PRIME PEDIATRIC THERAPY
Little Minds, Limitless Potential

SCHOOL & PPEC PARTNERSHIP

Guidelines, Protocols & Partnership Request Form

Speech Therapy | Occupational Therapy | Physical Therapy

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PURPOSE

Prime Pediatric Therapy partners with schools, PPECs, daycares, and other pediatric community settings to support coordinated access to medically necessary speech-language, occupational, and physical therapy. These guidelines establish a consistent process for referrals, scheduling, communication, documentation, safety, privacy, and continuity of care.

PARTNERSHIP GUIDELINES

1. Authorization & Site Approval

Services begin only after required parent/guardian consent, provider orders/referrals when applicable, payer authorization when required, and approval from the school or Facility. School-based collaboration must follow the school's visitor, access, scheduling, and public-private collaboration procedures.

2. Provider Credentials

Prime clinicians and assistants must maintain credentials appropriate to their discipline and scope of practice. Required credentialing, background screening, identification, orientation, and site-specific documentation must be completed before independent service delivery.

3. Student/Patient Eligibility

Therapy is provided based on clinical need, applicable referral/order requirements, payer coverage, and Prime's ability to safely meet the child's needs. School-based medically necessary therapy is distinct from services the school may provide under an IEP or Section 504 plan.

4. Scheduling & Space

The partner site and Prime will identify mutually acceptable service times and a safe, appropriate therapy space. Therapy should minimize disruption to the child's educational, nursing, feeding, rest, and medically necessary routines.

5. Privacy & Information Sharing

Prime will protect PHI and other confidential information. Information will be shared only as permitted by law and with appropriate authorization. School educational records and health information may be subject to different privacy requirements; only the minimum information needed for coordination should be exchanged.

6. Documentation & Communication

Prime clinicians document services in accordance with professional, payer, and company requirements. Relevant recommendations and progress information may be shared with authorized school/Facility staff and caregivers to support continuity of care.

7. Safety & Infection Control

Clinicians must follow partner-site safety, infection-control, emergency, and sign-in/sign-out procedures. Any medical precautions, allergies, mobility restrictions, feeding precautions, seizure plans, or emergency needs should be communicated before treatment.

8. Attendance & Cancellations

The partner site should notify Prime promptly when a child is absent, unavailable, hospitalized, on a field trip, or otherwise unable to participate. Prime will communicate clinician absences and rescheduling needs as early as practical.

9. Billing & Non-Duplication

Prime bills only for services actually rendered and supported by required documentation. Services must not be knowingly duplicated or billed simultaneously in a manner prohibited by the applicable payer or program.

10. Professional Collaboration

Prime staff will work respectfully with teachers, nurses, administrators, caregivers, and other treating professionals while maintaining clinical independence, scope of practice, and the child's individualized plan of care.

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SERVICE & COMMUNICATION PROTOCOLS

Referral / Intake Protocol

1. Partner identifies a child who may need therapy or receives a parent/provider request.
2. Obtain required parent/guardian permission before exchanging protected information.
3. Send Prime the referral/order, demographics, insurance information, relevant evaluations/medical records, and applicable school/Facility information.
4. Prime verifies clinical and payer requirements and contacts the family as needed.
5. Services are scheduled only after required approvals are in place.

On-Site Arrival Protocol

Clinician signs in, displays required identification, confirms the child's availability and current status, reviews relevant precautions/changes, and proceeds to the approved therapy location.

Session Protocol

Verify the correct child; follow the plan of care and discipline-specific scope; maintain appropriate supervision and safety; coordinate around medical/educational routines; and avoid interfering with nursing or other medically necessary care.

Post-Session Protocol

Document the visit promptly, communicate material concerns or recommendations to authorized parties, restore the therapy area, return the child to the designated staff member/caregiver, and sign out.

Change-in-Condition / Incident Protocol

Stop or modify therapy when a child's condition makes participation unsafe. Follow the site's emergency/incident procedure, notify appropriate staff and caregiver/provider when indicated, and complete required Prime and site documentation.

Records & Requests Protocol

Requests for records, progress summaries, care conferences, or school collaboration should be routed through authorized contacts. Do not send confidential records through unapproved channels.

Discharge / Transition Protocol

Prime will coordinate discharge or transition when goals are met, services are no longer medically necessary, authorization ends, attendance prevents effective treatment, the child transfers, or another clinically appropriate reason applies. Relevant parties should receive appropriate notice and recommendations.

Important: Partner sites may have additional requirements. For Miami-Dade public-school collaboration, the school's current public-private collaboration process and approvals should be completed before private on-campus services. PPEC partners must also follow applicable Florida PPEC rules, including medical-record, infection-control, and emergency procedures.

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PARTNERSHIP REQUEST FORM

PARTNER INFORMATION

School / Facility: _____	**Type:** School / PPEC / Daycare / Other
Address: _____	**City / ZIP:** _____
Primary Contact: _____	**Title:** _____
Phone: _____	**Email:** _____

SERVICES / COLLABORATION REQUESTED

■ Speech-Language Therapy ■ Occupational Therapy ■ Physical Therapy

■ Direct Therapy ■ Evaluation ■ Consultation ■ Collaboration / Care Conference ■ Observation

Preferred Days / Times: _____

Therapy Space Available / Location: _____

Estimated Number of Children: _____ **Desired Start Date:** _____

SITE REQUIREMENTS / NOTES

Sign-in / Visitor Requirements:

_____

_____

Required Orientation, Credentialing or Background Screening:

_____

Emergency / Nursing / Infection-Control Considerations:

_____

_____

Additional Notes:

_____

_____

ACKNOWLEDGMENT

The parties acknowledge that services and collaboration are subject to applicable laws, payer requirements, professional scope-of-practice standards, parent/guardian authorization, and the partner site's policies. This form is a coordination document and does not replace a formal service agreement, provider order, plan of care, payer authorization, IEP/504 process, or other required documentation.

Partner Representative: _____	**Date:** _____

Signature: _____	**Title:** _____
Prime Pediatric Therapy Representative: _____	**Date:** _____

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