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| Student Name | | |
| Date of Birth | | Diagnosis/ICD-10 Code |
| Referral Dates | From | To |
| Case Manager/Clinician | | |
| District of Liability/Responsible LEA | | |
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|  | **Service Type** | **Allowable Authorizing Provider** |
|  | Any Service | Physician, Physician Assistant, Nurse Practitioner |
| ⬜ | ABA (Applied Behavior Analysis) Services | Licensed ABA or Licensed Psychologist |
| ⬜ | Audiology | Licensed Audiologist/Hearing Instrument Specialist |
| ⬜ | Dental Assessments/Screenings | Dental Hygienist |
| ⬜ | Mandated/EPSDT Health/Behavioral Health Screenings | All EPSDT screenings and visits meet requirement standard |
| ⬜ | Medical Nutritional Services | Licensed Nutritionist/Dietician |
| ⬜ | Occupational Therapy | Licensed Occupational Therapist |
| ⬜ | Personal Care Services | Physician, Physician Assistant, Nurse Practitioner |
| ⬜ | Physical Therapy | Licensed Physical Therapist |
| ⬜ | Psychological Counseling | LICSW or Licensed Psychologist |
| ⬜ | Skilled Nursing Services/Planned Nursing Services | Physician, Physician Assistant, Nurse Practitioner |
| ⬜ | Speech-Language Therapy | Licensed Speech-Language Pathologist |
| ⬜ | Vision Services | Optometrist |
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| As a physician, physician assistant, nurse practitioner or applicable licensed practitioner of the healing arts practicing within the scope of my practice as indicated above, I order/recommend that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ services be provided to the above-named student in accordance with the determinations made by the student’s IEP team and described in this student's current IEP, pursuant to this student’s Section 504 plan or other health plan, or deemed otherwise medically necessary. The frequency and duration of the ordered service are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

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| **Clinical rationale/justification for service(s)**. This should follow standards of clinical practice for each clinical discipline as defined by clinical licensing boards and professional practice organizations. At a minimum, this should be 1-2 sentences that describe why the service is medically necessary, along with an appropriate level of detail required to describe the plan of care to be provided to treat the medical (physical or behavioral health) issue(s);  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Unplanned services, screenings, and evaluations -** In this event, the service authorization requirement is met in the following way.     When unplanned nursing services are provided pursuant to a physician’s standing order rather than a plan of care, the standing order may serve as the authorization. Standing orders are defined as physician orders used in urgent or emergent scenarios in which immediate actions must be taken to support a patient, because any delay in care may be detrimental. Nurses may provide services following these predetermined standards of care, as long as the standing orders have been reviewed and approved at least annually; and the responsible physician signs the service documentation as soon as possible after execution of the nurse-initiated order(s) and before the service is billed to Medicaid.   Unplanned behavioral health interventions cannot be pursuant to a plan of care by nature of being unplanned. Medical necessity should be supported through service documentation; and the service is considered authorized when such documentation is signed by a qualified practitioner. If unplanned behavioral health interventions are provided by a practitioner who is not qualified to authorize services, but is being supervised by a qualified practitioner (e .g ., an LCSW who is supervised by an LICSW), then the supervising practitioner must review and sign the service documentation as soon as possible after the delivery of the service, and before the service is billed to Medicaid.   EPSDT screenings that are listed in the SBMP Billable Procedure Codes and Maximum Fees document (as published and updated in the SBMP Resource Center) are automatically considered to be authorized.     Since evaluations are performed to determine whether services are necessary, the evaluations do not require service authorization. The documentation of the evaluation must support medical necessity and include a description of the clinical reasons that the evaluation was appropriate and necessary. |

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| Provider Signature | | Date |
| Provider Name (Printed) | | |
| Credential | License Number | |
| Address | | |
| Phone Number | Email Address | |
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