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| DEPARTMENT OF HEALTH SERVICES Division of Medicaid Services  F-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) |
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| \*Initials Key | Signatures — Corresponding Staff | Date Signed (MM/DD/YY) |
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| **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). |