TECHNICAL ASSISTANCE PAPER

Medicaid Certified School Match Program: Speech-Language, Physical, and Occupational Therapy

Background

In 1988, Congress passed Section 411(k)(13) of the Medicare Catastrophic Coverage Act to ensure that Medicaid would cover medically necessary health-related services provided to a child under the Individuals with Disabilities Education Act (IDEA) and specified in a child's individual educational plan (IEP) or family support plan. The intent of Congress was to enable Medicaid and IDEA to be used together to meet the educational and health-related needs of children with disabilities. Some services on a student's IEP or family support plan are both educationally relevant and medically necessary, and thereby reimbursable by Medicaid.

The 1995 Florida Legislature provided authorization, with revisions made in 1997 (s. 236.0812, 409.9071, 409.908, 409.9122 and 409.9126, F.S.), to the Florida Agency for Health Care Administration (AHCA) and the Florida Department of Education (DOE) to develop a category of school-based services termed the Medicaid Certified School Match Program to reimburse school districts for services provided to Medicaid-eligible students who qualify for services under IDEA, Part B or C. Under the Medicaid Certified School Match Program, school districts are reimbursed for the federal portion, or approximately 55 percent, of the Medicaid-established reimbursement fee for medically necessary services covered under the program. Only school districts may enroll as providers and receive reimbursement under the Medicaid Certified School Match Program.

Since the enactment of the legislation, DOE has been working with AHCA and school district staff to define the services that will be reimbursable to school districts. This process has included determining provider qualifications, documentation requirements, and reimbursement procedures. The reimbursable services are

- speech/language therapy (S/L)—group and individual services*
- physical therapy (PT)—group and individual services
- occupational therapy (OT)—group and individual services
- behavioral services—group and individual services
- nursing services (including medication administration)
- transportation services
- administrative claiming (outreach services)

*Although AHCA refers to therapy provided by speech/language pathologists as "speech/language pathology," this technical assistance paper will use the term "speech/language therapy," a term more familiar to school districts.

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Division of Public Schools and Community Education

Bureau of Instructional Support and Community Services

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This Technical Assistance Paper deals specifically with the Medicaid-reimbursable therapy services under the Medicaid Certified School Match Program.

Speech/language therapy, physical therapy, and occupational therapy services include

- evaluation and treatment
- wheelchair evaluations and fittings
- splint and cast fittings
- evaluations/fitting/adjustment/training sessions related to augmentative and alternative communication (AAC) systems

Note: Wheelchairs and AAC systems are reimbursable through Medicaid's durable medical equipment/ medical supply program.

The *Medicaid Certified School Match Program Coverage and Limitations Handbook* details allowable services, requirements, and procedures. School districts should be aware that Medicaid policies are subject to change. It is important that school districts maintain and distribute to appropriate staff the most current handbook information. The handbook can be found on AHCA'S web site: *www.fdhc.state.fl.us*. Medicaid requires that Chapter One (general requirements) and the service-specific chapters of the handbook are disseminated to school district staff providing Medicaid-reimbursable services. Chapter Two is specific to physical therapy services. Chapter Three is specific to occupational therapy services. Chapter Four is specific to speech/language therapy services. Chapter Seven is specific to augmentative and alternative communication services. Other chapters in the handbook detail policies relating to transportation, behavioral health services, and nursing services. In each geographic region, there is an area Medicaid office that employs a person specifically assigned to assist school districts in the implementation of the program. School districts can obtain the handbook from area Medicaid school services representatives in the area offices. A list of the area Medicaid school services representatives is attached (Appendix C).

It is recommended that school districts develop and implement a plan for inservice training and regular communication to ensure all appropriate district and school staff are informed of all policies and procedures associated with the Medicaid Certified School Match Program. The area Medicaid school services representatives are available to assist in conducting this training and may also assist with the development of training materials.

