

**Application for JCM Clinical Exception for OT/PT/SLP Service
(More than 58 hours of service)**

To be completed by requesting therapist

Individual:	Date application submitted:
DOB:	CARMP: Yes <input type="checkbox"/> No <input type="checkbox"/> *TBD <input type="checkbox"/>
ISP Budget Year: ____/____/____ to: ____/____/____	

** To Be Developed*

Therapist:	Agency:
Therapist Phone #:	Therapist Fax #:
Therapist E-Mail:	

Case Manager:	CM Agency:
CM Phone #:	CM Fax #:
CM E-Mail:	

Service Type Requested:

<input type="checkbox"/> OT/OTA	<input type="checkbox"/> PT/PTA	<input type="checkbox"/> SLP
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Current Budget Units Approved and Additional Clinical Exception Units Requested

	Current Approved Budget for OT/PT/SLP	Additional Unit Request for Clinical Exception OT/PT/SLP	Current Approved Budget for OTA/PTA	Additional Unit Request for Clinical Exception OTA/PTA	Totals
*Standard Rate					
*Incentive Rate					

** Note: Replace with Clinical Rate and Integrated Rate if still on 2007 Standards.*

Therapist History:

I have been providing therapy for this individual for:			
< 1 year ____	1 to 2 years ____	3 to 4 years ____	5 years or more ____

***Justification for Request (Required):**

Explain why more than 58 hours of service are needed to implement the attached Therapy Intervention Plan.
Justification for Request:
Therapist's Signature:

