MEDICAL THERAPY PROGRAM (MTP) THERAPIST TABLE

Submit Form: Fax: (916) 440-5346 or
Scan and email: cmshelp@dhcs.ca.gov

Questions? Contact the CMS Net Help Desk
(866) 685-8449 or cmshelp@dhcs.ca.gov

This request is for adding, modifying, and deleting therapists on the Medical Therapy Unit (MTU) treatment staff table only. Please type or print legibly and allow one week for processing new requests.

County: _____

Select One	Position	Name (Last, First)	MTU Action	MTU Name
☐ Add ☐ Modify ☐ Delete	☐ OT ☐ PT ☐ Aide/Asst. for PT ☐ Aide/Asst. for OT		☐ Add to ☐ Inactive from	
☐ Add ☐ Modify ☐ Delete	☐ OT ☐ PT ☐ Aide/Asst. for PT ☐ Aide/Asst. for OT		☐ Add to ☐ Inactive from	
☐ Add ☐ Modify ☐ Delete	☐ OT ☐ PT ☐ Aide/Asst. for PT ☐ Aide/Asst. for OT		☐ Add to ☐ Inactive from	
☐ Add ☐ Modify ☐ Delete	☐ OT ☐ PT ☐ Aide/Asst. for PT ☐ Aide/Asst. for OT		☐ Add to ☐ Inactive from	
☐ Add ☐ Modify ☐ Delete	☐ OT ☐ PT ☐ Aide/Asst. for PT ☐ Aide/Asst. for OT		☐ Add to ☐ Inactive from	
☐ Add ☐ Modify ☐ Delete	☐ OT ☐ PT ☐ Aide/Asst. for PT ☐ Aide/Asst. for OT		☐ Add to ☐ Inactive from	
☐ Add ☐ Modify ☐ Delete	☐ OT ☐ PT ☐ Aide/Asst. for PT ☐ Aide/Asst. for OT		☐ Add to ☐ Inactive from	
☐ Add ☐ Modify ☐ Delete	☐ OT ☐ PT ☐ Aide/Asst. for PT ☐ Aide/Asst. for OT		☐ Add to ☐ Inactive from	
☐ Add ☐ Modify ☐ Delete	☐ OT ☐ PT ☐ Aide/Asst. for PT ☐ Aide/Asst. for OT		☐ Add to ☐ Inactive from	

Requestor's Name (Print): _____ Phone: _____

Requestor's Title: _____ Date: _____

INSTRUCTIONS

County:	The name of the county submitting request.
Select One:	
Add:	Select check box if adding a therapist to a MTU.
Modify:	Select check box if modifying an existing therapist assignment.
Delete:	Select check box if deleting therapist from all MTUs.
Position:	Select position(s) of therapist.
OT:	Occupational Therapy (OT)
PT:	Physical Therapy (PT)
Aide/Asst. for PT:	Aide/Assistant for PT
Aide/Asst. for OT:	Aide/Assistant for OT
Name (Last, First):	Type therapist's last name, then therapist's first name.
MTU Action:	
Add to:	Select check box if adding therapist to MTU
Inactive from:	Select check box if removing therapist from MTU
MTU Name:	Name of the Medical Therapy Unit.
Requestor's Name (Print):	Type the name of person submitting request.
Phone:	Type the requestor's phone number, including area code (and extension if applicable) in format (999)999-9999.
Requestor's Title:	Title of requestor.
Date:	Date of request.