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State/Territory Name: Colorado

State Plan Amendment (SPA) #: CO-13-020

This file contains the following documents in the order listed:

1) Approval Letter

2) CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages

TN: CO-13-020 **Approval Date:** 09/18/2013 **Effective Date** 07/01/2013

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 1600 Broadway, Suite 700 Denver, CO 80202-4967



Region VIII

September 18, 2013

Susan E. Birch, MBA, BSN, RN, Executive Director Department of Health Care Policy & Financing 1570 Grant Street Denver, CO 80203-1818

RE: Colorado #13-020

Dear Ms. Birch:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 13-020. This amendment applies to reimbursement for Tobacco Cessation for Pregnant Women, reflecting rate increases as of July 1, 2013.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2013. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Curtis Volesky at (303) 844-7033.

Sincerely,

/s/

Richard C. Allen Associate Regional Administrator Division for Medicaid & Children's Health Operations

cc: Suzanne Brennan
Pat Connally
Barb Prehmus

John Bartholomew

Max Salazar

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	FORM APPROVED
	OMB NO. 0938-0193 1. TRANSMITTAL NUMBER: 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	13-020 COLORADO
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	July 1, 2013
The state of the s	
NEW STATE PLAN AMENDMENT TO BE CONSIDE	ERED AS A NEW PLAN X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	NDMENT (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 2012-13 \$2.54 b. FFY 2013-14 \$10.15
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B (Methods of Payment), Item 4.d. Tobacco Cessation Counseling for Pregnant Women	9. PAGE NUMBER OF THE SUPERSLDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B (Methods of Payment), Item 4.d. Tobacco Cessation Counseling for Pregnant Women TN: 11-049
10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for reflecting the rate increases effective July 1, 2013.	tobacco cessation counseling for pregnant women,
11. GOVERNOR'S REVIEW (Check One)	,
GOVERNOR'S OFFICE REPORTED NO COMMENT	X OTHER, AS SPECIFIED
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	Governor's letter dated 01 September 2011
12. SIGNATURE OF STATE AGENCY OFFICIAL	1 16. RETURN TO
13. TYPED NAME	Colorado Department of Health Care Policy and Financing
Suzanne Brennan	1570 Grant Street Denver, CO 80203-1818
14. TITLE	Attn: Barbara Prehmus
Medicald Director 15. DATE SUBMITTED	
17. DATE RECEIVED FOR REGIONAL OF	18. DATE APPROVED 9/18/13
PLAN APPROVED - ON	
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME	22. TITLES
23. REMARKS	ARA

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

STATE OF COLORADO

Attachment 4.19-B

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

4.d. Tobacco Cessation Counseling for Pregnant Women

Tobacco Cessation Counseling for Pregnant Women is reimbursed at the lower of the following:

- 1. Submitted charges or
- 2. Fee schedule as determined by the Department of Health Care Policy and Financing.

Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The reimbursement rates were set as of July 1, 2013 and are effective for services provided on or after that date. All rates can be found on the official Web site of the Department of Health Care Policy and Financing at www.colorado.gov/hcpf.

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ΓΝ No	13-020	Approval Da	te 9//8/13
Supersede	es TN No. <u>11-49</u>	Effective Da	teJuly 1, 2013