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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 17-0046

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

January 30, 2018

Kim Bimestefer, Executive Director
Department of Health Care Policy & Financing
303 East 17th Avenue, 7th Floor
Denver, CO 80203

RE: Colorado #17-0046

Dear Ms. Bimestefer:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0046. This Amendment removes the Access Kaiser Program from the State Plan.

Please be informed that this State Plan Amendment was approved today with an effective date of December 31, 2017. 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,



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

cc: Gretchen Hammer
John Bartholomew
David DeNovellis
Russell Ziegler

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0046	2. STATE: COLORADO
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		4. PROPOSED EFFECTIVE DATE: December 31, 2017	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES			
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: Section 1923(a) of the Social Security Act / 42 CFR 438		7. FEDERAL BUDGET IMPACT: a. FFY 2017-18: \$ _____ 0 b. FFY 2018-19: \$ _____ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F – ACC: Access Kaiser – Section 5: ACC: Access Kaiser Program, Page 1 of 1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-F – ACC: Access Kaiser – Section 5: ACC: Access Kaiser Program, Pages 1-13 of 13 (TN 15-0038)	
10. SUBJECT OF AMENDMENT: ACC: Access Kaiser program termination effective June 30, 2017. All deliverables and payments for the program will be completed by the effective date of this SPA, which removes the entire section from the State Plan.			
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 Governor's letter dated 15 January, 2015 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: David DeNovellis	
13. TYPED NAME: Gretchen Hammer			
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: <u>Initial</u> : December 8, 2017 <u>Update #1</u> : January 19, 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED December 8, 2017		18. DATE APPROVED January 30, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL December 31, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME Richard C. Allen		22. TITLE ARA, DMCHO	
23. REMARKS			

CMS-PM-10120
Date: _____
OMB No.:0938-0933
State: Colorado

ATTACHMENT 3.1-F ACC: Access Kaiser
Section 5 ACC: Access Kaiser Program, Page 1 of 1

Citation	Condition or Requirement
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SECTION 5: ACC: ACCESS KAISER PROGRAM

This Section has been deleted effective December 31, 2017.

TN No. 17-0046
Supersedes
TN No. 15-0038

Approval Date January 30, 2018

Effective Date December 31, 2017
