

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

August 19, 2011

Mary Dalton, Medicaid & Health Services Manager
Montana Department of Health & Human Services
1400 Broadway
PO Box 202951
Helena, MT 59620

Re: SPA MT-11-025

Dear Ms Dalton:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 11-025. The purpose of this amendment is to document the rate change and the revised date the agency's rates were set for Private Duty Nursing Services.

Please be informed that this State Plan Amendment is approved effective August 1, 2011. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions regarding this SPA please contact Diana Maiden at 303-844-7114.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid and Children's Health Operations

Cc: Anna Whiting Sorrell
Duane Preshinger
Jo Thompson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 09-67	2. STATE New York
		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 December 1, 2009	
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: Section 1902(a) of the Social Security Act, and 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 12/01/09-09/30/10 \$1,385,775 b. FFY 10/01/10-09/30/11 \$1,704,300	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Page 1(b)(i)(1) ** SEE REMARKS		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Outpatient Specialty Rates for Childrens' Hospitals (FMAP = 61.59% (12/1/09-9/30/10); 58.77% (1/1/11-3/31/11); 56.88% (4/1/11-6/30/11); 50% (7/1/11 forward))			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Jasor A. Heigerson		New York State Department of Health	
14. TITLE: Medicaid Director & Deputy Commissioner Department of Health		Corning Tower	
15. DATE SUBMITTED: AUG 04 2011		Empire State Plaza	
		Albany, New York 12237	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:	18. DATE APPROVED: AUG 22 2011		
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:		
21. TYPED NAME: Michael Mahoney	22. TITLE: Associate Regional Administrator Division of Medicaid and State Operations		
23. REMARKS: The SPA proposes to use 2007 operating costs to calculate the operating component of outpatient specialty rates for certain acute care children's hospital.			