

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-032	2. STATE Montana
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FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
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TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 07/01/2013
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5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)(30)(A)	7. FEDERAL BUDGET IMPACT: a. FFY 13 \$8,851 (3 months) b. FFY 14 \$51,876 (12 months) c. FFY 15 \$75,443 (9 months)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Pages 1 & 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Pages 1 & 2 Attachment 4.19B Methods & Standards for Establishing Payment Rates Service 6.d Licensed Professional Counselors' Services
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10. SUBJECT OF AMENDMENT:
Increase the rate approximately 2% and update the date of the fee schedule on the Attachment 4.19B Introduction Page.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 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: 9/17/13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 6/27/13	18. DATE APPROVED: SEP 23 2013
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/13	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>
21. TYPED NAME: RICHARD C. ALLEN	22. TITLE: ARA, DMCHO

23. REMARKS: