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: **11-016**

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
January 1,2011

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:
~~42 CFR 435.117~~
1902(a)(10)(A)(i)(IV)

7. FEDERAL BUDGET IMPACT:
a. FFY $ 0.00
b. FFY $ 0.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 2 To Attachment 2.6-A Page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Supplement 2 To Attachment 2.6-A Page 2

10. SUBJECT OF AMENDMENT:
Amendment to remove resource levels for mandatory group of infants

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: Single State Agency

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

13. TYPED NAME: **Mary E. Dalton**

14. TITLE: **State Medicaid Director**

15. DATE SUBMITTED: 3-31-11

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3-31-11

18. DATE APPROVED: 4-26-11

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1-1-11

20. SIGNATURE OF REGIONAL OFFICIAL:
Mary Marchioni

21. TYPED NAME: Mary Marchioni

22. TITLE: Acting ARA, DMCHO

23. REMARKS:

FORM HCFA-179 (07-92)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State MONTANA

2. Infants

a. Mandatory Group of Infants

// Same as resource levels in the State's approved AFDC plan.

// Less restrictive than the AFDC levels and are as follows:

X Not Applicable

Family Size	Resource Level
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	