

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

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**NOV 27 2011**

Ms. Mary E. Dalton  
State Medicaid Director  
Department of Public Health & Human Services  
P.O. Box 4210  
Helena, MT 59604

Re: Montana 11-040

Dear Ms. Dalton:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 11-040. Effective for services on or after September 1, 2011, this amendment updates the fee schedule for the psychiatric service component of the all-inclusive rate for psychiatric residential treatment facilities (PRTFs).

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 11-040 is approved effective September 1, 2011. The HCFA-179 and the amended plan page are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044.

Sincerely,

A handwritten signature in black ink, appearing to read "Cindy Mann". The signature is fluid and cursive, written over a horizontal line.

Cindy Mann  
Director, CMCS