

## SUPPORT COORDINATOR SCREENING AND DISCHARGE FOR OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPY

### Description (Occupational, Physical and Speech)

Therapy services provide medically necessary activities to develop, improve, or restore functions/skills. Therapy services require a prescription, are provided or supervised by a licensed therapist, and are not intended to be long term services. Therapy services are intended to help the member reach their highest potential.

- A. Occupational therapy (OCT) may address the use of the body for daily activities such as, dressing, sensory and oral motor development, movement, and eating.
- B. Physical therapy (PHT) may address the movement of the body related to walking, standing, balance, transferring, reaching, sitting, and other movements.
- C. Speech therapy (SPT) may address communication (receptive, expressive language, and pragmatic [social] language), articulation, fluency, eating, and swallowing.

### Responsible Person's Participation (OCT, PHT and SPT)

To maximize the benefit of this service, improve outcomes and adhere to legal liability standards, parents/family or other caregivers (paid/unpaid) are required to:

- A. Be present and actively participate in all therapy sessions; and,
- B. Carry out the home program.

### Home Program

A home program is a Division requirement. It should be part of the member's daily routines, reviewed and updated by the provider as part of all treatment sessions, and objectively documented and updated if needed on each quarterly progress report by the treating healthcare provider(s).

Qualified providers approved to provide skilled intervention services must ensure that a caregiver/responsible person is present and participates in all therapy sessions.

The Division requires a caregiver/responsible person or other caregivers (paid/unpaid) to be present and participate in all therapy sessions in order to:

1. Maximize the benefit of therapy services including implementing a home program;
2. Improve outcomes; and,
3. Adhere to legal liability standards. The member's caregiver/responsible person is expected to instruct all other caregivers regarding the therapeutic activities that comprise the home program.

If the caregiver/responsible person or other caregivers does not participate in a therapy session:

1. The therapy session shall be canceled;
2. The qualified provider shall contact the Support Coordinator to discuss the lack of parent/family member/caregiver participation prior to the next therapy session; and,
3. The qualified provider shall document the reason for the cancellation on quarterly progress notes.

### Home Functional Maintenance Program

When the member no longer demonstrates clinical progress in the therapy program, the member has attained maximal potential, or the member no longer requires skilled therapy intervention, the therapist is required to formulate and implement a home functional maintenance program with the member and member's care providers to support the generalization of skills across environments.

1. A home functional maintenance program is an individualized series of specific activities that members and their responsible person/caregiver can complete at home to maintain the therapeutic gains provided by Therapy services;
  2. A home functional maintenance program is a level of service that may be managed by the member and/or responsible person/caregiver, with updates by the skilled therapist as deemed medically necessary. This level of service is considered reasonable and appropriate when a member does not require skilled therapy;
  3. Per the Division of Developmental Disabilities Medical Policy Manual Chapter 1200, Section 1250-E: Therapy services provide medically necessary activities to develop, improve, or restore functions/skills. Therapy services require a prescription/certified plan of care, are provided or supervised by a licensed therapist, and are not intended to be long term services, is outcome driven and consultative in nature; and
  4. Per RFQVA DDD-71000, January, 2020: When therapy is no longer reasonable and necessary on a regular basis, a therapist shall assess and establish a functional maintenance program for the member to achieve the outcomes.
- 5.1 The therapist shall reassess and revise the maintenance program as needed.

**Exclusions (OCT; PHT; SPT)**

Exclusions to the authorization of Therapy services may include, but are not limited to the following:

- A. Rehabilitative therapy (acute therapy) due to an accident, illness, medical procedure, or surgery. Rehabilitative therapy includes restoring former functions or skills due to an accident or surgery.
- B. Funding for rehabilitative therapy shall be sought from:
  1. Private/third party insurance;
  2. Children's Rehabilitative Services (CRS);
  3. American Indian Health Services (AIHS);
  4. Comprehensive Medical and Dental Plan (CMDP);
  5. Arizona Health Care Cost Containment System (AHCCCS); or,
  6. Division of Disabilities (DD)/Arizona Long Term Care Service (ALTCS) Acute Health Care Plan.
- C. Therapy for educational purposes.

**Evaluation Triggers**

An evaluation should be considered and a referral/creation of authorization for evaluation to vendor/agency, if any of these evaluation triggers are identified.

- A. The member's Support Coordinator identifies and observes a concern.
- B. The member's treating qualified provider or other licensed healthcare professional (within the scope of licensure) identifies a concern as determined appropriately.
- C. The member's caregiver and/or responsible person identifies a concern.
- D. The member presents with a change in medical status that is not rehabilitative.
- E. The member has not had an evaluation within the last three (3) years.
- F. There is a change in vendor/agency and the member has not had an evaluation within the last (1) year.
- G. Prior to redetermination of eligibility (e.g., age three (3), age six (6), eighteen (18) or at the time of redetermination as determined appropriate).

