



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 12-003	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 April 1, 2012	
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 42 CFR § 441.18		7. FEDERAL BUDGET IMPACT a. FFY 2011-12: (\$337,923) b. FFY 2012-13: (\$811,014)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <ul style="list-style-type: none"> Supplement to Attachment 3.1-A, Item 19: Targeted Case Management for Persons with Developmental Disability Attachment 4.19-B, Item 19: Methods and Standards for Establishing Payment Rates, Targeted Case Management for Persons with a Developmental Disability 		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <ul style="list-style-type: none"> Supplement to Attachment 3.1-A, Item 19: Targeted Case Management for Persons with Developmental Disability (TN 08-009) Attachment 4.19-B, Item 19: Methods and Standards for Establishing Payment Rates, Targeted Case Management for Persons with a Developmental Disability (TN 08-009) 	
10. SUBJECT OF AMENDMENT: This amendment defines a limit on targeted case management services for persons with developmental disabilities, and clarifies that services are limited to clients who are enrolled in a Home- and Community-Based Services program.			
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 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Governor's letter dated 01 September 2011			
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: Barbara Prehmus	
13. TYPED NAME Suzanne Brennan			
14. TITLE Director, Medical & CHP+ Program Administration Office			
15. DATE SUBMITTED 2/13/12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 2/13/12		18. DATE APPROVED 5/8/2012	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 4/1/12		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Richard C. Allen		22. TITLE AAA	
23. REMARKS			