DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER:	FORM APPROVED OMB NO 0938 0193 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	13-022 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 DAT July 1, 2013	· · · · · · · · · · · · · · · · · · ·
5. TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO BE CONSID	ERED AS A NEW PLAN	X AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for e	ach amendment)
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY12-13 \$7,500 b. FFY13-14 \$29,999	
1928(c)(2)(C)(ii) of the Social Security Act		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	 9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Section 4, Item 4.19(m): Medicaid Reimbursement for the Administration of Vaccines Under the Pediatric Immunization Program (TN 11-018) 	
Section 4, Item 4.19(m): Medicaid Reimbursement for the Administration of Vaccines Under the Pediatric Immunization Program		
10. SUBJECT OF AMENDMENT Medicaid reimbursement for immunization administration	services, reflecting rate increa	uses as of July 1, 2013.
11. GOVERNOR'S REVIEW (Check One)	erennersa al anna con e constantante en e	
GOVERNOR'S OFFICE REPORTED NO COMMENT	X OTHER, AS SPECIFIEI)
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITT		I 11 September 2011
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO	
13. TYPED NAME	Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818	
a na mar a supersection a la compasta a supersection de sector a supersection and a supersection and a supersection a	Attn: Barbara Prehmus	
14. TITLE	, baisara menings	
Medicaid Director 15. DATE SUBMITTED		
17. DATE RECEIVED 9/9/13	OFFICE USE ONLY 18. DATE APPROVED 9/11/13	
19. EFFECTIVE DATE OF APPROVED MATERIAL 7/1/13	20. SIGNATURE OF REGIONA	LOFFICIÁL
21. TYPED NAME RICHARD C. ALLEN	22 TIPLE ARA, DINCHO	
23. REMARKS		