

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 11-002 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 1, 2011

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN _____ AMENDMENT TO BE CONSIDERED AS A NEW PLAN _____ **X AMENDMENT**

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

6. FEDERAL STATUTE/REGULATION CITATION
Qualifying Individual Program Supplemental Funding Act of 2008, Pub. Law 110-379 (amending Section 1903(r) of the Social Security Act).

7. FEDERAL BUDGET IMPACT
a. FFY 2010 \$ 0
b. FFY 2011 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 4.32(c), page 79

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)
79

10. SUBJECT OF AMENDMENT

The amendment demonstrates compliance with the new requirements of Section 1903(r) regarding Colorado's mandatory participation in providing data to PARIS. Prior to the QI Funding Act, Colorado provided data to PARIS although it was not required to do so as the requirement was voluntary in nature.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

X OTHER, AS SPECIFIED

Governor's letter dated 29 July 2009

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

16. RETURN TO

13. TYPED NAME

Bob Douglas

Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203-1818

14. TITLE

Attn: David L. Smith

Director, Legal Division

15. DATE SUBMITTED

January 5, 2011

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

1/5/11

18. DATE APPROVED

2/23/11

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

1/1/11

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Richard C. Allen

22. TITLE

ARA, Jmctb

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF COLORADOCitation455.103
44 FR 41644
1902(a) (38)
of the Act
P.L. 100-93
(sec. 8(f))4.31 Disclosure of Information by Providers and Fiscal Agents
The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act435.940
through 435.960
52 FR 59674.32 Income and Eligibility Verification System

- (a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.
- (b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment and the agencies and the State(s) from which that information will be requested.
- (c) The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS) or any successor system, including matching with medical assistance programs operated by other States. The information that is requested will be exchanged with States and other entities legally entitled to verify title XIX applicants and individuals eligible for covered title XIX services consistent with applicable PARIS agreements.