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## **Table of Contents**

**State/Territory Name: Colorado**

**State Plan Amendment (SPA) #: 18-0009**

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**

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April 5, 2018

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

Dear Ms. Bimestefer:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0009. This Amendment designates the individuals authorized by Governor Hickenlooper to submit State Plan Amendments and reflects the appointment of Kim Bimestefer as Executive Director.

Please be informed that this State Plan Amendment was approved today with an effective date of January 8, 2018. 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  
Whitney McOwen

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  18-0009	2. STATE:  COLORADO
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE:  January 8, 2018	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  NEW STATE PLAN                      AMENDMENT TO BE CONSIDERED AS A NEW PLAN <b>X AMENDMENT</b>			
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 2017-18: \$ <u>          0          </u> b. FFY 2018-19: \$ <u>          0          </u>	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( 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 (11-005)	
10. SUBJECT OF AMENDMENT:  State Governor's Review			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):  GOVERNOR'S OFFICE REPORTED NO COMMENT <b>X OTHER, AS SPECIFIED</b> 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:  March 29, 2018			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED  March 29, 2018		18. DATE APPROVED  April 5, 2018	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL  January 8, 2018		20. SIGNATURE: 	
21. TYPED NAME  Richard C. Allen		22. TITLE  ARA, DMCHO	
23. REMARKS			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

Section 7.4  
Page 89

State Governor's Review

Citation

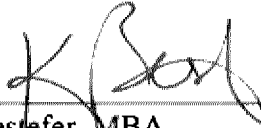
State Governor's Review

42 CFR 430.12(b)

The Medicaid agency will provide opportunity for the Office of the Governor to review State plan amendments, long-range program planning projections, and other periodic reports thereon, excluding periodic statistical, budget, and fiscal reports. Any comments made will be transmitted to the Centers for Medicare and Medicaid Services with such documents.

- Not applicable. See page 90.
- Does not wish to review any plan material.
- Wishes to review only the plan materials specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of the Department of Health Care Policy and Financing (Designated Single State Agency).



Kim Bimestefer, MBA  
Department of Health Care Policy and Financing

Date:

1/8/18



**COLORADO**  
Gov. John Hickenlooper

March 29, 2018

Richard C. Allen  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations  
Centers for Medicare and Medicaid Services  
1961 Stout Street, Room 08-148  
Denver, CO 80294

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 8, 2018:

- Kim Bimestefer, Executive Director
- John Bartholomew, Chief Financial Officer/Finance Office Director
- Gretchen M. Hammer, Medicaid Director/Health Programs Office
- Paul Ritzma, 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 David DeNovellis at (303) 866-6912 or [david.denovellis@state.co.us](mailto:david.denovellis@state.co.us).

Sincerely,

John W. Hickenlooper  
Governor

