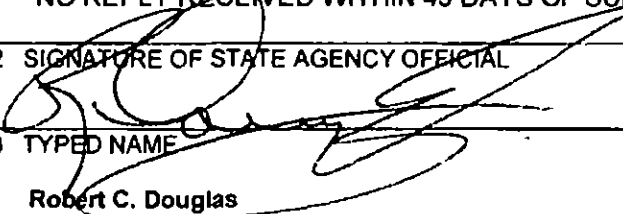



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1 TRANSMITTAL NUMBER <b>11-012</b>	2 STATE <b>COLORADO</b>
		3 PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4 PROPOSED EFFECTIVE DATE <b>October 1, 2011</b>	
5 TYPE OF PLAN MATERIAL (Check One)			
NEW STATE PLAN		AMENDMENT TO BE CONSIDERED AS A NEW PLAN	
<b>X AMENDMENT</b>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6 FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 440 70</b>		7 FEDERAL BUDGET IMPACT a FFY11-12 \$71,001 b FFY12-13 \$165,666	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Supplement to Attachment 3.1-A - 7. Home Health Care Services Attachment 4.19-B: Methods and Standards for Establishing Payment Rates - Other Types of Care - 7. Home Health Care Services, pages 1 and 2 only</b>		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4.19-B: Methods and Standards for Establishing Payment Rates - Other Types of Care - Payment Rates for Home Health Care Services (TN 11-025), pages 1 and 2 only</b>	
10 SUBJECT OF AMENDMENT <b>Addition of telehealth services to the home health benefit.</b>			
11 GOVERNOR'S REVIEW (Check One)		<i>XL6962</i> <i>Melissa</i>	
GOVERNOR'S OFFICE REPORTED NO COMMENT		<b>X OTHER, AS SPECIFIED</b>	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<b>Governor's letter dated 11 February 2011</b>	
12 SIGNATURE OF STATE AGENCY OFFICIAL 		16 RETURN TO	
13 TYPED NAME <b>Robert C. Douglas</b>		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14 TITLE <b>Legal Division Director</b>		Attn <b>Barbara Prehmus</b>	
15 DATE SUBMITTED <b>October 4, 2011</b>			
FOR REGIONAL OFFICE USE ONLY			
17 DATE RECEIVED <b>10/4/11</b>		18 DATE APPROVED <b>12/16/11</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19 EFFECTIVE DATE OF APPROVED MATERIAL <b>10/1/11</b>		20 SIGNATURE OF REGIONAL OFFICIAL 	
21 TYPED NAME <b>RICHARD C ALLEN</b>		22 TITLE <b>ARA, DMCHO</b>	
23 REMARKS			