

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-005	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 01/01/2012	
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 Parts 455 Subpart F		7. FEDERAL BUDGET IMPACT: a. FFY 12: \$ NA c. FFY 13 \$ NA	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Citation 4.5 Pages 1-2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Citation 4.5 Pages 1-2	
10. SUBJECT OF AMENDMENT: Update to SPA reflecting implementation date of the Medicaid RAC(s).			
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		17. DATE RECEIVED: 2/3/12	
14. TITLE: State Medicaid Director		18. DATE APPROVED: 3/15/12	
15. DATE SUBMITTED: 2/3/12		FOR REGIONAL OFFICE USE ONLY	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/12		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Richard C. Allen</i>	
21. TYPED NAME: RICHARD C. ALLEN		22. TITLE: ARA, DMCHO	
23. REMARKS:			