

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER:
1 2 0 1 3

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
07/01/2012

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN **X 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)(XIX) of the Act
1902(cc) of the Act
1903(a) of the Act
1916 (i) of the Act
1902(cc)(2)(A)(ii)(I) of the Act

7. FEDERAL BUDGET IMPACT
a. FFY 2012 \$443,776
b. FFY 2013 \$5,476,955

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 2.2A- page 23g
Attachment 2.6A- pages 12p, 12q, 12r, 12s, 12t,
Supplement 8A to Attachment 2.6A- pages 1 and 2a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
~~Supplement 8A to A- pages 1 and 2 (TN 12-005)~~

10. SUBJECT OF AMENDMENT
New Medicaid Eligibility Category: Family Opportunity Act for children with disabilities
Pen/unk change, pgs 1 and 2 will not be submitted, no need to replace see enclosed email

11. GOVERNOR'S REVIEW (Check One)
GOVERNOR'S OFFICE REPORTED NO COMMENT **X 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
Medicaid Director

15. DATE SUBMITTED
8-7-2012

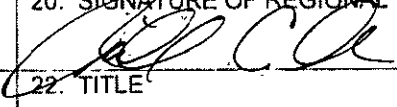
FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
8/7/12

18. DATE APPROVED
10/24/12

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/12

20. SIGNATURE OF REGIONAL OFFICIAL


21. TYPED NAME
RICHARD C. ALLEN

22. TITLE
ARA, DMCHS

23. REMARKS