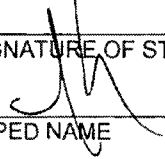



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 13-028	2. STATE: COLORADO
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT 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 440.169	7. FEDERAL BUDGET IMPACT a. FFY 2012-13: \$379 b. FFY 2013-14: \$1,515	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 19.a. Targeted Case Management for 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B: Methods and Standards for Establishing Payment Rates – Other Types of Care – 19.a. Targeted Case Management for Outpatient Substance Abuse Treatment (TN 11-030)	
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 effective July 1, 2013.		
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 SUBMITTAL Governor's letter dated 1 September 2011		
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 6/13/13		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED 6/25/13	18. DATE APPROVED 9/23/13	
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		