

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 12 - 005	2. STATE: COLORADO
	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 03/01/2012
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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 1902(a)(10)(A)(ii)(XVI) of the Act	7. FEDERAL BUDGET IMPACT a. FFY 2012 \$2,696,016 b. FFY 2013 \$13,781,673
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 2.2-A (page 23f) Attachment 2.6-A (page 12c through 12o) Supplement 8A to Attachment 2.6-A (pages 1 and 2)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement 8A to Attachment 2.6A (pages 1 and 2 only) (TN 09-042)
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10. SUBJECT OF AMENDMENT

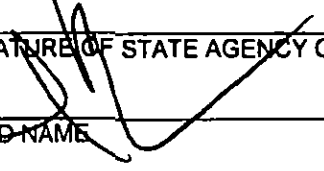
New Eligibility Category: TWWIIA Basic Coverage Group

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 	16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus
13. TYPED NAME Suzanne Brennan	
14. TITLE Medical Director	
15. DATE SUBMITTED 1/20/12	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 1/20/12	18. DATE APPROVED 3/22/12
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 3/1/12	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME RICHARD C. ALLEN	22. TITLE AAA, DMCHO

23. REMARKS