Į.	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF		
STATE PLAN MATERIAL	13-028	COLORADO
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES	July 1, 2013	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
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	7. FEDERAL BUDGET IMPACT	
42 OFD 440 4CD	a. FFY 2012-13: \$379	
42 CFR 440.169	b. FFY 2013-14: \$1,515	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	SECTION OR ATTACHMENT (If Applicable) schment 4.19-B: Methods and Standards for ablishing Payment Rates – Other Types of Care – Targeted Case Management for Outpatient SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care –	
Substance Abuse Treatment		
Substance Abuse Heatment	Substance Abuse Treatment	
10. SUBJECT OF AMENDMENT		
Methods and standards for establishing payment rates for targeted case management for outpatient substance		
abuse treatment services, reflecting the rate increases effe	ective July 1, 2013.	·
11. GOVERNOR'S REVIEW (Check One)		
GOVERNOR'S OFFICE REPORTED NO COMMENT X OTHER, AS SPECIFIED		
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	A OTHER, AO OF COMIED	
	Governor's letter dated 1	l September 2011
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Governor's letter dated 1	l September 2011
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	Governor's letter dated 1	l September 2011
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	Governor's letter dated 1	l September 2011
	Governor's letter dated 1	l September 2011
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA 12. SIGNATURE OF STATE AGENCY OFFICIAL	Governor's letter dated 1	September 2011
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA 12. SIGNATURE OF STATE AGENCY OFFICIAL	Governor's letter dated 1 16. RETURN TO Colorado Department of Health C	-
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA 12. SIGNATURE OF STATE AGENCY OFFICIAL 13. TYPED NAME	Governor's letter dated 1 16. RETURN TO Colorado Department of Health C 1570 Grant Street	-
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA 12. SIGNATURE OF STATE AGENCY OFFICIAL	Governor's letter dated 1 16. RETURN TO Colorado Department of Health C	-
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12. SIGNATURE OF STATE AGENCY OFFICIAL 13. TYPED NAME Suzanne Brennan 14. TITLE	Governor's letter dated 1 16. RETURN TO Colorado Department of Health C 1570 Grant Street Denver, CO 80203-1818	-
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