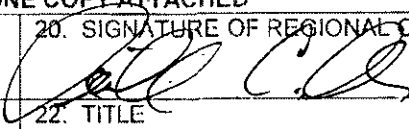


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 12-012	2. STATE: COLORADO
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One): <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 42 CFR 440.130		7. FEDERAL BUDGET IMPACT a. FFY_2011-12 \$ 0 b. FFY_2012-13 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <ul style="list-style-type: none"> Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care: 9. Clinic Services Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care: 13d. Rehabilitative Services (Behavioral Health Services) 		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <ul style="list-style-type: none"> Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care: 9. Clinic Services, TN 89-08, page 4 only Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care: 12. Rehabilitative Services, TN 91-01 	
10. SUBJECT OF AMENDMENT This Amendment updates the sections of the State Plan that describe the methods for establishing payment rates for behavioral health services, for clinics and for individual practitioners. This Amendment is not a change in policy, but is part of the State Plan clean-up.			
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 Governor's letter dated 01 September 2011			
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME Suzanne Brennan		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE Director, Medical & CHP+ Program Administration Office.		Attn: Barbara Prehmus	
15. DATE SUBMITTED 6/1/12			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 6/1/12		18. DATE APPROVED 8/24/12	
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 ARA, DMCHO	
23. REMARKS			