DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
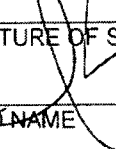
FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 13-024	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):

NEW STATE PLAN   AMENDMENT TO BE CONSIDERED AS A NEW PLAN   X AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.120	7. FEDERAL BUDGET IMPACT a. FFY 2012-13: $16,250 b. FFY 2013-14: $65,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 12.c. Prosthetics	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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 12.c. Prosthetics (TN 11-026)

10. SUBJECT OF AMENDMENT
Methods and standards for establishing payment rates for prosthetic devices, reflecting the rate increases effective July 1, 2013.

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT   X OTHER, AS SPECIFIED

Governor's letter dated 1 September 2011

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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 1, 2013	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED 6/26/13	18. DATE APPROVED 5/7/201

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2013	20. SIGNATURE OF REGIONAL OFFICIAL
21. TYPED NAME Richard C. Allen	22. TITLE ARA

23. REMARKS