

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1 TRANSMITTAL NUMBER 11-030	2 STATE Montana
FOR: HEALTH CARE FINANCING ADMINISTRATION		3 PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4 PROPOSED EFFECTIVE DATE 09/01/2011	
5 TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS 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 N A		7 FEDERAL BUDGET IMPACT a FFY 11 (\$7,126) b FFY 12 (\$66,467) c FFY 13 (\$45,472)	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 2 Attachment 4 19B Methods & Standards for Establishing Payment Rates Service 6 d Licensed Professional Counselors' Services		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Page 2 Attachment 4 19B Methods & Standards for Establishing Payment Rates Service 6 d Licensed Professional Counselors' Services	
10 SUBJECT OF AMENDMENT Update the rate and date reimbursement rates are set and effective for services provided			
11 GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12 SIGNATURE OF STATE AGENCY OFFICIAL. <i>Mary E. Dalton</i>		16 RETURN TO Montana Dept of Public Health and Human Services Mary E Dalton Attn Jo Thompson PO Box 4210 Helena MT 59604	
13 TYPED NAME Mary E Dalton			
14 TITLE State Medicaid Director			
15 DATE SUBMITTED 9/14/11			
FOR REGIONAL OFFICE USE ONLY			
17 DATE RECEIVED 9/14/11		18. DATE APPROVED 12/7/11	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 9/1/11		20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>	
21. TYPED NAME. RICHARD C. ALLEN		22. TITLE ARA, DMCHO	
23. REMARKS:			