DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 0 8 – 0 0 7

2. STATE: CO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2008

5. TYPE OF PLAN MATERIAL *(Check one)*:

ī NEW STATE PLAN ī AMENDMENT TO BE CONSIDERED AS A NEW PLAN ī AMENDMENT X

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:
a. FFY 2007-2008 $4,527,948 (July - Sept)
b. FFY 2008-2009 $18,111,793 (Oct – Sept)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D
Pages 1 - 4~~9~~

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(if applicable)*:

Attachment 4.19-D
Pages 1 - 38

10. SUBJECT OF AMENDMENT: To bring the State Plan into compliance with HB 08-1114, to be codified at 25.5-6-201 through 25.5-6-204, C.R.S. (2007) relating to setting administration and general reimbursement to a price; removing 8% per year limitation on the growth of health care costs; adding payments for cognitive loss/dementia and acquired brain injury, Level II PASRR residents, quality performance; and authority to charge and collect a provider fee.

11. GOVERNOR'S REVIEW *(Check One)*:

ī GOVERNOR'S OFFICE REPORTED NO COMMENT

ī COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

ī NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

ĪX OTHER AS SPECIFIED

Governor's letter dated September 12, 2005

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Sandeep Wadhwa, MD, MBA

14. TITLE:
Medicaid Director, Medical and Child Health Plan *Plus* Program Administration Office

15. DATE SUBMITTED: 09/30/08

16. RETURN TO:

Colorado Department of Health Care Policy and Financing
1570 Grant
Denver, Colorado 80203

Attn: Diane Taylor

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: 3-26-09

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JUL - 1 2008

20. SIGNATURE OF REGIONAL OFFICIAL:
Bill Kozul R J.G.

21. TYPED NAME:
William Lasowski

22. TITLE:
Deputy Director, CMSO

23. REMARKS:

FORM HCFA-179 *(07-92)*

Instructions on Back

TOTAL P.01