DEPARTM TOT HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	I TRANSMITTAL NUMBER	2. STATE
STATE PLAN MATERIAL	08-017	Montana
	3 PPOCPAM IDENTIFICATION: Tyle YIY of the	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO REGIONAL ADMINISTRATOR	4 PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	4/1/08	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	<u> </u>	
5 TYPE OF PLAN MATERIAL (Check One)		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN X☐ 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	a FFY \$N	A
CMS 2237-IFC	b FFY \$N	-
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9 PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable)	
Supplement 1D to Attachment 3 1A/B Service 19a	Supplement 1D to Attachment 3.1A/B	
Case Management - Youth with Severe Emotional Disturbance	Service 19a Case Management – Youth with Severe Emotional Disturbance	
Case Management - 100th with Severe Emonoral Distribute	Case Management 1 out with Severe	Distributed
10 SUBJECT OF AMENDMENT		
TCM Program compliance with 2237-IFC		
11 GOVERNOR'S REVIEW (Check One)	_	
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT X☐ OTHER, AS SPECIFIED.		
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
MO REPLY RECEIVED WITHIN 43 DATS OF SUBMITTAL		
12 SIGNATURE OF STATE AGENCY OFFICIAL	16 RETURN TO.	
Drane Prioringis for OC	Montana Dept. of Public Health and Human Services	
13 TYPED NAME John Chappuis	John Chappuis	
	Deputy Director	
	1 Attn: In Thompson	
14 TITLE. Deputy Director	Attn: Jo Thompson PO Box 4210	
	Attn: Jo Thompson PO Box 4210 Helena, MT 59604	
15 DATE SUBMITTED /	PO Box 4210 Helena, MT 59604	
15 DATE SUBMITTED / 6/30/08 FOR REGIONAL OF	PO Box 4210 Helena, MT 59604 FICE USE ONLY	
15 DATE SUBMITTED / G/30/08 FOR REGIONAL OF 17 DATE RECEIVED 6/30/08	PO Box 4210 Helena, MT 59604  FICE USE ONLY 18 DATE APPROVED   2/7///	
15 DATE SUBMITTED / G/30/08  FOR REGIONAL OF  17 DATE RECEIVED: (4/30/08  PLAN APPROVED - ON	PO Box 4210 Helena, MT 59604 FICE USE ONLY 18 DATE APPROVED   2/7/11 E COPY ATTACHED	
15 DATE SUBMITTED  6/30/08  FOR REGIONAL OF  17 DATE RECEIVED: 6/30/08  PLAN APPROVED - ON  19. EFFECTIVE DATE OF APPROVED MATERIAL	PO Box 4210 Helena, MT 59604  FICE USE ONLY 18 DATE APPROVED   2/7///	TCIAL.
FOR REGIONAL OF  17 DATE RECEIVED  (a) 30 / 08  PLAN APPROVED - ON  19. EFFECTIVE DATE OF APPROVED MATERIAL	PO Box 4210 Helena, MT 59604  FICE USE ONLY  18 DATE APPROVED   2/7/// E COPY ATTACHED   20 SIGNATURE OF REGIONAL OF	TCIAL.
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