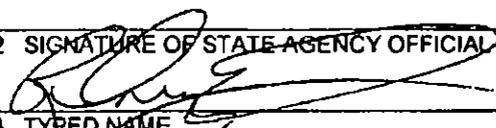


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1 TRANSMITTAL NUMBER <b>11-010</b>	2 STATE <b>COLORADO</b>
		3 PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4 PROPOSED EFFECTIVE DATE <b>4/1/2011</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 , 1932 of the Act</b>		7 FEDERAL BUDGET IMPACT a FFY10-11 <b>\$3,060,000</b> b FFY11-12 <b>\$6,120,000</b> c FFY12-13 <b>\$12,546,000</b>	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-F: Primary Care Case Management</b>		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 3.1-F: Primary Care Case Management, TN 09-006</b>	
10 SUBJECT OF AMENDMENT <b>As requested by CMS, this amendment creates a separate section for each of the existing PCCM programs: Accountable Care Collaborative Program, Primary Care Physician Program, Colorado Alliance for Health and Independence, and Colorado Regional Integrated Care Collaborative. It also changes some of the exceptions to the referral requirement for services available under all Primary Care Case Management programs. Federal fiscal impact (above) reflects the impact for the Accountable Care Collaborative 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 11 February 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 <b>Barbara Prehmus</b>	
13 TYPED NAME <b>Robert C. Douglas</b>			
14 TITLE <b>Legal Division Director</b>			
15 DATE SUBMITTED <b>10/14/11</b> (This is an amended 179 form The original 179 form was submitted on April 15, 2011)			
FOR REGIONAL OFFICE USE ONLY			
17 DATE RECEIVED <b>4/15/11</b> & <b>10/14/11</b>		18 DATE APPROVED <b>11/3/11</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19 EFFECTIVE DATE OF APPROVED MATERIAL <b>4/1/11</b>		20 SIGNATURE OF REGIONAL OFFICIAL 	
21 TYPED NAME <b>RICHARD C. Allen</b>		22 TITLE <b>ARA, DNICHO</b>	
23 REMARKS			