

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 13-002	2. STATE: COLORADO
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS A NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE 1/1/2013	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 435.116		7. FEDERAL BUDGET IMPACT a. FFY 2013 \$ 4,506,956 b. FFY 2014 \$ 6,091,963	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 3 of supplement 1 of attachment 2.6A regarding income eligibility levels for Mandatory Categorically Needy and page 20 of attachment 2.2A regarding groups covered under the program		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Page 3 of supplement 1 of attachment 2.6A regarding income eligibility levels for Mandatory Categorically Needy (TN 09-042) and page 20 of attachment 2.2A regarding groups covered under the program (TN 93-015)	
10. SUBJECT OF AMENDMENT This amendment increases the income limit for pregnant women from 133% of the Federal Poverty Level (FPL) to 185% of the FPL <i>* Expenditures reflect Medicaid costs and do not show CHIP savings. Federal share is calculated assuming the CHIP match rate.</i>			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED Governor's letter dated 01 September 2011 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED 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: Barbara Prehmus	
13. TYPED NAME Suzanne Brennan			
14. TITLE Medicaid Director			
15. DATE SUBMITTED 1/3/13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 1/3/13		18. DATE APPROVED 3/27/13	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/13		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME RICHARD C. ALLEN		22. TITLE ARA, DMCHS	
23. REMARKS			

Title 01 = Unrevised - get enhanced FMAP TPL coding