It is essential that school districts maintain accurate records that meet all Medicaid documentation requirements. The following questions and answers, along with the attached sample forms, will assist school districts in this process.

Questions and Answers

General

1. When is a student eligible for the Medicaid Certified School Match Program?

To be eligible for the program, Medicaid requires that a student must

- be Medicaid-eligible on the date the service is rendered for which reimbursement is sought
- be under 21
- be considered disabled under State of Florida Board of Education Rule definition
- be entitled to receive school district services under the Individuals with Disabilities Education Act (IDEA), Part B or Part C
- have Medicaid-reimbursable services referenced in his or her individual educational plan (IEP) or family support plan
- have Medicaid-reimbursable services recommended by a qualified Medicaid provider

2. Who can provide physical therapy services, and what are some examples of these services?

Medicaid-reimbursable physical therapy services can be provided by a licensed physical therapist or a licensed physical therapist assistant (working under the supervision of a licensed physical therapist). Examples of Medicaid-reimbursable physical therapy services, as stated in the *Medicaid Certified School Match Program Coverage and Limitations Handbook*, include evaluation/treatment of range-of-motion, muscle strength, functional abilities, and the use of adaptive/therapeutic equipment; rehabilitation through exercise, massage, and the use of equipment through therapeutic activities; wheelchair evaluations and fittings; application of splints and casts; and evaluations and fitting/adjustment/training sessions related to augmentative and alternative communication (AAC) systems. Medicaid will only reimburse evaluations and AAC services performed by licensed physical therapists.

3. Who can provide occupational therapy services, and what are some examples of these services?

Medicaid-reimbursable occupational therapy services can be provided by a licensed occupational therapist or a licensed occupational therapy assistant (working under the supervision of a licensed occupational therapist). Examples of Medicaid-reimbursable occupational therapy services, as stated in the *Medicaid Certified School Match Program Coverage and Limitations Handbook*, include evaluations to determine level of function and competencies; treatment visits, including perceptual motor activities, exercises to enhance functional performance, kinetic movement activities, guidance in the use of adaptive equipment, and other techniques to improve motor development; wheelchair evaluations and fittings; application of casts and splints; and evaluations and fitting/adjustment/training sessions related to augmentative and alternative communication (AAC) systems. Medicaid will only reimburse evaluations and AAC services performed by licensed occupational therapists.

4. Who can provide speech/language therapy services, and what are some examples of these services?

Medicaid-reimbursable speech/language therapy services can be provided by a licensed or DOE-certified master's level speech/language pathologist or a licensed speech/language pathology assistant (working under the supervision of a licensed or DOE-certified master's level speech/language pathologist). Examples of Medicaid-reimbursable speech/language therapy services, as stated in the *Medicaid Certified School Match Program Coverage and Limitations Handbook*, include evaluation and treatment of speech and language disorders, including speech correction; verbal and written language; cognition/communication; interactive communication; auditory and/or visual processing; oral pharyngeal competencies; use of instrumentation techniques and strategies to enhance communication needs of the student; laryngeal sensorimotor competencies; articulation; phonology; deglutition; voice; fluency; mastication; memory/comprehension; and evaluations and fitting/adjustment/training sessions related to augmentative and alternative communication (AAC) systems. Medicaid will only reimburse for evaluations and AAC services performed by licensed or DOE-certified speech/language pathologists.

5. Will the type of therapy services a school district provides to a student change when the school district enrolls in the Medicaid Certified School Match Program and begins billing Medicaid?

Therapy services are provided in accordance with needs identified during the IEP or family support plan staffing and subsequently identified on the student's IEP or family support plan. Participation in the Medicaid program reimburses the school district for medically-related services identified in an IEP or family support plan and provided to a student. Medicaid reimbursement, like the matrix of services, is a funding mechanism. Therefore, therapy services provided to a student **should not** change when the school district participates in the Medicaid program. Although therapy services will not change due to participation in the Medicaid program, school district staff may need to change the manner in which they document the provision of services to comply with Medicaid requirements.

6. If the school district and private therapist bill Medicaid for the same service provided to the same student on the same day, who will be paid?

It is important that school districts coordinate services with outside therapists to eliminate duplication of services and billing, since whoever bills Medicaid first will be reimbursed.

7. Will Medicaid reimburse the school district for transportation provided by the school district to students enrolled in Medicaid?

Medicaid reimburses school districts for **specialized** transportation provided to Medicaid-eligible students who receive a Medicaid-reimbursable service at school or are transported from school to an off-campus location to receive a Medicaid-reimbursable service. The need for specialized transportation and the services to which the student is transported must be referenced in the IEP or family support plan. The *Medicaid Certified School Match Program Coverage and Limitations Handbook* contains a chapter detailing the policies and procedures for receiving transportation reimbursement.

8. What does Medicaid require to be in the student's record?

Medicaid requires that the student record contain a diagnosis, a current and valid plan of care, test results and evaluation reports, and documentation describing each therapy session. If AAC services are provided, an individualized action plan must also be in the student's record. Content of the individualized action plan is defined in Chapter Seven of the *Medicaid Certified School Match Program Coverage and Limitations Handbook*.

9. Where does Medicaid require the student's record to be kept?

Medicaid has no requirements relating to the location of student records. However, for audit purposes, the school district should be aware of the location of all records containing documentation relating to services billed to Medicaid.

10. How long must records be kept?

Medicaid requires that records documenting services be kept for five (5) years.

11. Is a diagnosis code necessary for billing, and who determines the code?

The Federal Health Care Financing Administration requires that all state Medicaid agencies' claims include a diagnosis code and that the diagnosis be obtained from the provider of service. Who obtains the diagnosis can vary from provider to provider. The school district should obtain the diagnosis either from the student's record (which could include information from the student's physician) or from the therapist.

The diagnosis should be matched with a diagnosis code contained in the *International Classification of Diseases* (ICD-9) book. The school district can obtain information on purchasing the ICD-9 book from its area Medicaid office school services representative.

Documentation of Need for Services/ Recommendation for Services

12. What is the difference between the Medicaid requirement for *referencing* the need for a service on the IEP or family support plan and the Medicaid requirement for a *recommendation* of a service?

Any service provided to a student for which the school district will seek Medicaid reimbursement under the Medicaid Certified School Match Program must be identified (referenced) on the IEP or family support plan as a needed service. The service must also be recommended by a qualified provider of the service (as defined in each service-specific chapter of the *Medicaid Certified School Match Coverage and Limitations Handbook*). The recommendation may either be on the IEP, family support plan, or may be contained on a separate document.

Note: The signature of a provider (meeting Medicaid qualifications) on the IEP or family support plan meets the requirement for the recommendation of a service. See also question #15.

13. How does a school district meet the Medicaid requirement for *referencing* the need for a Medicaid-reimbursable service on the IEP or family support plan?

This requirement may be accomplished by referencing the need for a Medicaid-reimbursable service in the following manner:

- within the annual goals and short-term objectives on the IEP or family support plan
- within the related services section of the IEP or family support plan
- in other areas of the IEP or family support plan as determined by the school district

14. What are the Medicaid requirements for attendance at the IEP or family support plan meeting when the need for the service is established?

Medicaid does not require that the speech/language therapy, physical therapy, and/or occupational therapy service providers attend the IEP or family support plan meeting at which the reference for the need for a Medicaid-reimbursable therapy service becomes part of the IEP or family support plan.

15. What are the documentation requirements for the *recommendation* for a needed Medicaid-reimbursable service?

Prior to the time a claim for a Medicaid-reimbursable service is submitted to Medicaid, a qualified provider of the service (PT, OT, or S/L therapist) must sign, credential/title, and date a recommendation for the needed service. The therapist's signature/title/date on a plan of care, IEP, or family support plan (which includes therapy goals) meets the Medicaid requirement for a recommendation of the needed service. A therapist's signature/title/date on an evaluation will also meet the requirement for a recommendation, if the evaluation report includes a recommendation for treatment services.

