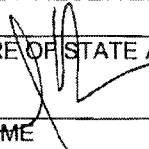
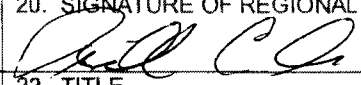


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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER: 13-027 | 2. STATE: COLORADO |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: 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 <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 440.130 | 7. FEDERAL BUDGET IMPACT a. FFY 2012-13: \$6,668 b. FFY 2013-14: \$26,672 | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 13.d. Rehabilitative Services: Outpatient Substance Abuse Treatment | 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 13.d. Rehabilitative Services: Outpatient Substance Abuse Treatment (TN 11-021) | |
| 10. SUBJECT OF AMENDMENT Methods and standards for establishing payment rates for outpatient substance abuse treatment services, reflecting the rate increases effective July 1, 2013. | | |
| 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 Governor's letter dated 1 September 2011 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL  | 16. RETURN TO Colorado Department of Health Care Policy and Financing 1570 Grant Street Denver, CO 80203-1818 Attn: Barbara Prehmus | |
| 13. TYPED NAME Suzanne Brennan | | |
| 14. TITLE Medicaid Director | | |
| 15. DATE SUBMITTED 8/30/13 | | |
| FOR REGIONAL OFFICE USE ONLY | | |
| 17. DATE RECEIVED 8/30/13 | 18. DATE APPROVED 9/29/13 | |
| 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, DMCHO | |
| 23. REMARKS | | |