Twice the SSI resource standard for an individual. — More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

TN No. 92-9
Supersedes _____ Approval Date 6/16/92 Effective Date 10/1/91
TN No. NEW
HCFA ID: 7985E

State: Colorado

<u>Citation</u>	<u>Condition or Requirement</u>
1902(u) of the Act	<p>10. Excess Resources</p> <p>a. Categorically Needy, Qualified Beneficiaries, Qualified Disabled and Working Individuals, Specified Low-Income Medicare Beneficiaries, and Qualifying Individuals</p> <p>Any excess resources make the individual ineligible.</p> <p>b. Categorically Needy Only</p> <p>— This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.</p> <p>c. Medically Needy</p> <p>Any excess resources make the individual ineligible.</p>

TN No: 10-009
Supersedes
TN No. 00-009

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

HCFA ID: 7985E

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

STATE OF COLORADO

ATTACHMENT 2.6-A

Page 24

Citation
12 CFR § 435.914 11. Effective Date of Eligibility

Condition or Requirement

a. Groups Other Than Qualified Medicare Beneficiaries

(1) For the prospective period.

Coverage is available for the full month if the following individuals are eligible at any time during the month.

- Aged, blind, disabled
- AFDC-related
- All other Title XIX populations

Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements.

- Aged, blind, disabled
- AFDC-related
- All other Title XIX populations

(2) For the retroactive period.

Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied:

- Aged, blind, disabled
- AFDC-related
- All other Title XIX populations.

Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied.

- Aged, blind, disabled
- AFDC-related.
- All other Title XIX populations

13-041
as TN No. 07-004

Approval Date 3/3/14
Effective Date 10/01/13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Colorado

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
1920(b)(1) of the Act	<p><u> X </u> (3) For a presumptive eligibility for pregnant women only.</p> <p>Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>ATTACHMENT 2.6-A</u> of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.</p>
1902(e)(8) and 1905(a) of the Act	<p><u> X </u> b. For qualified Medicare beneficiaries defined in Section 1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under Section 1905(p)(1). The eligibility determination is valid for:</p> <p><u> X </u> 12 months <u> </u> 6 months <u> </u> months (no less than 6 months and no more than 12 months)</p>

TN No: 05-004

Approval Date 07/05/05

Effective Date 7/1/05

Supersedes TN 04-003

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Colorado

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation

Condition or Requirement

1920A(b) of the Act

X For presumptive eligibility for children under age 19 only.

Coverage for making medical assistance with respect to health care items and services covered under the State plan available to a child during a presumptive eligibility period. The presumptive eligibility period begins on the day a qualified entity determines that a child under age 19 meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the child files an application for Medicaid by the last day of the month following the month in which the qualified entity made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the child does not file an application for Medicaid by the last day of the month following the month in which the qualified entity made the determination, the period ends on that last day.

TN No: 07-018

Approval Date

6/30/08

Effective Date 1/1/08

Supersedes TN. No: NEW

Citation	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	<p>12. Pre-OBRA 93 Transfer of Resources - Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals</p> <p>The agency complies with the provisions of section 1917 of the Act with respect to the transfer of resources.</p> <p>Disposal of resources at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9 to Attachment 2.6-A</u>.</p>
1917(c)	<p>13. Transfer of Assets - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets.</p> <p>Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9(a) to ATTACHMENT 2.6-A</u>, except in instances where the agency determines that the transfer rules would work an undue hardship.</p>
1917(d)	<p>14. Treatment of Trusts - All eligibility groups</p> <p>The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts.</p> <p><input type="checkbox"/> The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts;</p> <p><input checked="" type="checkbox"/> The agency meets the requirements in section 1917(d)(4)(B) of the Act, for use of <u>Miller trusts</u>.</p> <p>The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in <u>Supplement 10 to ATTACHMENT 2.6-A</u>.</p>

TN No. 95-010
Supersedes 92-2 Approval Date 09/11/95 Effective Date 1-1-95
TN No. _____

