

Bandon SD	Brookings SD	Gold Beach SD	Coos Bay SD	Coquille SD
Myrtle Point SD	North Bend SD	Port-Orford SD	Powers SD	Reedsport SD

(Circle one)

Written Recommendation for Medicaid Billable School-Based Health Services

Last Name: _____ First Name: _____

Birth Date: _____ Medicaid ID#: _____

Resident District: _____ Attending School: _____

For and within the frequency and duration of the IEP / IFSP dated: _____

I have assessed the student's status and recommend the following treatment be included in the IEP/IFSP:

___ **Speech Therapy** **Scope of Recommendation:** Treatment Consultation

Frequency of Service: _____

Signature/Credentials Date

___ **Aug/Com** **Scope of Recommendation:** Treatment Consultation

Frequency of Service: _____

Signature/Credentials Date

___ **Occupational Therapy** **Scope of Recommendation:** Treatment Consultation

Frequency of Service: _____

Signature/Credentials Date

___ **Physical Therapy** **Scope of Recommendation:** Treatment Consultation

Frequency of Service: _____

Signature/Credentials Date

___ **Nursing** **Scope of Recommendation:** Treatment Consultation

Frequency of Service: _____

Signature/Credentials Date

___ **Nursing 1:1** **Scope of Recommendation:** Treatment Consultation

Frequency of Service: _____

Signature/Credentials Date

The purpose of this form is to meet the Licensed Practitioner Recommendation under SBHS rule 410-133-0160, and is to be used for Medicaid billing procedures only. The form will be maintained as part of the student's Medicaid record. 410-133-0160 - Licensed Practitioner Recommendation Request for payment of medical services required by a child's IEP/IFSP must be supported by written recommendation from a physician or a licensed practitioner of the healing arts within the scope of their practice. The recommendation must be updated annually.