HEALTH CARE FINANCING ADMINISTRATION		CKID-9CKA CAN GIAIO
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
	12-018	: Montana
STATE PLAN MATERIAL	1	
		4
THE TAXABLE COMMENT OF THE PARTY OF THE PART	3. PROGRAM IDENTIFICATION: Title XIX of the	
FOR: HEALTH CARE FINANCING ADMINISTRATION	Social Security Act (Medicaid)	
	bootal bootality rice (including)	•
TA DECISE LE	4 PROPOSED EFFECTIVE DATE	
TO REGIONAL ADMINISTRATOR		ı
HEALTH CARE FINANCING ADMINISTRATION	July 1, 2012	1
DEPARTMENT OF HEALTH AND HUMAN SERVICES		1
5. TYPE OF PLAN MATERIAL (Check One)	E _ ggggatter - mar amount and a mar amount and a mar a star at the star at th	1
3. TIPE OF PLAN WATERIAL (CHECK ONE)		
Ç'		
NEW STATE PLAN AMENDMENT TO BE	CONSIDERED AS NEW PLAN	
GOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
	a proposition in the state of the	i differitation in the second
6. FEDERAL STATUTE/REGULATION CITATION:	7 FEDERAL BUDGET IMPACT	
N/A	a. FFY 2012 \$0	,
	b. FFY 2013 \$0	
160. DACTE MELADED OF THE DEAL CEOPION ON ATTACHE	9. PAGE NUMBER OF THE SUPERS	EDED DE ANI SECTION
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	· · · · · · · · · · · · · · · · · · ·	
Page(s) 1 of 1 and 2 of 2	OR ATTACHMENT (If Applicable)	•
Attachment 4.19B	Page(s) 1 of 1 and 2 of 2	
Methods & Standards for Establishing Payment Rates	Attachment 4.19B	ļ
	Methods & Standards for Establishing	Dayment Pater
Service 11.c		rayment Nates
Speech Therapy and Audiology Services	Service 11:0	
	Speech Therapy and Audiology Service	es
		The state of the s
10. SUBJECT OF AMENDMENT		}
Amend Services 11c. Speech Therapy and Audiology Services to update	the date and rates on the fee schedule.	1
Timena Solviess 110. Speam therapy and the same approximately	•	1
}		
11 COVERNOR'S REVIEW (Check One):		A NYTHING A ADMINISTRATION OF THE WASHINGTON ON A WASHINGTON WITH A SHEET SALES OF A SALE.
11. GOVERNOR'S REVIEW (Check One)	Motuer as spec	CIEIED CINGLE
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPEC	
		CIFIED: SINGLE Y DIRECTOR REVIEW
GÔVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	AGENC	
GOVERNOR'S OFFICE REPORTED NO COMMENT	AGENC	
GÓVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	AGENC	
GÔVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	AGENC 16. RETURN TO	Y DIRECTOR REVIEW
GÓVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL.	AGENC	Y DIRECTOR REVIEW
GÓVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. YMan & Walton	AGENC 16. RETURN TO Montana Dept. of Public Health and	Y DIRECTOR REVIEW
GÓVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton	Y DIRECTOR REVIEW
GÓVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. YMan & Walton	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director	Y DIRECTOR REVIEW
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. YAM & Walton 13. TYPED NAME. Mary E. Daiton	AGENC 16. RETURN TO Montana Dept: of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson	Y DIRECTOR REVIEW
GÓVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. YMan & Walton	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210	Y DIRECTOR REVIEW
GÔVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Dalton 14. TITLE. State Medicaid Director	AGENC 16. RETURN TO Montana Dept: of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson	Y DIRECTOR REVIEW
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. YAM & Walton 13. TYPED NAME. Mary E. Daiton	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210	Y DIRECTOR REVIEW
GÔVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. YOUNG E Walton 13. TYPED NAME. Mary E. Dalton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6,22/12	AGENC 16. RETURN TO Montana Dept: of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604	Y DIRECTOR REVIEW
GÔVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. YOUNG E Walton 13. TYPED NAME. Mary E. Dalton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6,22/12	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210	Y DIRECTOR REVIEW
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Daiton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6,22/12 FOR REGIONAL OI	AGENC 16. RETURN TO Montana Dept: of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604	Y DIRECTOR REVIEW
GÔVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. YOUNG E Walton 13. TYPED NAME. Mary E. Dalton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6,22/12	AGENC 16. RETURN TO Montana Dept: of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604	Y DIRECTOR REVIEW
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Dalton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OF STATE AGENCY OFFICIAL. 17. DATE RECEIVED: 6/22/12	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY	Y DIRECTOR REVIEW
