

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER:

11-042

2. STATE:

COLORADO

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

4. PROPOSED EFFECTIVE DATE

July 1, 2011

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS A NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

CFR 42 Section 447.272

7. FEDERAL BUDGET IMPACT

a. FFY 2010-11 \$2,834,269

b. FFY 2011-12 \$11,337,074

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

4.19 D Pages 38, 39a, and 50-58

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

4.19 D Pages 38, 39a, and 50-57

10. SUBJECT OF AMENDMENT

Revisions to Nursing Facility Rates and Supplemental Medicaid Payments for Nursing Facility Providers.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

Governor's letter dated 01 September 2011

12. SIGNATURE OF STATE AGENCY OFFICIAL

*John Bartholomew*

13. TYPED NAME

John Bartholomew

14. TITLE

Director, Financial and Administrative Services Office

15. DATE SUBMITTED

December 2, 2011

16. RETURN TO

Colorado Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203-1818

Attn: Barbara Prehmus

17. DATE RECEIVED

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED

DEC 20 2011

19. EFFECTIVE DATE OF APPROVED MATERIAL

JUL - 1 2011

20. SIGNATURE OF REGIONAL OFFICIAL

22. TITLE

*Penny Thompson*  
Deputy Director, CMCS

21. TYPED NAME

Penny Thompson

23. REMARKS