**OCT, PHT, and SPT Service Completion Criteria:**

- A. Treatment goals and objectives have been met.
- B. OCT, PHT, and/or SPT skills are within normal and/or functional limits or is consistent with the individual's baseline.
- C. Communication abilities have become comparable to those of others of the same chronological age, gender, ethnicity, or cultural and linguistic background and or has achieved a functional level of skills.
- D. The desired level of enhanced OCT, PHT, and/or SPT skills has been reached.
- E. The speech, language, communication, and/or feeding and swallowing skills no longer affect the individual's health status.
- F. The member is unable to tolerate treatment because of a serious medical, psychological, or other condition.
- G. The member completes functional outcomes/goals on the Plan of Care and no longer requires skilled therapy (OCT, PHT, SPT) services. The member no longer requires skilled therapy services from a qualified OCT, PHT and/or SPT provider. Habilitation services may be recommended to continue unskilled support of the member's program for maintenance. A home functional maintenance program should be developed by the providing therapist and reviewed with the member and/or caregiver/responsible person.
- H. The member and/or caregiver/responsible person is unwilling to participate in treatment, requests discharge, or exhibits behavior that interferes with improvement or participation in treatment (e.g., noncompliance, non-attendance).
- I. Medical necessity is not established by a qualified healthcare provider.

**Other Considerations for Service Closure/Suspension:**

- A. The member completes functional outcomes/goals on the Plan of Care and no longer requires skilled therapy (OCT, PHT, SPT) services.
  - Habilitation services may be recommended to continue unskilled support of the member's program for maintenance.
- B. The member and/or caregiver/responsible person is unwilling to participate in treatment or Home Program, requests discharge, or exhibits behavior that interferes with improvement or participation in treatment (e.g., noncompliance, non-attendance). Habilitation providers work one-to-one with the member doing activities to teach a variety of important skills including improving community skills, community safety skills, social interactions, gross and fine motor skills, cognition, and adaptive behavior therefore they can assist with the Therapy functional outcomes/goals.
- C. Medical necessity is not established by a qualified healthcare provider.

Refer/create authorization for evaluation to vendor/agency, if there are identified concerns in any of the following areas:

A. Occupational Therapy	Yes	No
<p><u>Self-care (Activities of Daily Living - ADLs):</u> difficulty performing dressing, personal hygiene/grooming, bathing/showering, toileting/toilet hygiene, and eating (feeding/swallowing) skills.</p> <p><i>Additional information:</i></p>		
<p><u>Sensory processing:</u> difficulty responding appropriately to different sensory experiences (i.e., touch, taste, sight, sound, smell, and movement) which interferes with the ability to participate in daily activities.</p> <p><i>Additional information:</i></p>		
<p><u>Motor:</u> limitations of upper/lower body endurance, coordination, strength, and movement.</p> <p><i>Additional information:</i></p>		
B. Physical Therapy	Yes	No
<p><u>Walking:</u> unsteady, walks on toes, appears stiff or awkward, drags feet.</p> <p><i>Additional information:</i></p>		
<p><u>Difficulty running, hopping, skipping,</u> as compared to peers (age appropriate), weaker than peers and tires easily.</p> <p><i>Additional information:</i></p>		
<p><u>Balance:</u> appears clumsy, bumps into things, trips and falls easily, holds onto walls/furniture to stand/walk.</p> <p><i>Additional information:</i></p>		
<p><u>Transferring:</u> difficulty getting in/out of bed, getting up from chair, etc. Cannot coordinate body.</p> <p><i>Additional information:</i></p>		
<p><u>Reaching:</u> difficulty initiating movement, reaching across body to get toy/object.</p> <p><i>Additional information:</i></p>		
<p><u>Poor posture:</u> holds body in strange positions for periods of time, cannot sit up or stand without support.</p> <p><i>Additional information:</i></p>		
C. Speech Therapy	Yes	No
<p><u>Receptive and Expressive Language, Pragmatic (social) (communication):</u> Impaired comprehension and/or use of spoken, written and/or other language systems and may present as difficulty understanding or expressing grammar forms of language; content and meaning of language; using language for a specific purpose or in specific environments; and/or the perception/processing of language.</p> <p><i>Additional information:</i></p>		
<p><u>Articulation (speech sound production):</u> Impaired speech sound production, voice and/or fluency. This may involve one, all or a combination of these components of the speech production system, e.g.: incomplete or abnormal speech sound production; poor coordination of the oral-motor system for purposes of speech production.</p> <p><i>Additional information:</i></p>		
<p><u>Fluency:</u> Difficulty with the smoothness, rate, and effort. This may include may include hesitations, (e.g., silent pauses), and interjections of word and/or non-word fillers (e.g., “umm”), and/or word and/or phrase repetitions.</p> <p><i>Additional information:</i></p>		
<p><u>Eating (feeding) Swallowing:</u> Difficulty at the different stages in the swallowing process: E.g., sucking, chewing, and moving food or liquid into the throat, starting the swallowing reflex, squeezing food down the throat, and closing off the airway to prevent food or liquid from entering the airway (aspiration) or to prevent choking.</p> <p><i>Additional information:</i></p>		

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