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: 12-022

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
07/01/2012

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:
N/A

7. FEDERAL BUDGET IMPACT:
a. FFY 12, No fiscal impact, change in conversion factor only
b. FFY 13, No fiscal impact, change in conversion factor only.

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

**4.19B Methods & Standards for Establishing Payment Rates for Service 6(d) Chiropractic Services.**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
**4.19B Methods & Standards for Establishing Payment Rates for Service 6(d) Chiropractic Services.**

10. SUBJECT OF AMENDMENT
The purpose of this amendment is to change the revised date the agency's rates were set and the rates on the fee schedule.

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

12. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

13. TYPED NAME: Mary E. Dalton

14. TITLE. State Medicaid Director

15. DATE SUBMITTED: 6/22/12

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: 6/22/12

18. DATE APPROVED: 9/19/12

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/12

20. [redacted]

21. TYPED NAME: RICHARD C. ALLEN

22. TITLE: ARA, DMCHO

23. REMARKS:

FORM HCFA-179 (07-92)