Evaluations

16. How often can a school district bill Medicaid for evaluations or re-evaluations?

Medicaid will reimburse school districts for a maximum of one evaluation per student per type of therapy every six months. Both evaluations and re-evaluations are billed to Medicaid under the evaluation procedure codes. Evaluations billed to Medicaid must follow all evaluation procedures mandated by IDEA and DOE rule, including parental notification/consent requirements.

17. Can a therapy evaluation be reimbursed by Medicaid when the evaluation takes place prior to the development of the IEP or family support plan?

An evaluation will be reimbursed by Medicaid if an IEP or family support plan is developed subsequent to the evaluation and if the need for the evaluation or therapy services is referenced on the IEP or family support plan.

If a therapy evaluation is performed and an IEP or family support plan is not developed for the student, Medicaid will not reimburse the school district for the evaluation.

18. If, subsequent to a therapy evaluation, an IEP or family support plan is developed that does not include services for which the evaluation was performed, can the evaluation be reimbursed by Medicaid?

If it is determined at the IEP or family support plan meeting that therapy services are **not** recommended for the student, the evaluation will be reimbursable by Medicaid only if there is a reference for the need for the evaluation on the IEP or family support plan. For example, if a physical therapy evaluation was performed prior to the IEP meeting and, as a result of the evaluation, the IEP team determines that no physical therapy services are needed, a statement such as "physical therapy evaluation was performed, and no services are recommended" or a checklist indicating "physical therapy evaluation" under a section for needed services meets the Medicaid requirement.

Plan of Care

19. For which services does Medicaid require a plan of care?

Medicaid requires a plan of care for speech/language therapy, physical therapy, and occupational therapy services identified on the IEP or family support plan. If the student will receive an AAC system and AAC services, an individualized action plan is also required.

20. What components does Medicaid require to be included in the plan of care?

Medicaid requires that a therapy plan of care include the student's name; a description of the student's medical condition; goals and objectives that relate to the functioning of the student, including the type of therapy activities the student will need; and the frequency, length, and duration of treatment. These Medicaid requirements and additional clarification for plans of care can be found in the *Medicaid Certified School Match Program Coverage and Limitations Handbook* in each service-specific chapter. The *Medicaid Certified School Match Program Coverage and Limitations Handbook* gives additional requirements for an AAC individualized action plan. Appendix A is an example of a plan of care for speech/language therapy, physical therapy, and occupational therapy that meets all Medicaid documentation requirements for a plan of care.

21. Does Medicaid have a required form that must be used for the plan of care?

Medicaid does not mandate a form for the plan of care. The school district may develop its own plan of care format. The only requirement is that the plan of care contain all components required by Medicaid (see question #20).

22. Can the OT/PT plan of treatment required by DOE serve as the plan of care required by Medicaid?

Yes, the plan of treatment may serve as the plan of care if all components required by Medicaid (as defined in the *Medicaid Certified School Match Program Coverage and Limitations Handbook* and stated in question #20) are contained in the plan of treatment.

23. Can the IEP or family support plan serve as the required plan of care required by Medicaid for S/L, PT, or OT?

Yes, the IEP or family support plan will meet the Medicaid requirements if all required components are present (as stated in the *Medicaid Certified School Match Program Coverage and Limitations Handbook*).

However, if the IEP or family support plan is used as the plan of care, all components of the plan of care must be developed at the IEP or family support plan meeting and the physical therapist, occupational therapist, or speech/language pathologist must be in attendance at the meeting and sign/title/date the IEP or family support plan.

If the IEP or family support plan is used as the plan of care, the IEP or family support plan committee must be reconvened when revisions are made to the plan of care.

