

DEVELOPMENTAL AND ASSISTIVE THERAPY CHECKLIST

The following questions are designed as a guide to assist in determining when a service is billable as Developmental and Assistive Therapy. The exception is that services listed as “Exclusions from School-Based Health Services Billing” are **never** billable. This form is an optional tool and is not mandatory.

Case Manager’s Name: _____

School: _____

Student's Name: _____

IEP Initiation Date: _____

Service in Question: _____

Yes___	No___	Is the service excluded from School-Based Health Services billing? (see section G of the Medicaid Manual)
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If the answer to the above question is Yes, the service is not billable.

Yes___	No___	Is the service identified by the IEP along with the duration and frequency that the service will be provided?
Yes___	No___	Is specialized instruction being provided to the student? For example, if the service is listed as “study hall” does it actually involve someone providing specialized instruction to the student or is instruction only provided when a student requests assistance?
Yes___	No___	Does the service promote normal development by correcting deficits in the child’s affective, cognitive, behavioral or psychomotor/fine motor skills?
Yes___	No___	Is the service provided by a licensed special educator or under the direction of a licensed special educator?

If the answer to the four questions above is “Yes”, and the appropriate documentation is in place, the service is billable as Developmental and Assistive Therapy. If any of the four answers above are “No”, the service does not qualify for reimbursement.

Case Manager's Signature: _____

Date: _____