

Individual's Name		Medicaid No.
Case Management Agency (CMA) Name	CMA Vendor No.	Requested Skilled or Specialized Therapy Music Therapy

List non-waiver resources that were exhausted:

Family, ISD, Medicaid

\_\_\_\_\_  
Signature – Case Manager

\_\_\_\_\_  
Date

**To be Completed by the Appropriate Professional**

Diagnosis:  
CP/MR

Brief description of need for services:  
----- displays issues consistent w/ a diagnosis of CP/MR that put her safety, health & well being at risk. Problem areas include decreased social skills, diminished communication skills, lack of independence in daily living skills, behavior & cognition issues, lack of self control, decreased ability to follow commands/instructions, lack of social awareness & difficulty with physical gait and balance. The problem areas listed above present major safety concerns for ----- while in the community, at home, and in school. Music Therapy Services will assist in lessening the need for future supports as ----- ages & allow for successful integration into her community, home, and school, with the skills & abilities she needs to contribute as a meaningful & independent member of her community.

Specific qualifying conditions requiring treatment:  
Specific qualifying conditions that require the need for therapy services include: decreased expressive and receptive verbal/non-verbal communication skills, communication comprehension deficits, poor sequencing and reasoning skills and poor impulse control. ----- also demonstrates difficulty performing activities of daily living (ADLs) independently.

Describe or attach the interventions planned with baseline data and goals and objectives outlined in observable and measurable terms. Also include a plan for implementation and the scope, duration, amount, frequency and location of service.

See Attached

Can components of the requested service be delivered by someone other than a therapist?  Yes  No

If no, please describe the components that require a licensed/certified professional:  
A Board-Certified Music Therapist (MT-BC) has met the educational, experiential and assessment standards set forth by a national governing agency. A MT-BC must follow practice standards, codes of ethics, and continuing education requirements that are not required of a paraprofessional or a family member. A MT-BC carries professional liability insurance and is properly trained in the understanding of therapeutic approaches related to medical issues that could arise if not facilitated by a clinically trained professional.

Describe a plan for transferring the therapy services to a non-therapist and changing the role of the therapist to a supervisory role of the non-therapist:

N/A

\_\_\_\_\_  
Signature – Professional

\_\_\_\_\_  
Board-Certified Music Therapist

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Printed Name of Professional Rachel L. Smith, MA, MT-BC	Area Code and Telephone No.	License No. (if applicable)
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