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Daiton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6,22/12 FOR REGIONAL OI	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONEY 18. DATE APPROVED:	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Dalton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OF STATE AGENCY OFFICIAL. 17. DATE RECEIVED: 6/22/12	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Dalton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OFFICIAL. FOR REGIONAL OFFICIAL. 17. DATE RECEIVED: 6/22/12 PLAN APPROVED ON	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONEY 18. DATE APPROVED:	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Dalton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OFFICIAL. FOR REGIONAL OFFICIAL. 17. DATE RECEIVED: 17. DATE RECEIVED: 19. EFFECTIVE DATE OF APPROVED MATERIAL. 19. AND APPROVED MATERIAL.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONEY 18. DATE APPROVED:	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Dalton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OFFICIAL. FOR REGIONAL OFFICIAL. 17-DATE RECEIVED: 17-DATE RECEIVED: 19. EFFECTIVE DATE OF APPROVED MATERIAL: 21. TYPED NAME.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY 18. DATE APPROVED: 29. SIGNATURE OF REGIONAL OF	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Dalton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OFFICIAL. FOR REGIONAL OFFICIAL. 17. DATE RECEIVED: 17. DATE RECEIVED: 19. EFFECTIVE DATE OF APPROVED MATERIAL. 19. AND APPROVED MATERIAL.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONEY 18. DATE APPROVED:	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Daiton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OF 17-DATE RECEIVED: 6/22/12 PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL 21. TYPED NAME. RICHARD C. ALEN.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY 18. DATE APPROVED: 29. SIGNATURE OF REGIONAL OF	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Dalton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OFFICIAL. FOR REGIONAL OFFICIAL. 17-DATE RECEIVED: 17-DATE RECEIVED: 19. EFFECTIVE DATE OF APPROVED MATERIAL: 21. TYPED NAME.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY 18. DATE APPROVED: 29. SIGNATURE OF REGIONAL OF	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Daiton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OF 17-DATE RECEIVED: 6/22/12 PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL 21. TYPED NAME. RICHARD C. ALEN.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY 18. DATE APPROVED: 29. SIGNATURE OF REGIONAL OF	PICIAL
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Daiton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OF 17-DATE RECEIVED: 6/22/12 PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL 21. TYPED NAME. RICHARD C. ALEN.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY 18. DATE APPROVED: 29. SIGNATURE OF REGIONAL OF	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Daiton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OF 17-DATE RECEIVED: 6/22/12 PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL 21. TYPED NAME. RICHARD C. ALEN.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY 18. DATE APPROVED: 29. SIGNATURE OF REGIONAL OF	PICIAL.
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Daiton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OF 17-DATE RECEIVED: 6/22/12 PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL 21. TYPED NAME. RICHARD C. ALEN.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY 18. DATE APPROVED: 29. SIGNATURE OF REGIONAL OF	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Daiton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OF 17-DATE RECEIVED: 6/22/12 PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL 21. TYPED NAME. RICHARD C. ALEN.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY 18. DATE APPROVED: 29. SIGNATURE OF REGIONAL OF	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Daiton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OF 17-DATE RECEIVED: 6/22/12 PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL 21. TYPED NAME. RICHARD C. ALEN.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY 18. DATE APPROVED: 29. SIGNATURE OF REGIONAL OF	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Daiton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OF 17-DATE RECEIVED: 6/22/12 PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL 21. TYPED NAME. RICHARD C. ALEN.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY 18. DATE APPROVED: 29. SIGNATURE OF REGIONAL OF	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Daiton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OF 17-DATE RECEIVED: 6/22/12 PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL 21. TYPED NAME. RICHARD C. ALEN.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY 18. DATE APPROVED: 29. SIGNATURE OF REGIONAL OF	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Daiton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OF 17-DATE RECEIVED: 6/22/12 PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL 21. TYPED NAME. RICHARD C. ALEN.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY 18. DATE APPROVED: 29. SIGNATURE OF REGIONAL OF	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Daiton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OF 17-DATE RECEIVED: 6/22/12 PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL 21. TYPED NAME. RICHARD C. ALEN.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY 18. DATE APPROVED: 29. SIGNATURE OF REGIONAL OF	Y DIRECTOR REVIEW Human Services
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 12. SIGNATURE OF STATE AGENCY OFFICIAL. 13. TYPED NAME. Mary E. Daiton 14. TITLE. State Medicaid Director 15. DATE SUBMITTED: 6/22/12 FOR REGIONAL OF 17-DATE RECEIVED: 6/22/12 PLAN APPROVED ON 19. EFFECTIVE DATE OF APPROVED MATERIAL 21. TYPED NAME. RICHARD C. ALEN.	AGENC 16. RETURN TO Montana Dept. of Public Health and Mary E. Dalton State Medicaid Director Attn: Jo Thompson PO Box 4210 Helena, MT 59604 FICE USE ONLY 18. DATE APPROVED: 29. SIGNATURE OF REGIONAL OF	PICIAL