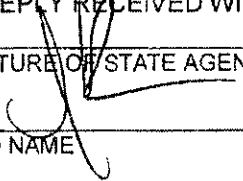



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>12-018</b>	2. STATE: <b>COLORADO</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>7/1/2012</b>	
5. TYPE OF PLAN MATERIAL (Check One): NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 438</b>		7. FEDERAL BUDGET IMPACT a. FFY11-12 <u>(\$30,000)</u> b. FFY12-13 <u>(\$120,000)</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-F: Primary Care Case Management, sections 1 (page 13) and 4 (4 removed in its entirety)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 3.1-F: Primary Care Case Management, TN 11-010</b>	
10. SUBJECT OF AMENDMENT <b>This amendment removes the entirety of section 4 for the Colorado Regional Integrative Care Collaborative because that program has terminated as of June 30, 2012. It also adds a paragraph in section 1, on page 13, to correct an error in the Accountable Care Collaborative program by indicating that selective contracting is used in the ACC program.</b>			
11. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>Governor's letter dated 01 September 2011</b> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
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 <b>Suzanne Brennan</b>			
14. TITLE <b>Director, Medical &amp; CHP+ Program Administration Office</b>			
15. DATE SUBMITTED <b>7/30/12</b>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <b>7/30/12</b>		18. DATE APPROVED <b>10/9/12</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>7/1/12</b>		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME <b>RICHARD C. ALLEN</b>		22. TITLE <b>ARA, DMCHO</b>	
23. REMARKS			