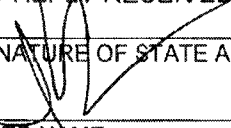



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 13-018	2. STATE: COLORADO
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2013	
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 440.70		7. FEDERAL BUDGET IMPACT a. FFY 2012-13: \$272,993 b. FFY 2013-14: \$1,134,884	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 7. Home Health Care Services (page 2)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 7. Home Health Care Services (page 2) (TN 11-012)	
10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for durable medical equipment, reflecting the rate increases effective July 1, 2013.			
11. GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL Governor's letter dated 1 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 Medicaid Director		Attn: Barbara Prehmus	
15. DATE SUBMITTED June 30, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED 6/30/13		18. DATE APPROVED 7/29/13	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/13		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME RICHARD C. ALLEN		22. TITLE ARA, DMCH	
23. REMARKS			