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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1 TRANSMITTAL NUMBER 11-013 | 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 January 1, 2011 | |
| 5 TYPE OF PLAN MATERIAL (Check One) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <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 CFR 435.1101 | | 7 FEDERAL BUDGET IMPACT a FFY 2011 \$ 7,107,628 b FFY 2012 \$ 7,522,085 | |
| 8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 2 2-A Page 23e | | 9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) | |
| 10 SUBJECT OF AMENDMENT Presumptive Eligibility for children under the age of 19 | | | |
| 11 GOVERNOR'S REVIEW (Check One) <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <div style="text-align: right;"><input checked="" type="checkbox"/> OTHER, AS SPECIFIED Single State Agency</div> | | | |
| 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 7/26/11 | | 17 DATE RECEIVED: 7/26/11 | |
| 18 DATE APPROVED 12/19/11 | | 19 EFFECTIVE DATE OF APPROVED MATERIAL. 1/1/11 | |
| 20 SIGNATURE OF REGIONAL OFFICIAL <i>Richard C. Allen</i> | | 21 TYPED NAME RICHARD C. ALLEN | |
| 22 TITLE ARA, DMCH | | 23 REMARKS | |