24. How often does Medicaid require a plan of care to be reviewed?

Medicaid requires that a plan of care be reviewed annually for each student. In addition, if a student's medical condition changes or additional services are required, a new plan of care must be developed. If a determination is made that services will be discontinued, Medicaid no longer requires the discontinuance to be documented on the plan of care. However, the reason for discontinuing treatment must be documented in the student's record. The notice of dismissal, completed by the IEP or family support plan committee, meets Medicaid's requirement for documentation of the discontinuance of a service.

25. Who must develop the plan of care required by Medicaid for S/L, PT, or OT?

Only a speech/language pathologist, licensed physical therapist, or licensed occupational therapist meeting the Medicaid requirements as a qualified provider may initiate, develop, submit, or change a plan of care. The requirements can be found in each service-specific chapter of the *Medicaid Certified School Match Program Coverage and Limitations Handbook.*

26. What are the Medicaid signature requirements for a plan of care for S/L, PT, or OT?

Signatures indicate approval of the plan of care and the recommendation for the needed services.

All plans of care (for S/L, OT, PT) require the

- legible signature of the therapist who developed the plan of care
- date the therapist signed the plan of care
- credential/title of the therapist signing the plan of care

Physical therapy plans of care also require, under the following condition, the signature (titled and dated) of a physician, physician's assistant (PA), or advanced registered nurse practitioner (ARNP). Medicaid requires this signature if a student's treatment will be necessary beyond twenty-one days and the student has not been previously assessed by a physician, PA, or ARNP. The prescription for physical therapy required by DOE rule meets the medicaid requirement for a previous assessment.

Stamped signatures are allowed, but must be initialed and dated by the person whose signature is stamped. Initials alone are not acceptable.

27. What are the requirements for documenting the length, frequency, and duration of treatments on the plan of care?

- ***frequency***—Medicaid requires documentation of frequency of service. This is how often the services will be provided, for example: "two times per week."
- ***length***—Medicaid requires documentation of length of service. This is the period of time each service will be provided, for example: "30 min./session."
- ***duration*** —Medicaid requires documentation of duration of service. This is the anticipated duration of services, for example: "6 months."

Examples: The plan of care might state "treatment necessary for 60 minutes *(length of treatment—could be any combination of 15 minute segments)* per week for one year" or "treatment necessary two times per week for 30 minutes for six months."

Service Documentation

28. What are the required components and documentation requirements for Medicaid-reimbursable evaluations and treatment sessions for S/L, PT, or OT?

Medicaid requires that evaluations include the student's name, diagnostic testing/assessment performed, and a written report with needs identified.

Documentation of each treatment session must include the student's name, date of service, type of therapy (S/L, PT, or OT), length of time therapy was performed, description of therapy activity or method used, student progress toward established goals, and the signature and title/credential of the therapist providing treatment. The signature must be dated. The documentation components may be kept on a weekly basis, as long as the therapy methods/activities used for *each session* are documented. Documentation of type of therapy, description of therapy method, and progress toward goals may be any combination of narrative or checklist.

The documentation components, including signature requirements, for treatment sessions and other additional clarification can be found in the service-specific chapters of the *Medicaid Certified School Match Program Coverage and Limitations Handbook*. Appendix B is an example of a service documentation form that meets all Medicaid documentation requirements.

29. What is the difference between the Medicaid requirement for the activities included in the goals and objectives on the plan of care and the therapy method or activities that must be included in the service documentation?

There is no difference. The terms "activities" and "therapy method" may be used interchangeably.

30. Does Medicaid allow service documentation to be kept on logs?

Yes, Medicaid allows service documentation to be kept on logs if all documentation requirements are met. If a school district is using bubble sheets, they should be reviewed to assure all required documentation components are included. Documentation kept on logs must be signed, titled, and dated at least weekly, with daily documentation initialed by the therapist (or signed).

