

**Service Care Plan**

**\_\_\_\_\_ County Schools**

Date: August 19, 2015

Student's Full Name: Jane Ann Doe DOB: 1-01-1900

Parent(s)/Guardian(s)/Surrogate Parent: John and Jill Doe Grade: 3

Address: 123 Main Street WVEIS Number: 999999999

City: Anytown State: WV Zip Code: 25000 Medicaid Number: 0000000000

- Enter a specific diagnosis code(s) that matches the service(s) being provided (Speech, Nursing, Audiological, Occupational and Physical Therapy will each require a specific ICD diagnosis code):  
F72 – Severe Intellectual Disability, F802 – Mixed receptive-expressive language disorder, F42 Obsessive Compulsive Disorder, F82 Developmental Coordination Disorder

Measureable Treatment Goals and/or Objectives (List the goals/objectives from the student's IEP in the areas of Speech, Occupational Therapy, Physical Therapy, Audiology, and Behavior if applicable. For Nursing services attach a copy of the student's Health Care Plan. If a student has a Behavior Intervention Plan attach a copy to this form):

**Frequency and Duration of Treatment:**

| Services                             | Extent Frequency<br>_____ per _____           | Initiation Date<br>mm/dd/yyyy | Duration<br>mm/yyyy |
|--------------------------------------|---|-------------------------------|---------------------|
| Occupational Therapy                 | 180 minutes/month                             | 8-24-2015                     | 06/2016             |
| Physical Therapy                     | 240 minutes/month                             | 8-24-2015                     | 06/2016             |
| Speech Therapy                       | 120 minutes/month                             | 8-24-2015                     | 06/2016             |
| Specialized Transportation with Aide | Twice daily                                   | 8-24-2015                     | 06/2016             |
| Personal Care Skills                 | Daily in all school settings                  | 8-24-2015                     | 06/2016             |
| Psychotherapy                        | 60 minutes/month                              | 8-24-2015                     | 06/2016             |
| Specialized Nursing Care Services    | Daily as outlined in Nursing Health Care Plan | 8-24-2015                     | 06/2016             |
| Behavior Intervention Plan           | Daily in all school settings                  | 8-24-2015                     | 06/2016             |
|                                      |   |                               |                     |

**Targeted Case Management may be provided based upon medical necessity.**

Parent/Adult Student Signature: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

SAMPLE