

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER	2. STATE:
	13-001	COLORADO
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION. TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
5. TYPE OF PLAN MATERIAL (Check One):		4. PROPOSED EFFECTIVE DATE
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		1/1/2013

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

6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT
42 CFR 435.229	a. FFY 2013 \$ 6,506,956 b. FFY 2014 \$ 18,474,240 * 369,905

*PAID Barb P. on 3/1/13

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Page 4 of supplement 8a to attachment 2.6A regarding more liberal methods of treating income	Page 4 of supplement 8a to attachment 2.6A regarding more liberal methods of treating income (TN 09-042)

10. SUBJECT OF AMENDMENT
 This amendment applies a 33% disregard of the Federal Poverty Level (FPL) to children age 6 and older, making the income limit 133% FPL for this population
 * Expenditures reflect Medicaid costs and do not show corresponding CHIP savings.
 Federal share is calculated assuming the CHIP match rate.

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
13. TYPED NAME	Attn: Barbara Prehmus
Suzanne Brennan	
14. TITLE	
Medicaid Director	
15. DATE SUBMITTED	
1/3/13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED	18. DATE APPROVED
1/3/13	3/26/13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
1/1/13	
21. TYPED NAME	22. TITLE
RICHARD O. ALLEN	ARA, DMCHO

23. REMARKS