



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 13 - 007	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, 2013	
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 CFR 42 Section 447.200-201		7. FEDERAL BUDGET IMPACT a. FFY 2014 \$ 44,189 b. FFY 2015 \$ 61,114	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement to Attachment 4.19B, Page 3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Supplement to Attachment 4.19B, Page 3	
10. SUBJECT OF AMENDMENT Reimbursement to Specified Government-operated Providers for Costs of Professional Services			
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 <div style="text-align: right;">Governor's letter dated 01 September 2011</div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO	
13. TYPED NAME John Bartholomew		Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
14. TITLE Finance Office - Deputy Executive Director		Attn: Barbara Prehmus	
15. DATE SUBMITTED 6/20/13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 6/24/13		18. DATE APPROVED 9/4/2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2013		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Richard C Allen		22. TITLE AOC	
23. REMARKS			