DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		FORM APPROVED OMB NO. 0938-018
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER:	2. STATE:
	11-042	COLORADO
	3. PROGRAM IDENTIFICATION: SECURITY ACT (MEDICAID)	TITLE XIX OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):	July 1, 2011	
NEW STATE PLAN AMENDMENT TO BE CONSU		
		X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for ea	ch amendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	
CFR 42 Section 447:272	a. FFY 2010-11 \$2,834,269	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	b. FFY 2011-12 \$11,337,074 9. PAGE NUMBER OF THE	NIDEACEDER SILV
4.19 D Pages 38, 39a, and 50-58	SECTION OR ATTACHME	SOPERSEDED PLAN ENT <i>(If Applicable)</i>
ales of 354, and 50-58	4.19 D Pages 38, 39a, and 50-5	
10. SUBJECT OF AMENDMENT	b i ages 30, 35a, and 50-5)(
Revisions to Nursing Facility Rates and Supplemental Med	licald Dayments for Nove I	
	icaid rayments for Nursing Fac	ility Providers.
11. GOVERNOR'S REVIEW (Chark One)		
11. GOVERNOR'S REVIEW (Check One)		
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