DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 13-033

2. STATE: Montana

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
07/01/2013

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 $4753 (3 months)
b. FFY 14 $28,270 (12 months)
c. FFY 15 $41,745 (9 months)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Pages 1 & 2, Attachment 4.19B
Methods & Standards for Establishing Payment Rates
Supplement to Attachment 3.1A, Page 2 of 4
Supplement to Attachment 3.1B, Page 2 of 4
Service 6.d
Licensed Clinical Social Workers' 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: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
Supplement to Attachment 3.1A, Page 2 of 4
Supplement to Attachment 3.1B, Page 2 of 4
Service 6.d
Licensed Clinical Social Workers' Services

10. SUBJECT OF AMENDMENT:
Update the rate by approximately 2% and the 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
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Mary E. Dalton

13. TYPED NAME: Mary E. Dalton

14. TITLE: State Medicaid Director

15. DATE SUBMITTED: 9/17/13

16. RETURN TO:
Montana Dept of Public Health and Human Services
Mary E. Dalton
Attn: Jo Thompson
PO Box 4210
Helena MT 59604

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 6/27/13

18. DATE APPROVED: SEP 23 2013

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