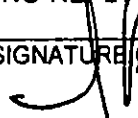



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR CENTERS FOR MEDICARE & MEDICAID SERVICES	1 TRANSMITTAL NUMBER 11-049	2 STATE COLORADO
	3 PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4 PROPOSED EFFECTIVE DATE January 1, 2012	
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		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
6 FEDERAL STATUTE/REGULATION CITATION Patient Protection and Affordable Care Act (P L 111-148), §4107, Section 1905(a)(4)(D) of the Social Security Act	7 FEDERAL BUDGET IMPACT a FFY 2011-12 (Jan -Sept 2012) \$216,000 b FFY 2012-13 (Oct 2012-Sept 2013) \$288,000	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A: Amount, Duration, and Scope of Services for Categorically Needy, page 2. Supplement to Attachment 3.1-A (Limitations), Item 4.d. Tobacco Cessation Counseling for Pregnant Women Attachment 4.19-B (Methods of Payment), Item 4.d. Tobacco Cessation Counseling for Pregnant Women	9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A: Amount, Duration, and Scope of Services for Categorically Needy, Page 2, TN 00-009	
10 SUBJECT OF AMENDMENT Adds face-to-face tobacco cessation counseling for pregnant women to the State's covered services.		
11 GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> 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 <div style="text-align: right;">Governor's letter dated 01 September 2011</div>		
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 12/19/11		
FOR REGIONAL OFFICE USE ONLY		
17 DATE RECEIVED 12/19/11	18 DATE APPROVED 3/6/12	
PLAN APPROVED - ONE COPY ATTACHED		
19 EFFECTIVE DATE OF APPROVED MATERIAL 1/1/12	20 SIGNATURE OF REGIONAL OFFICIAL 	
21 TYPED NAME RICHARD C ALLEN	22 TITLE ARA, DIRECTOR	
23 REMARKS		