Appendix A
Medicaid Certified School Match Program
Plan of Care for
Speech/Language Therapy, Physical Therapy, and Occupational Therapy

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Directions for Appendix A

IEP/Family Support Plan Development Date – Enter the date of the meeting on which the IEP/family support plan was written.

Page – Page numbers will substantiate that the plan of care is a part of the current IEP/family support plan.

Type of Service – Medicaid requires that the plan of care state the type of service (S/L, PT, or OT) to be provided.

Student's Name – Medicaid requires the student's name to be on the plan of care. It is recommended that the student's legal name, as it appears in school records, be entered.

School – Enter the name of the school the student will be attending during the year, in order to assist the district in tracking Medicaid reimbursements at the school level.

Social Security # – Enter the student's social security number (if known), to assist in obtaining the student's Medicaid number that is required for billing Medicaid.

DOB – Enter the student's date of birth, which will be helpful in identification of the student for Medicaid billing.

Description of Student's Current Medical Condition – Medicaid requires that a description of the student's current medical condition, which results in the need for therapy, be in the plan of care.

Goals/Objectives (including methods/activities) – Medicaid requires that the plan of care include achievable, time-related goals and objectives related to the functioning of the student and include the type of therapy activities/methods the student will need. It is not necessary to write the goals/objectives if they are the same as the goals/objectives on the IEP. If the goals are the same, write in the date of the IEP/family support plan. If goals and objectives are on the IEP/family support plan, but not the methods/activities, write the methods/activities in this section.

****Frequency –*** Medicaid requires documentation of how often the services will be provided, for example, "two times per week."

****Length –*** Medicaid requires documentation of the estimated period of time each service will be provided, for example, "30 min./session."

****Duration –*** Medicaid requires documentation of the anticipated duration of services, for example, "6 months."

Signatures – Medicaid requires that the therapist's signature, credential/title, and the date be on the plan of care prior to billing Medicaid for services.

****Distribution List –*** Completion of the distribution list will help facilitate recordkeeping if the district maintains Medicaid records separately. If this form is included in the IEP/family support plan, school districts must provide parents with a copy of this form.

*****It is not necessary to write the frequency, length, and duration if this information is on the IEP or family support plan. If the frequency, length, and duration are on the IEP or family support plan, write the date of the IEP.

Appendix A

IEP/Family Support Plan Development Date _____ Page ___ of ___

County School District
Exceptional Student Education
Address

Plan of Care

Type of Service: ☐ **Speech/Language Therapy** ☐ **Physical Therapy** ☐ **Occupational Therapy**

Student's Name: _____ School: _____ Social Security #: _____ DOB: _____

Description of Student's Current Medical Condition: _____

Refer to goals/objectives on IEP dated _____

Goals/Objectives (including methods/activities): _____

Refer to frequency, length, duration on IEP dated _____

Frequency _____ Length _____ Duration _____ (May be total minutes per week)

Therapist: _____

Signature (Must be Legible) Credentials Date

Distribution List: Cumulative Folder: White Therapist: Yellow Parent: Pink Medicaid File: Green Other: Goldenrod

Appendix B
Medicaid Certified School Match Program
Documentation of Services for
Speech/Language Therapy, Physical Therapy, and Occupational Therapy

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Directions for Appendix B

Week of – Enter the dates of service included on the documentation form.

Type of Service – Medicaid requires the type of service (OT, PT, or S/L) to be indicated on service documentation. Check the appropriate box.

Student's Name – Medicaid requires the student's name to be on all service documentation. It is recommended that the student's legal name, as it appears in official school records, be entered. If service documentation is done on a weekly basis, it is not necessary to enter the student's name for each date of service.

School – Enter the name of the school the student will be attending during the year. Identifying the school will assist the district in tracking Medicaid reimbursements at the school level.

Social Security # – Enter the student's social security number (if known). The social security number will assist in obtaining the student's Medicaid number required for billing Medicaid.

DOB – Enter the student's date of birth. This will be helpful in identification of the student for Medicaid billing.

