

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1 TRANSMITTAL NUMBER 11-031	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              X <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 CRF Parts 431, 440, and 441 CMS 2237-F		7. FEDERAL BUDGET IMPACT a FFY11 (2mo)      \$11,162 b. FFY12      \$65,778 c. FFY 13      \$65,449	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4 19B Service 19D Case Management – Youth with Severe Emotional Disturbance		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4 19B Service 19D Case Management Youth with Severe Emotional Disturbance	
10 SUBJECT OF AMENDMENT SED TCM Program fee change effective 09/01/2011			
11 GOVERNOR'S REVIEW (Check One).			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT      X <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 State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604	
13 TYPED NAME Mary E. Dalton			
14 TITLE State Medicaid Director			
15 DATE SUBMITTED 9/15/11			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 9/15/11		18. DATE APPROVED. 12/7/11	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
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, INCHO	
23. REMARKS:			