



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 12-017	2. STATE Montana
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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):  <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:		7. FEDERAL BUDGET IMPACT: a. FFY 2011      \$ 0 b. FFY 2012      \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Pages 2 of 2 Attachment 4.19B Methods & Standards for Establishing Payment Rates Service 11.b Occupational Therapy		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Pages 2 of 2 Attachment 4.19B Methods & Standards for Establishing Payment Rates Service 11.b Occupational Therapy	
10. SUBJECT OF AMENDMENT: Amend Service 11.b Occupational Therapy Services to update the date and rates on the fee schedule.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" 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: Montana Dept. of Public Health and Human Services Mary E. Dalton Medicaid Administrator Attn: Jo Thompson PO Box 4210 Helena, MT 59604	
13. TYPED NAME: Mary E. Dalton		17. DATE RECEIVED: 6/23/12	
14. TITLE: Medicaid Administrator		18. DATE APPROVED: 9/19/12	
15. DATE SUBMITTED: 6/22/12		FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/12		PLAN APPROVED - ONE COPY ATTACHED	
21. TYPED NAME: RICHARD C. ALLEN		20. SIGNATURE OF REGIONAL OFFICIAL: 	
23. REMARKS:		22. TITLE: ARA, DRACHO	