

**MEMORANDUM OF AGREEMENT
BETWEEN THE
DIVISION OF MEDICAID AND HEALTH FINANCING
AND REHABILITATION CENTER PROVIDERS**

In addition to the requirements of the Medicaid Provider Agreement, rehabilitation center providers of physical and occupational therapy services are required to agree to the following provider qualifications:

1. **License:** ensure that all physical and occupational services are provided by licensed physical therapists and occupational therapists.
2. **Sanctions:** ensure that all licensed physical and occupational therapists are free from State and Federal sanctions.
3. **Treatment Planning:** ensure that the rehabilitation center uses a multi-disciplinary approach to treatment planning for physical and occupational services. Multi-disciplinary treatment planning means to engage a team, committee, or group to form a treatment plan for the patient.
4. **List the Treatment Planning Team members by title (not by name) and qualifications or licensure:**

_____	_____
Title	License
_____	_____
Title	License
_____	_____
Title	License
_____	_____
Title	License
_____	_____
Title	License
_____	_____
Title	License

5. **Statement of frequency of meeting and how the treatment planning team operates**

Provider Name (Type or Print)

Signature of Provider

Date: _____

Public Notary

Residing/Doing Business at: _____

My Commission Expires: _____

The above and foregoing is hereby accepted and approved; and the following Medicaid Provider Number is assigned to the aforementioned provider:

Medicaid Provider Number

Utah State Department of Health,
Division of Medicaid and Health Financing

Type or Print Title of Authorized Party

Signature of Authorized Party

Date: _____