|  |  |
| --- | --- |
| DEPARTMENT OF HEALTH SERVICESDivision of Medicaid ServicesF-01198 (07/2008) | STATE OF WISCONSIN |
| WISCONSIN MEDICAIDOPTIONAL SCHOOL-BASED SERVICES ACTIVITY LOG**NURSING / THERAPY MEDICAL SERVICES** |
| Name — Student (Last, First, MI)      | Name — School      | Method Used (Circle One) **Time Task** |
| **Date of Service** (MM/DD/YY) | **General Service Category** | **Unit of Service** (Time or Units) | **Group or Individual** | **Describe Specific Services Performed** | **Student's Response/ Progress** | **Initials or Signature\*** (Of Person Who Performed Service) |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

|  |  |  |
| --- | --- | --- |
| \*Initials Key | Signatures — Corresponding Staff  | Date Signed (MM/DD/YY) |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Therapy services only:** |
| **A.** Does the recipient have insurance? [ ]  Yes [ ]  No(If yes, go to B. If no, stop.) | **B.** Is there an insurance exclusionary clause for all school-based services? [ ]  Yes [ ]  No(If yes, insurance liability does not apply. If no or do not know, go to C.) | **C.** Check the option selected:[ ]  Option 1: School assuming insurance liability. (Subtract the first occurring unit of occupational therapy [OT] [group or individual] and/or physical therapy [PT] [group or individual] during the calendar month from the monthly claim for services. Bill the remaining services to Wisconsin Medicaid. Do not indicate an "other insurance" disclaimer code in Element 9 of the CMS 1500 claim form.)[ ]  Option 2: School seeking insurance payment for OT (group or individual) and/or PT (group or individual). Schools must have parental permission for this option.[ ]  Option 3: School not seeking Medicaid payment for OT (group or individual) and/or PT (group or individual). |