



The personal information collected on this form will be used for the purposes of determining eligibility for and providing At Home Program school-aged extended therapies and will be treated confidentially in compliance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, use or disclosure of this information, please call Enquiry BC at 1 800 663-7867 and ask for the listing for Children and Youth with Special Needs Policy.

All Parts of this form must be completed in order to prevent delay of your request from being processed. Completion of Part 4 is only required for chiropractic and massage therapy requests.

PART 1 CHILD (age 5 and older)

Form with fields: NAME OF CHILD, DATE OF BIRTH (YYYY/MM/DD), PHONE NUMBER ( ), ADDRESS, CITY/TOWN, POSTAL CODE

SPECIFIC DIAGNOSIS (i.e.: type of impairment, location and degree of involvement)

PART 2 INTENT OF SERVICE

Indicate which type of service will be provided to the child: [ ] Post-surgical rehabilitation [ ] Maintain or improve functional skill (max \$1920 for OT/PT/SLP; max \$960 for chiropractic/massage)

Please indicate surgery date: \_\_\_\_\_ YYYY/MM/DD

PART 3 SERVICE REQUESTED (please select one only)

Form with checkboxes: OCCUPATIONAL THERAPY (OT), PHYSIOTHERAPY (PT), SPEECH-LANGUAGE PATHOLOGY (SLP), CHIROPRACTIC (see Part 4), MASSAGE (see Part 4). Includes fields for Start and End Dates\* and Total Funding Requested\*\*.

PART 4 PHYSICIAN'S REFERRAL (required only for massage and chiropractic requests)

I support this request for massage or chiropractic (circle one) services.

Form with fields: NAME OF PHYSICIAN, SIGNATURE OF PHYSICIAN, DATE SIGNED (YYYY/MM/DD)

PART 5 FUNCTIONAL OUTCOMES

Indicate the intended functional outcomes of your service for the child. Identify those outcomes that will be addressed through the use of a therapist assistant (if applicable). Refer to the Guidelines for Therapists — Writing Functional Outcomes, available at http://www.mcf.gov.bc.ca/at\_home/guidelines.htm Please use the reverse or attach an additional sheet if required.

Large empty box for writing functional outcomes.

Functional Outcomes continued on page 2

**PART 5 FUNCTIONAL OUTCOMES** (continued)

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**PART 6 COORDINATION OF OT/PT/SLP SERVICES**

The OT, PT and SLP services made available through the At Home Program are an enhancement to the therapy services provided by the child's school/community based team (i.e. School-Aged Therapy Program and school district SLP services). As a result, the requested OT, PT or SLP service must compliment and be consistent with the child's established school/community based therapy plan.

Indicate the name and profession of the child's therapy team member(s) (OT, PT, SLP) consulted:

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**PART 7 THERAPIST** (must match payee name on future invoices, if payment to be provided to therapist)

NAME OF THERAPIST		PROFESSION	
LICENSED BY	REGISTRATION/LICENSE NUMBER	PHONE NUMBER (    )	
AGENCY NAME (if applicable)			
ADDRESS		CITY/TOWN	POSTAL CODE

Have you previously provided therapy for this child?     YES     NO

Have you submitted an outcome summary of the previous therapy?     YES     NO

Payment to be made to:     Therapist     Agency     Other: \_\_\_\_\_  
PLEASE PROVIDE NAME

This request has been developed in collaboration with the family and school/community therapist(s), and reflects meaningful outcomes for the child and family.

SIGNATURE OF THERAPIST	DATE SIGNED (YYYY/MM/DD)

MAIL OR FAX COMPLETED FORM TO:

MEDICAL BENEFITS - AT HOME PROGRAM  
MINISTRY OF CHILDREN AND FAMILY DEVELOPMENT  
PO BOX 9763 STN PROV GOVT  
VICTORIA BC V8W 9S5  
FAX NUMBER:    (250) 356-2159  
PHONE NUMBER:    (250) 387-9649 or 1-888-613-3232 (Toll Free)

## Billing Information

The At Home Program may provide extended occupational therapy (OT), physiotherapy (PT), speech-language pathology (SLP), chiropractic and massage services for children aged five or older who are enrolled in the At Home Program Medical Benefits.

The maximum hourly billing rate for OT, PT and SLP are as follows:

- Services delivered directly by a therapist: \$80 per hour
- Services delivered by a therapist assistant (TA): \$40 per hour; and,
- Services delivered by both a TA and supervising therapist at the same time, including therapist time spent providing the TA with child-specific instructions: \$120 per hour

Invoices must be clearly itemized by hourly rate and payment category in order to qualify for payment. Services lasting less than one hour must be prorated. Therapy service providers may bill up to a combined total of three hours (within the approval period) for consultation, report writing, and travel purposes.

The maximum hourly billing rate for chiropractic and massage services are as follows:

- \$40 per session for chiropractic services; and,
- \$40 per hour for massage services (massage services lasting less than one hour must be prorated)

For questions regarding billing, please call (250) 387-9649 (Victoria) or 1-888-613-3232 (Toll Free)