

HSCSN Request for Therapeutic School Break Services (TSBS)



Therapeutic School Break Services (TSBS) are therapy services (individual therapy or a therapeutic day program) that are intended to meet the therapy needs of the child when they are not in school. To qualify for TSBS, the member must receive therapy as part of an Individualized Education Program (IEP), and have a planned break from school lasting at least 1 week (5 school days). A therapy provider should be selected and have agreed to provide the service before requesting authorization. The caregiver and TSBS provider need to agree that the TSBS service will be able to meet all the therapy needs of the child during that time period.

This form must be completed by a treating practitioner. Fax this form and supporting documents to HSCSN Utilization Management at **Fax: 202-721-7190** or email: UM@hschealth.org. **IMPORTANT TO NOTE: This request will not be processed unless all of the items below are completed.**

DATE OF REQUEST:	
PROVIDER:	MEMBER:
Ordering Provider (MD or NP):	Member Name:
Provider NPI #:	Member ID: DOB:
Provider Phone #: Fax #:	Primary Diagnosis:
Provider Email:	Other Diagnoses:
TSBS Provider (must be in-network with HSCSN):	
Contact Person:	Phone #:
Dates for Authorization Start Date:	End Date:
MEDICAL NECESSITY:	
<p>I. Individualized Education Program (IEP): To qualify for TSBS, the member must have an IEP and receive therapy as part of a school program (PT, OT, ST, and/or Behavioral Support Services). If there is one therapy service in the IEP, the member is eligible for individual therapy. If two or more services are in the IEP, then the member is eligible to receive individual therapy or a therapeutic day program. IEP attached: <input type="checkbox"/> Yes <input type="checkbox"/> No, explain:</p>	
<p>II. Type of Therapy: <input type="checkbox"/> Individual Therapy <input type="checkbox"/> Therapeutic Day Program</p>	
<p>III. Therapies to be provided as Therapeutic School Break Services: <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Applied Behavioral Analysis (ABA) Therapy</p>	
<p>IV. Goals for Therapeutic School Break Services (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Maintain and/or improve gross motor skills. <input type="checkbox"/> Maintain and/or improve fine motor skills. <input type="checkbox"/> Maintain and/or improve communication skills. <input type="checkbox"/> Maintain and/or improve social-emotional skills. <input type="checkbox"/> Maintain and/or improve adaptive skills/daily living skills. <input type="checkbox"/> Provide behavior management. <input type="checkbox"/> Therapeutic school break services can reasonably be expected to prevent regression of current skills. 	
<p>V. Attestation: I am an active treating provider for the above patient. It is my medical opinion that the health care services being requested are reasonable and medically necessary.</p>	

Signature of requesting provider:
Printed Name:

Date: