

Colorado Department of Health Care Policy and Financing 1570 Grant St., Denver, CO 80203-1818	NUMBER: HCPF 13-006
	SUPRECEDES NUMBER:
DIVISION OR OFFICE: Client and Community Relations Office	DATE: 2/18/2013
SUBJECT AREA: Family Medicaid and Child Health Plan <i>Plus</i> (CHP+)	
SUBJECT: 2013 Adjustments to Federal Poverty Level Guidelines	APPROVED BY:  Antoinette Taranto
TYPE: 1-Informational	

HCPF Agency Letters can be accessed online at:
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Purpose:

The purpose of this agency letter is to notify eligibility sites of the new 2013 income guidelines for Family Medicaid and CHP+ programs effective April 1, 2013. Please share this agency letter with all affected Medicaid eligibility staff, supervisors, and outside agencies, as appropriate.

Background:

The income guidelines used to determine program eligibility for the Family Medicaid and CHP+ programs are subject to change annually as the Federal Poverty Level is adjusted.

Procedure or Information:

The Colorado Benefit Management System (CBMS) will be updated to reflect the new income guidelines for each program according the attached charts

Effective Date:

April 1, 2013

Contact Information:

Medicaid.Eligibility@hcpf.state.co.us

CHP+.Eligibility@hcpf.state.co.us

Attachment: 2013 CHP+ FPL Guidelines

Attachment: 2013 Family Medicaid FPL Guidelines