Date of Service – Medicaid requires that service documentation include the date the therapy service was provided.

Place of Service – Medicaid requires documentation of the place where the therapy service was rendered. "Home" should be checked only if the service was provided in the student's home. Services being rendered at a school or community-based site should be marked "school."

Procedure Code – To bill for services, Medicaid requires a procedure code for each service delivered. Enter the applicable procedure code as found in the *Medicaid Certified School Match Program Coverage and Limitations Handbook.*

Diagnosis Code – Although not required on service documentation, Medicaid requires an ICD-9 diagnosis code for billing to support the medical need for therapy. This form includes a column to make a diagnosis code entry for each date of service. If all services during the week address the same diagnosis, the code can be entered only once.

Length of Service – Medicaid requires documentation of the length of time each service is performed. Each unit of service billed to Medicaid must be a minimum of 15 minutes. This column does not need to be completed when the service is an evaluation.

Therapy Method/Activities – Medicaid requires documentation of the therapy method/activities used with the student. If service documentation is done on a weekly basis, the documentation must show the therapy method/activities used for each treatment visit. Although this form leaves a blank space to write in the therapy method, a checklist is acceptable for meeting Medicaid requirements.

Progress Toward Goals/Objectives – Medicaid requires that a student's progress toward meeting established therapy goals and objectives be documented for each treatment service. Although this form documents progress daily, Medicaid accepts a weekly progress statement.

Initial Each Service Provided – The therapist must, at a minimum, initial each treatment visit or service entry to indicate that a service was provided. If daily entries are initialed by the therapist, Medicaid allows service documentation be signed, credentialed/titled, and dated on a weekly basis.

Therapist's Signature/Credential/Date – The required signature, credential/title, and date must be documented before the school district may bill Medicaid for services. The signature indicates that the service and activities documented were actually implemented. If the therapist chooses to sign, credential/title, and date on a daily basis, there is no weekly requirement for the signature, credential/title, and date.

Distribution List – Completion of the distribution list will help facilitate recordkeeping if the district maintains Medicaid records separately.

It is recommended that this form be customized for each of the therapy services by entering a service-specific checklist of procedure codes and common therapy methods/activities in the corresponding sections of the form.

Appendix B

Week of ______________________________________

Documentation of Services

Type of Service: ☐ **Speech/Language Therapy** ☐ **Physical Therapy** ☐ **Occupational Therapy**

Student's Name: ____ School: ______________________________________ Social Security #: _______________________ DOB: __________

Date of Service	Place of Service	Procedure Code	Diagnosis Code	Length of Service (Minimum)	Therapy Methods/Activities	Progress Towards Goals/ Objectives	Initial Each Service Provided
	Home ______ School ______	☐ ______ ☐ ______ ☐ ______ ☐ ______		15 Min. ___ 1 Hour ___ 30 Min. ___ Other ___ 45 Min. ___		______ Mastered ______ Progress ______ No Change ______ Return to previous stage of therapy	
	Home ______ School ______	☐ ______ ☐ ______ ☐ ______ ☐ ______		15 Min. ___ 1 Hour ___ 30 Min. ___ Other ___ 45 Min. ___		______ Mastered ______ Progress ______ No Change ______ Return to previous stage of therapy	
	Home ______ School ______	☐ ______ ☐ ______ ☐ ______ ☐ ______		15 Min. ___ 1 Hour ___ 30 Min. ___ Other ___ 45 Min. ___		______ Mastered ______ Progress ______ No Change ______ Return to previous stage of therapy	
	Home ______ School ______	☐ ______ ☐ ______ ☐ ______ ☐ ______		15 Min. ___ 1 Hour ___ 30 Min. ___ Other ___ 45 Min. ___		______ Mastered ______ Progress ______ No Change ______ Return to previous stage of therapy	
	Home ______ School ______	☐ ______ ☐ ______ ☐ ______ ☐ ______		15 Min. ___ 1 Hour ___ 30 Min. ___ Other ___ 45 Min. ___		______ Mastered ______ Progress ______ No Change ______ Return to previous stage of therapy	

