

**“Under the Direction of” Documentation for Medicaid  
Billable Physical Therapy Assistant Services**



SERVICE  
LEADERSHIP  
COLLABORATION  
EXCELLENCE

Per Medicaid Policy, a **Physical Therapy Assistant** *MUST* work “under the direction of” a **fully licensed** Physical Therapist. It is the physical therapist supervisor’s responsibility to monitor the PTA’s performance with continuous assessment of the student’s progress throughout the school year, review and sign all documentation including this form. **A fully licensed Physical Therapist shall not supervise more than four PTAs at the same time.**

**One form should be filled out for each student on the PTA’s caseload per school year.**

Student Name:	Date of Birth:	Reason for Treatment:
Physical Therapy Assistant’s Name:		School Year:
<b>Review of IEP / Evaluations</b> (at minimum at the beginning of the school year or the beginning of treatment for new students):		
Date:		Date:
<b>Quarterly Supervision</b>		
<b>Direct Observation:</b>		
Date:	Date:	
Date:	Date:	
<b>Review of Service Documentation:</b> Medicaid service notes, goals, and progress reports.		
Date:	Date:	
Date:	Date:	
<b>Conference with PTA:</b>		
<b>Date:</b>	<b>Notes:</b>	
<b>Other Relevant Data:</b>		
<b>Date:</b>	<b>Notes:</b>	

Supervising Physical Therapist Signature: \_\_\_\_\_

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

Physical Therapy Assistant Signature: \_\_\_\_\_

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

**Please return this completed form to your Special Education office – it must be retained for SEVEN years in the case of an audit!**