

_____, referred to as the "Therapy Group", is requesting approval by the Division of Specialized Care for Children (DSCC), to provide therapy services to DSCC-eligible clients as a therapy group. The Therapy Group agrees, upon DSCC approval, to meet the general and specific therapy discipline criteria as stated in this application. As an approved therapy group, the Therapy Group agrees to notify DSCC immediately if they are unable to meet any or all of the general or therapy discipline specific criteria as stated in this application.

Therapy Discipline Requested (Check all that apply):

- ☐ Physical ☐ Occupational ☐ Speech

Accreditation* (Check all that apply):

- ☐ Joint Commission of Accreditation of Healthcare Organization (JCAHO)
☐ American Osteopathic Association (AOA)
☐ Commission on Accreditation of Rehabilitation Facilities (CARF)

**If not accredited by one of the above organizations, please contact the DSCC Provider Unit at (877) 791-5170 for individual enrollment.*

GENERAL REQUIREMENTS FOR ALL THERAPISTS

- Licensure in the state in which practice occurs
- Provide evidence of medical malpractice insurance by insurer licensed in the State of Illinois. Such professional liability insurance shall be in an amount at least \$1,000,000 per claim and \$3,000,000 aggregate or meet the limits of liability set by law in any state in which the group practices.
- Will not seek further payment for therapy services from the patient or patient's family beyond the amounts available from third party payers and/or DSCC.
- Provide billing information and reports related to services provided to DSCC children.

Criteria for Occupational Therapist:

- Bachelor's degree/certificate in Occupational Therapy.
- Certification as Occupational Therapist, Registered (OTR).
- Equivalent of one year's paid professional experience in working with physically disabled children; minimum of two years' pediatric experience if performing wheelchair evaluations.
- At least 40% of practice involves treatment of children.

Criteria for Physical Therapist:

- Bachelor's degree/certificate in Physical Therapy.
- Equivalent of one year's paid professional experience working with physically disabled children; minimum of two years' experience if performing wheelchair evaluations.
- At least 40% of practice involves treatment of children.

Criteria for Speech Pathologist

- Master's degree in Speech Pathology and/or Communication Disorders from an ASHA accredited institution.
- Minimum of two years' paid professional experience in working with physically disabled children, including a supervised clinical fellowship year.
- At least 60% of practice involves treatment of children.

By my signature below, I am authorized to affirm that:

- All therapists providing services to DSCC clients meet the general requirements and discipline specific criteria as stated.
- I agree to notify DSCC immediately if for any reason the Therapy Group is unable to meet any or all of the criteria as stated in this application.

DSCC reserves the right to withhold payment for services if at any time during the term of this approval, a therapist providing services to DSCC clients does not meet the required criteria.

VALID FOR TWO YEARS FROM DATE OF THE APPROVED APPLICATION

Therapy Group (please print or type)

Name/Title of Therapy Group Representative

Address

City

State

Zip

Phone Number

Fax Number

Signature of Therapy Group Representative

Date

If you have any additional sites, please list below (attach a separate page if necessary):

Additional Site:

Address

City

State

Zip

Phone Number

Fax Number

Additional Site:

Address

City

State

Zip

Phone Number

Fax Number