Therapist: ____

MUST BE SIGNED WEEKLY Signature (must be legible) Credentials Date

Distribution List: Therapist: White Teacher/Therapist: Yellow Medicaid File: Green

Appendix C

Agency for Health Care Administration (AHCA)
Area Medicaid School Services Representatives

Medicaid Area	Counties	
1 – Marshall Wallace **E-Mail:** wallacem@fdhc.state.fl.us 6425 Pensacola Blvd/Bldg. 2, Suite 1 Pensacola, FL 32505 (850) 494-5840 (SC: 690-5840) 1-800-303-2422 Fax: (850) 494-5843 (SC: 690-5843)	Escambia Okaloosa Santa Rosa Walton	
2 – Harold Walker **E-Mail:** 2002 Old St. Augustine Road Building D, Room 194 Tallahassee, FL 32301 (850) 921-8474 (SC: 291-8474) ext. 117 Fax: (850) 921-0394 (SC: 291-0394)	Bay Calhoun Franklin Gadsden Gulf Holmes Jackson	Jefferson Leon Liberty Madison Taylor Wakulla Washington
3 – John Bertholf **E-Mail:** bertholj@fdhc.state.fl.us 1130 NE 16th Avenue Gainesville, FL 32601-4559 (386) 418-5350 ext. 112 Fax: (386) 418-5370	Alachua Bradford Citrus Columbia Dixie Gilchrist Hamilton Hernando	Lafayette Lake Levy Marion Putnam Sumter Suwannee Union
4 – Pat Kelly **E-Mail:** kellyp@fdhc.state.fl.us 921 North Davis Street Building A, Suite 160 Jacksonville, FL 32209-6806 (904) 353-2100 (SC: 826-2100) ext. 125 Fax: (904) 353-2159 (SC: 826-2159)	Baker Clay Duval Flagler Florida School for the Deaf and the Blind Nassau St. Johns Volusia	
5 – Mary Ann Hauckes **E-Mail:** hauckesm@fdhc.state.fl.us 525 Mirror Lake Drive, Suite 510 St. Petersburg, FL 33701 (727) 552-1191 (SC: 513-2659) ext. 131 Fax: (727) 552-1216 (SC: 513-2124)	Pasco	

6 – Harold Daniels **E-Mail:** danielsh@fdhc.state.fl.us North Park Center 6800 North Dale Mabry Highway, Suite 220 Tampa, FL 33614-3979 (813) 871-7600 (SC: 512-8290) ext. 123 Fax: (813) 673-4588 (SC: 512-8313)	Hardee Highlands Hillsborough Manatee Polk
7 – Milagros (Millie) Chervoni **E-Mail:** chervonm@fdhc.state.fl.us Hurston South Tower 400 W. Robinson Street, Suite 309 Orlando, FL 32801 (407) 245-0862 (SC: 344-0832) ext. 152 Fax: (407) 245-0847 (SC: 344-0847)	Brevard Orange Osceola Seminole
8 – Betty Fine **E-Mail:** fineb@fdhc.state.fl.us P.O. Box 60127 2295 Victoria Avenue, Room 309 Ft. Myers, FL 33906-0127 (941) 338-2367 (SC: 748-2367) Fax: (941) 338-2642 (SC: 748-2642)	Charlotte Collier DeSoto Glades Hendry Lee Sarasota
9 – William Albury **E-Mail:** alburyw@fdhc.state.fl.us 1720 East Tiffany Drive, Suite 200 West Palm Beach, FL 33407 (561) 881-5080 (SC: 264-5080) ext. 136 Fax: (561) 881-5085 (SC: 264-5085)	Indian River Martin Okeechobee Palm Beach St. Lucie
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