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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-15-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

January 28, 2015

Susan E. Birch, MBA, BSN, RN, Executive Director
Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203-1818

RE: Colorado #15-0001

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0001. This amendment updates the Governor's designation letter for State Plan authority to include Gretchen Hammer as the new State Medicaid Director for Colorado

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2014. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Gretchen Hammer John Bartholomew
Tess Ellis Barb Prehmus
Pat Connally Frank Herbst

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 15-0001	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 : January 15, 2015	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
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 (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 430.12(b)		7. FEDERAL BUDGET IMPACT a. FFY 2014-2015 \$0.00 b. FFY 2015-2016 \$0.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 7.4, pages 89-90 Governor's Designation Letter		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Section 7.4, page 89-90 Governor's Designation Letter	
10. SUBJECT OF AMENDMENT State Governor's Review			
11. GOVERNOR'S REVIEW (<i>Check One</i>)			
GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> 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. SIGN	16. RETURN TO		
13. TYPED NAME Susan E. Birch, MBA, BSN, RN	Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818		
14. TITLE Executive Director	Attn: Barbara Prehmus		
15. DATE SUBMITTED 1/20/15			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 1/20/2015	18. DATE APPROVED 1/28/2015		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 1/15/2015		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Richard C. Allen		22. TITLE ARA, DMCHO	
23. REMARKS			

STATE OF COLORADO

EXECUTIVE CHAMBERS

136 State Capitol
Denver, CO 80203 - 1792
Phone (303) 866-2471



John Hickenlooper
Governor

January 15, 2015

Richard C. Allen
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
1600 Broadway, Suite 700
Denver, Colorado 80202

Dear Mr. Allen:


We are pleased to designate the following individuals in the Department of Health Care Policy and Financing as the individuals authorized to submit the State Plan and/or State Plan Amendments regarding Colorado's Medicaid program, effective January 5, 2015:

- Susan E. Birch MBA, BSN, RN, Executive Director
- John Bartholomew, Chief Financial Officer/Finance Office Director
- Gretchen M. Hammer, Medicaid Director/Health Programs Office
- Robert C. Douglas, Legal Division Director

As our designees, these individuals will review and approve for submittal all new State Plan or any State Plan Amendments.

Please direct any questions to Barbara Prehmus at (303) 866-2991.

Sincerely,


John W. Hickenlooper
Governor



COLORADO

Department of Health Care
Policy & Financing

Department of Health Care Policy and Financing
Health Programs Office
1570 Grant Street
Denver, CO 80203

January 21, 2015

Richard C. Allen
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
1600 Broadway, Suite 700
Denver, Colorado 80202

Dear Mr. Allen:

This letter is to formally submit for your review State Plan Amendment, Transmittal Number CO 15-0001. This Amendment designates the individuals authorized by Governor Hickenlooper to submit State Plan Amendments and reflects the appointment of Gretchen M. Hammer as Medicaid Director. The proposed State Plan Amendment would modify pages 89 and 90 of Section 7.4.

As our designees, these individuals will review and approval for submittal all new State Plan or any State Plan Amendments.

Please direct any questions to Barbara Prehmus at (303) 866-2991.

Sincerely,




Susan E. Birch MBS, BSN, RN
Executive Director

Enclosures

SB:bbp