

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1 TRANSMITTAL NUMBER
11-043

2 STATE
Montana

FOR: HEALTH CARE FINANCING ADMINISTRATION

3 PROGRAM IDENTIFICATION Title XIX of the
Social Security Act (Medicaid)

4 PROPOSED EFFECTIVE DATE
July 1, 2011

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 2302 of the Social Security Act

7 FEDERAL BUDGET IMPACT
a FFY 2011 \$ 0 00
b FFY 2012 \$ 0 00

8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3 1-A, Page 7
Attachment 3 1-B, Page 6

9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (if Applicable)
Attachment 3 1-A, Page 7
Attachment 3 1-B, Page 6

10 SUBJECT OF AMENDMENT

Be compliant with Section 2302, which removes the prohibition of receiving curative treatment upon the election of the hospice benefit by or on behalf of a Medicaid eligible child MT has been offering curative treatment with the hospice benefit but will insert this language in the State Plan

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
Single State Agency

12 SIGNATURE OF STATE AGENCY OFFICIAL

Mary E Dalton

13 TYPED NAME Mary E. Dalton

14 TITLE State Medicaid Director

15 DATE SUBMITTED

9/21/2011

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

9/21/11

18. DATE APPROVED:

11/10/11

PLAN APPROVED - ONE COPY ATTACHED

19 EFFECTIVE DATE OF APPROVED MATERIAL

7/1/11

20 SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Richard C. Allen

23. REMARKS:

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 15.a Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a) (31) (A) of the Act, to be in need of such care

Provided No limitations With limitations*

Not provided

- b Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions

Provided No limitations With limitations*

Not provided.

- 16 Inpatient psychiatric facility services for individuals under 21 years of age

Provided No limitations With limitations*

Not provided

- 17 Nurse-midwife services

Provided No limitations With limitations*

Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act)

Provided No limitations With limitations*

Provided in accordance with section 2302
of the Affordable Care Act Not provided

* Description provided on attachment

TN No. 11-043
Supersedes
TN No. 90-19M

Approval Date 11/10/11 Effective Date 7-1-11

HCFA ID: 0069P/0002P

State/Territory. Montana

AMOUNT DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S) _____

-
- c Intermediate care facility services
/X/ Provided. / / No limitations /X/ With limitations*
- 15 a Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a) (31) (a) of the Act, to be in need of such care
/X/ Provided. / / No limitations /X/ With limitations*
- b Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions
/X/ Provided. / / No limitations /X/ With limitations*
- 16 Inpatient psychiatric facility services for individuals under 22 years of age
/X/ Provided / / No limitations /X/ With limitations*
- 17 Nurse-midwife services
/X/ Provided. / / No limitations /X/ With limitations*
- 18 Hospice care (in accordance with section 1905(o) of the Act),
/X/ Provided. / / No limitations /X/ With limitations*
- [X] Provided in accordance with section 2302 of the Affordable Care Act

*Description provided on attachment

TN No 11-043
Supersedes
TN No 89(10)15

Approval Date 11/10/11 Effective date 7-1-11

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