

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER: 11-005
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 18, 2011

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS A NEW PLAN AMENDMENT

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

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 430.12(b)

7. FEDERAL BUDGET IMPACT

a. FFY 2010-2011 \$0.00
b. FFY 2011-2012 \$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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Section 7.4, page 89-90 Governor's Designation Letter

10. SUBJECT OF AMENDMENT

State Governor's Review

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

Governor's letter dated ¹¹01 February 2011

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

12. SIGNATURE OF STATE OFFICIAL

13. TYPED NAME

Susan E. Birch, MBA, BSN, RN

14. TITLE

Acting Executive Director

15. DATE SUBMITTED

3/2/11

16. RETURN TO

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

Attn: Barbara Prehmus

17. DATE RECEIVED

3/2/11

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED

3/4/11

19. EFFECTIVE DATE OF APPROVED MATERIAL

1/18/11

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL

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)	<p>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.</p> <p><input checked="" type="checkbox"/> Not applicable. See page 90.</p> <p><input type="checkbox"/> Does not wish to review any plan material.</p> <p><input type="checkbox"/> Wishes to review only the plan materials specified in the enclosed document.</p>

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).


Susan E. Birch, MBA, BSN, RN
Department of Health Care Policy and Financing

Date: 2/1/2011

STATE OF COLORADO

OFFICE OF THE GOVERNOR

136 State Capitol
Denver, Colorado 80203
Phone (303) 866-2471
Fax (303) 866-2003



John W. Hickenlooper
Governor

February 11, 2011

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, CO 80202

Dear Mr. Allen:

I am 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 18, 2011:

- Susan E. Birch MBA, BSN, RN, Executive Director
- John Bartholomew, Financial and Administrative Services Director
- Sue Williamson, Client and Community Relations Office Director
- Robert Douglas, Legal Division Director

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

Please direct any questions to Robert Douglas at (303) 866-3026.

Sincerely,

John Hickenlooper
Governor