

THERAPIES AT PLAY, INC (TAP)

Tap into Early Intervention

80 PROFESSIONAL CT. LAFAYETTE, IN 47905 (765) 448-6216 Fax: (765) 448-3898

Name: _____ first & last name of child (must match SPOE records) Service Date: _____ month/day/year

P.A.#: 110000000 (9 digit child ID#) – 00 (1 or 2 digits after ID#) ICD-9: (related to intervention) CPT: (must match FS services list)

Start time: (use exact time) am/pm End Time: (use exact time) am/pm Location: home daycare other (must circle one)

Address: _____ complete address with city and zip (State needs this info for audit purposes)
Street City Zip

Outcome(s) addressed: _____ Should be paraphrase of actual IFSP outcome. List all that you are addressing.

Result of Visit:

1. List specific activities in terms of skills you are addressing. Include how the child performed during the activity.
2. Quantify how much assistance was provided during therapeutic activities.
3. Do not duplicate specific activities from one session to another. Change something about it. Work on the concept without using the same activity. DISCLAIMER: If the STG is to have the child retain something about the intervention from one session to the next, then repetition may be appropriate. (perhaps with a child on the Spectrum) However, funding sources (State or Insurance) will look at this as repetition that does not necessarily require skilled intervention as the family could be trained in this.
4. Document progress made from the last session or lack thereof. This will be good for funding sources and for the family to see. If a change in service level is requested in the future, then the documentation will support it.
5. This section should reflect the amount of time spent with the child. If an hour is billed and only three sentences are here, then it doesn't accurately reflect why an hour was necessary.

Family Education/Involvement:

1. Document which family members were present and how they were involved in the session. Did the family PARTICIPATE, OBSERVE, ASK QUESTIONS, REPORT PROGRESS, or HAVE INTERMITTENT INVOLVEMENT within the session?
2. List any training or suggested activities that you provided to the family and any handling demonstrated by family member.
3. If a caregiver was present rather than a family member, specify this and document their involvement. It may be as simple as "therapist reviewed session note and intervention with caregiver".
4. Did they implement strategies given to them previously?

Follow-up:

1. List any follow up that any team member (family or provider) needs to do.
2. List any medical follow up or other intervention to take place.
3. If no follow up to occur, acknowledge this section with "NA", "-----" or something like "parent to cont. home programming" etc.

Next scheduled session: _____ Specific day, date and time. Location should be specific as well.
Day Date Time Location

Cancelled sessions (not rescheduled) between this visit and last visit:

Provider needed to cancel session scheduled for _____ (date). Reason _____ illness, vacation, weather, etc.

Family needed to cancel session scheduled for _____ (date). Reason _____ specific reason

My signature certifies that the above stated activities occurred at the time and location indicated and that (must match times above) minutes/hour of direct services were provided to my child/family.

Cannot bill for services without signature. Date must be included. Indicate if no phone for family.

Parent/caregiver signature _____ Date _____ Phone # _____

Cannot bill for services without signature. Date must be included. Phone number important for parent to contact.

Provider signature _____ Date _____ Phone # _____