

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-038	2. STATE Montana
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act (Medicaid)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE 7/1/2013
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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: Section 1902(a)(30)(A)	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$0 a. FFY 2014 \$0 c. FFY 2015 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B, Introduction, Pages 2 of 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19B, Introduction, Pages 2 of 2
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10. SUBJECT OF AMENDMENT:
New Attachment 4.19B Introduction Page SPA to list the current fee schedule dates for some Medicaid services that often result in a SPA submittal when only the fee and date of the fee schedule are updated. Dates of fee schedules are being removed in specific SPA submittals this quarter and recorded on this Attachment Introduction Page 4.19B. MT will submit a specific SPA service, along with the Attachment 4.19B Introduction Page, if any detail in the SPA changes other than the fee and date of the fee schedule.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Single Agency Director Review.
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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: 9/18/13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 9/27/13 original	18. DATE APPROVED: 9/23/13
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 9/1/13	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>
21. TYPED NAME: RICHARD O. ALLEN	22. TITLE: ARA, DMCHO

23. REMARKS: