



135 Chatham St.  
Sanford, NC 27330

P: (919) 774-1281  
F: (919) 774-1282

Dear Parents:

We're delighted you've chosen Theraplay for your child's therapy. We have great plans for your child and know we can effect change with your assistance. We view the therapy process as a partnership which involves more than just his/her attendance at therapy. Working with us once/twice a week will benefit your child's development. However, with home practice of the goals we work on during our sessions, his/her rate of progress will increase considerably.

As a Medicaid recipient your child's continued therapy enrollment is also subject to rules set forth by the Division of Medicaid. DOM will not cover therapy services when documentation supports that the beneficiary is noncompliant with the therapy regimen. Noncompliance is defined by DOM as failure to follow therapeutic recommendations which may include any and all of the following.

*(please initial each policy)*

\_\_\_\_\_ Failure to attend scheduled therapy sessions...3 consecutive therapy sessions and/or missing half or more of the scheduled visits without documentation of valid reasons.

\_\_\_\_\_ Failure to perform home exercise program as instructed by the therapist.

\_\_\_\_\_ Failure to fully participate in therapy sessions (i.e., refusing to perform activities directed by therapist; late for scheduled therapy sessions or leaving before the session is completed).

\_\_\_\_\_ Failure to properly use special equipment or adaptive devices.

\_\_\_\_\_ Failure of parent/caregiver to otherwise comply with therapy regiment as documented.

\_\_\_\_\_ In addition, Medicaid requires that your child's health-care provider take part in the therapy process. This is accomplished by the health care provider signing our treatment plan. Also, they are required to see your child at least every 6 months is they are to sign off on the treatment plan(s). It's your responsibility to make and keep these appointments. Children not seen by their healthcare provider will not be approved for additional therapy.

Please sign here indicating you have received a copy of this letter and understand its implications for your child's therapy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Sincerely,

Jeanine Morton, M.A., CCC-SLP  
Owner/Director