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: 13-030

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
07/01/2013

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:
1902(a)(30)(A)

7. FEDERAL BUDGET IMPACT:
a. FFY 13 $555,151
b. FFY 14 $2,240,205
c. FFY 15 $1,724,258

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
4.19B Methods & Standards for Establishing Payment Rates, Service 19D. Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED), Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
4.19B Methods & Standards for Establishing Payment Rates, Service 19D. Targeted Case Management Services for Youth with Serious Emotional Disturbance (SED), Pages 1-3

10. SUBJECT OF AMENDMENT:
The Targeted Case Management for SED amendment increases the rate by the amount appropriated by the 2013 Legislative Session and updates the date of the fee schedule on the Attachment 4.19B Introduction Page.

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:
Mary E. Dalton

13. TYPED NAME: Mary E. Dalton

14. TITLE: State Medicaid Director

15. DATE SUBMITTED: 9/16/13

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: 6/27/13 - revised 9/16/13

18. DATE APPROVED: 9/23/13

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
7/1/13

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: RICHARD C. ALLEN

22. TITLE: ARA, DMCHO

23. REMARKS: