

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

1. TRANSMITTAL NUMBER:
12-016

2. STATE
Montana

FOR: HEALTH CARE FINANCING ADMINISTRATION

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 2012 \$0

b. FFY 2013 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page(s) 1 of 1 and 2 of 2

Attachment 4.19B

Methods & Standards of Establishing Payment Rules

Service 11a

Physical Therapy Services

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Page(s) 1 of 1 and 2 of 2

Attachment 4.19B

Methods & Standards of Establishing Payment Rules

Service 11a

Physical Therapy Services

10. SUBJECT OF AMENDMENT:

Amend Service 11a, Physical Therapy Services to update the dates and rates on the fee schedule.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☒ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

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. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

RICHARD C. ALLEN

22. TYPED NAME: ARA, DIACHO

23. REMARKS: