

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER 11-044	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 July 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		7 FEDERAL BUDGET IMPACT a FFY 2011 \$10,105 \$566.000m b FFY 2012 \$39,997 \$2,240.000m	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Service 4D Tobacco Cessation Counseling Services for Pregnant Women Attachment 3 1-A, Page 2 and 2a Attachment 3 1-B, Page 2a		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Service 4D Tobacco Cessation Counseling Services for Pregnant Women Attachment 3 1-A, Page 2 Attachment 3 1-B, Page 2a	
10 SUBJECT OF AMENDMENT: Amend state plan to incorporate tobacco cessation counseling services for pregnant women			
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 <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: SINGLE AGENCY DIRECTOR REVIEW			
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 9/30/2011			
FOR REGIONAL OFFICE USE ONLY			
17 DATE RECEIVED 9/30/11		18 DATE APPROVED 12/28/11	
PLAN APPROVED - ONE COPY ATTACHED			
19 EFFECTIVE DATE OF APPROVED MATERIAL 7/1/11		20 SIGNATURE OF REGIONAL OFFICIAL <i>[Signature]</i>	
21 TYPED NAME RICHARD O. ALLEN		22 TITLE ARA, DMCHO	
23 REMARKS			