

****Patient Name:****

****Date of Birth:****

****Insurance:****

****Member ID:****

****To Whom It May Concern:****

[Patient Name] is a [patient's age]-year-old [male/female] who is currently under the care of [clinic/hospital name] in the Division of Developmental and Behavioral Pediatrics. [He/She] has been diagnosed with the following conditions:

1. Autism Spectrum Disorder (ICD-10: F84.0, ICD-9: 299.00)
2. Mixed Receptive-Expressive Language Disorder (ICD-10: F80.2, ICD-9: 315.32)
3. Developmental Delay (ICD-10: R62.50, ICD-9: 783.40)

It is medically necessary for [Patient Name] to have a Home Health Aide (HHA) for 6 days a week due to these diagnoses. The recommended HHA schedule is as follows:

- ****Monday to Friday:**** 7 hours/day on school days (3 PM - 10 PM)
- ****Saturday:**** 16 hours/day (6 AM - 10 PM)

The duration of services needed is [insert number of months].

A Home Health Aide is critical for [Patient Name] to ensure safety, reduce the risk of elopement, and prevent injuries or further disability due to poor safety awareness. Additionally, the HHA will assist [Patient Name] in achieving functional independence in performing activities of daily living (ADLs), such as:

- Toileting
- Bathing
- Dressing
- Feeding
- Transportation

Given that [Patient Name] requires 24-hour supervision, they are dependent on others for daily living skills. The presence of a Home Health Aide for a total of 51 hours per week will support the family in maintaining the necessary level of care and will help ensure that [Patient Name] can remain safely in their home environment.

****Service Requested: Home Health Aide (HHA)****

****Schedule:****

- Monday-Friday: 3 PM – 10 PM
- Saturday: 6 AM – 10 PM

****Duration:**** [insert number of months]

Thank you for your attention to this matter. Please do not hesitate to contact me should you require any further information.

Sincerely,

[Physician's Name], MD, MPH

Phone: [Physician's Contact Number]

Fax: [Fax Number]

License Type: [License Information]

NPI: [NPI Number]

Medicaid ID: [Medicaid ID]