

# MEDICAL SUBSIDY DOCUMENTATION REQUIREMENTS:

<p><b><u>ADHD/ADD:</u></b></p> <ul style="list-style-type: none"> <li>○ Licensed physician</li> <li>○ Fully licensed psychiatrist</li> <li>○ Fully licensed psychologist*</li> </ul>	<p><b><u>Vision Problems:</u></b></p> <ul style="list-style-type: none"> <li>○ Optometrist</li> <li>○ Ophthalmologist</li> <li>○ Licensed physician</li> </ul>
<p><b><u>Emotional Conditions</u></b> (i.e., ODD, PTSD, anxiety disorder, or adjustment)</p> <ul style="list-style-type: none"> <li>○ Licensed psychologist</li> <li>○ Licensed psychiatrist</li> <li>○ Licensed physician</li> <li>○ Licensed Master's of Social Worker (LMSW)</li> </ul>	<p><b><u>Psychiatric Conditions</u></b> (i.e., bipolar disorder or schizophrenia):</p> <ul style="list-style-type: none"> <li>○ Licensed psychiatrist</li> <li>○ Licensed psychologist</li> </ul>
<p><b><u>Hearing Loss:</u></b></p> <ul style="list-style-type: none"> <li>○ Audiologist</li> <li>○ Licensed physician</li> </ul>	<p><b><u>Prenatal Drug Exposure:</u></b></p> <ul style="list-style-type: none"> <li>○ Positive Lab Reports from birth</li> <li>○ Hospital Records from birth</li> </ul>
<p><b><u>Orthodontics Problems:</u></b></p> <ul style="list-style-type: none"> <li>○ Orthodontist</li> <li>○ Dentist</li> </ul>	<p><b><u>Fetal Alcohol Spectrum Disorder:</u></b></p> <ul style="list-style-type: none"> <li>○ Medical Geneticist</li> <li>○ Licensed physician</li> <li>○ Licensed psychiatrist</li> </ul>
<p><b><u>Motor Impairment &amp; Sensory Problems:</u></b></p> <ul style="list-style-type: none"> <li>○ Licensed physician</li> </ul>	<p><b><u>Physical Conditions:</u></b></p> <ul style="list-style-type: none"> <li>○ Licensed physician</li> </ul>
<p><b><u>Education/Learning Conditions</u></b> (i.e., mental impairment, speech &amp; language impairment, learning disability, developmental delays, emotional impairment or autism)</p> <ul style="list-style-type: none"> <li>○ Current Individual Education Program (IEP)</li> <li>○ Current Individual Family Service Plan (IFSP)</li> <li>○ Psychiatrist (document or comprehensive evaluation)</li> <li>○ Psychologist (document or comprehensive evaluation)</li> </ul>	<p><b>The following professionals are <i>NOT</i> accepted when signing documentation:</b></p> <ul style="list-style-type: none"> <li>- Nurse Practitioner (NP)</li> <li>- Physician Assistant (PA)</li> <li>- Licensed Professional Counselor (LPC)</li> <li>- Master's of Arts (MA)</li> <li>- Any Limited Licensed Professional (LL)</li> </ul>
	<p><b>The documentation to approve medical subsidy <i>MUST</i> be:</b></p> <ul style="list-style-type: none"> <li>- Signed and dated within 12 months of the application</li> <li>- Physically or electronically signed by the appropriate professional</li> <li>- Conclusive (conditions documented as "provisional or ruled out" cannot be approved)</li> </ul>

\*Comprehensive evaluation required