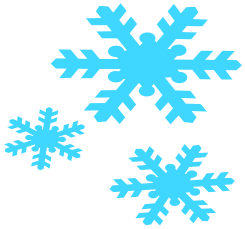
E-Therapist Bulletin

Division of Developmental Disabilities

December 2011



Inside this issue:

Re-districting	2
Therapy Reminders	3-4
Therapy Provider Search Tool	5
Changing Qualified Vendors	6-7

Equal Opportunity Employer/Program

Under Titles VI and VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible.

To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.

Once sent out to providers, this e-Therapist Bulletin is available on the DDD website. Click on News & Events for all Division Newsletters and Bulletins.

Therapy Services That Support Families/Caregivers in Daily Routines are Evidenced Based

Therapy services support families and caregivers to enhance their children's learning and development through everyday routines. When children practice therapy skills throughout the day in meaningful and functional ways, opportunities to meet their therapy outcomes increase.

Therapists must make certain that families/caregivers understand routines so they are able to identify them as contexts for learning. Routines have been defined in many ways. Routines are a mix of structured and unstructured life activities or experiences relevant to each individual family. All routines have potential for providing positive learning opportunities for all family members and for meeting therapy intervention outcomes.

When working with families it is important to learn about the family's priorities and concerns and to explain the value of embedding intervention outcomes during routines. When families/caregivers understand this value as well as their role in the individual's development, they are more likely to take an active role. It is also important to determine the family's/caregiver's perceptions and expectations for the individual's participation in routines and talk about the challenges with those routines. Lastly, observing the family/caregiver in their routines is critical in understanding how successful the routine is and what might be modified to make it more successful.

Therapists are part of a team that supports all routines of the family/caregiver and the team should collaborate and coordinate together on a regular basis. Training the family/caregivers and other providers is a vital role for the therapist. Family members/ caregivers need to understand how to conduct the specific home activities during general routines and monitor the progress and skill level of the individual being served. When teaching activities within the routine, the activities should occur in as many environments and with multiple caregivers to encourage generalization and maintenance of learned strategies.

DEPARTMENT OF ECONOMIC SECURITY

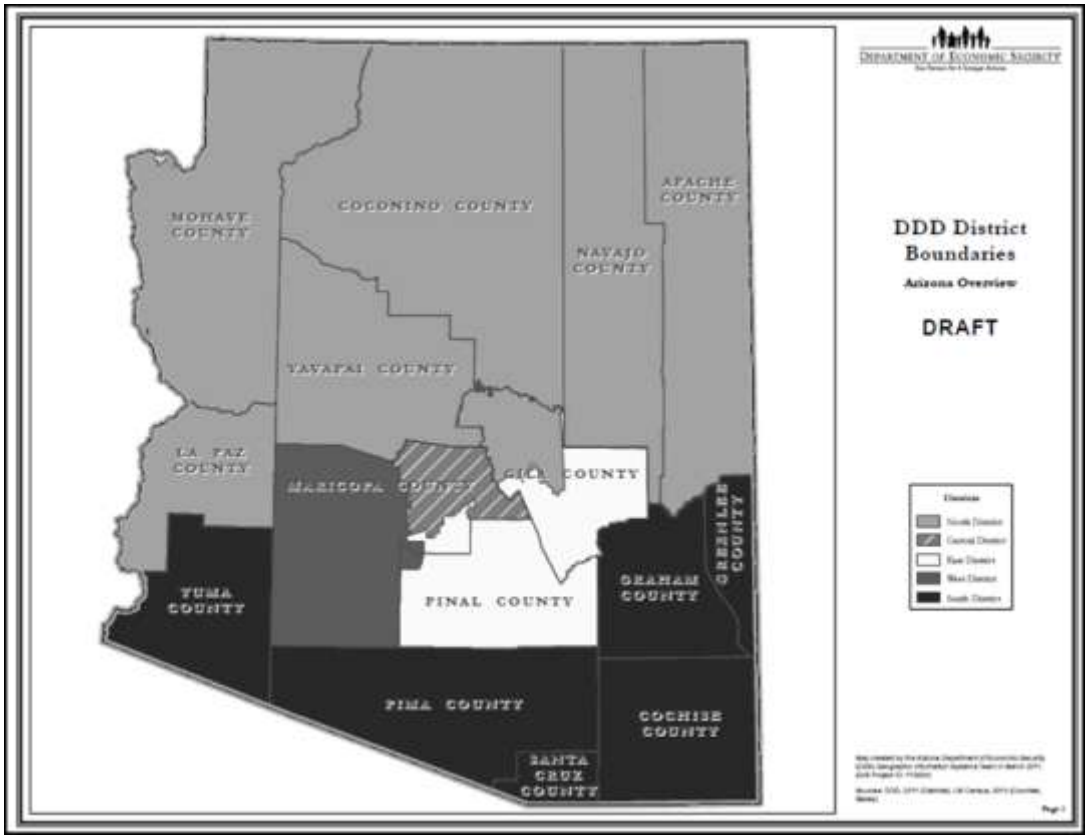
Your Partner For A Stronger Arizona

Re-districting Project Implemented

As you may know, in December 2010, the Division of Developmental Disabilities began its re-districting project to streamline the organization, balance the number of people served in each region and provide resources to people closer to home. Reorganization of the Northern District (Apache, Navajo, Coconino, Yavapai, Mohave, La Paz) and the Southern District (Graham, Greenlee, Cochise, Santa Cruz, Pima and Yuma counties) has been completed.

The final phase was implemented on November 1, 2011 with Maricopa County transitioned to the West, Central and East Districts including Pinal and Gila counties) Districts.

Support Coordinator assignments were not affected as a result of re-districting. Your comments and feedback continue to help ensure a smooth transition as we move forward. If you have questions, comments or feedback, please contact Aaron Heard at AHeard@azdes.gov or the DDD Hotline at (602) 364-1379.



Welcome Stacie Gastineau!

Stacie Gastineau has come on board as the new Therapy Coordinator for the North District. Her areas include Yavapai, Coconino, Navajo, Apache, LaPaz, and Mohave counties, as well as the Payson area. Stacie can be reached at 928-753-4868 or by email at sgastineau@azdes.gov.

Therapy Updates & Reminders

E-Therapist Bulletin: The E-Therapist Bulletin is how DDD Central office communicates all "new" therapy updates with both Agency and Independent Therapy Providers. Central Office views this format of communication essential and holds all therapists accountable for the information provided. Please share the e-Therapist Bulletin with your therapy staff!

(As described in the Division's service specifications) **Therapy services are to be provided through:** consultation/ coaching/participation-based approach (The therapist participates as a member of the ISP/IFSP team. This service is designed to instruct consumers and their family/caregivers in therapeutic activities based upon meaningful functional outcomes identified in the Individual Support Plan (ISP)/Individual Family Service Plan (IFSP).

Goal: To support and enhance the ability of the family/caregiver to promote the consumer's development and participation in family and community life. The therapist models and instructs the family/caregiver the therapeutic activities integrated in the consumer and families their daily routine. The intention is that the family/caregiver will then provide practice opportunities that facilitate successful engagement in relationships, activities, routines, and events of everyday life. The participation-based approach empowers the consumer and promotes their family independence. As per Therapy Policy and the Division's therapy contract, the therapist may only provide services with a family member/caregiver/responsible party present who can participate and learn during e ach therapy session. The therapist must develop a home program for all consumers over the age of 3. Please follow this link www.az.des.gov/ ddd to view the service specifications.

Physical Therapy for consumers over 21 years old:

As of 10/1/2011 – DDD will no longer be directly authorizing or paying for Physical Therapy for consumers over 21. The consumer's acute Health Plan will be taking over both responsibilities. The Support Coordinators will not be involved with authorizations. The PT AHCCCS benefit remains limited to 15 combined total visits for both habilitative therapy and acute rehabilitative therapy. The yearly authorized time period begins on Oct. 1st and goes through Sept.30th . The family member/consumer will need to get a new prescription from their PCP and have it sent directly to their Health Plan.

Prescriptions: A prescription is required from the primary care provider (PCP) for all ALTCS eligible consumers over the age of 3. The prescription must contain the physician's name, address and if applicable, the name of the practice, list the frequency (one hour a week, 2 hours a week) and duration (six months, one year) of the prescribed therapy (OT,PT,ST). Prescriptions may not state "ongoing therapy" or be more than 1 year old.

New Due Dates for Reports: (as of 4/15/2011)

Quarterly Progress Report due dates, now follow the annual calendar quarters plus 15 days:

January, February, and March reports are due April 15

April, May, and June reports are due July 15th

July, August, September reports are due October 15th

October, November, and December reports are due January 15th

Evaluation Reports: Written reports are either submitted to the Support Coordinator directly or via the correct Provider Report Mailbox:

Over 3 years old: are due within 3 weeks of the evaluation
Under 3 years old: are due within two (2) weeks of the evaluation

Therapy Reminders, continued

Forms:

Continue to use the therapy quarterly progress report form that has been attached to the E-Therapist Bulletin for the last two years. If you choose to use your own report form, you must make sure that all of the same information/questions asked on the DDD format is incorporated into your form.

Secure Link

Emails that contain personal health Information or any other confidential information must be secured. In an effort to make this process easier, we have included a link to a very simple AND FREE method for you to use to secure your emails to us.

Please use this link when e-mailing progress reports: https://secure.azdes.gov/secure_contact_us/

When you open the link, you will see a screen. Enter the Provider Report e-mail address:

Where to Send Quarterly Therapy Progress Notes

There are two acceptable methods for submitting progress reports. 1) To the assigned, secured e-mail address or 2) through the US mail. All submittals are checked daily by assigned office representatives who have three days to get the reports to the Support Coordinators.

Therapy providers must provide current progress reports including the specific home program to the Division, the family and the physician for requests to be considered or reauthorized. A sample format of the quarterly report and evaluation is attached to this e-bulletin. All fields in the reports must be filled out, including the start date of therapy.

For the Phoenix area – Central, East and West Districts:		Therapy Coordinator	
North District, e-mail to:	DDDD3ProviderReports@azdes.gov xt.36511	Stacey Gastineau	928-753-4868
Central District, email to:	DDDD1ProviderReports@azdes.gov	Carmen Sheets	602-246-0546
West District, email to:	DDDD1ProviderReports@azdes.gov	Carmen Sheets	602-771-3181
East District, email to:	DDDD1ProviderReports@azdes.gov	Kathy Hornburg	602-771-3172
South District, email to:	DDDD2ProviderReports@azdes.gov	Alta Gasque	520-638-2577

Santa Cruz, Cochise, Graham & Greenlee Counties **Fax to** : Linda Southwell at 928-348-7725

Needed Subject Line Information:

Please make sure that the subject line of the e-mail includes the following information:

Supervisor's name (if known) - or District Office name is entered first, followed by the Support Coordinator 's name, followed by the consumers first name and last initial.

Example: "North Office, SC's name, Consumer's first name – last initial

Home Program Oversight

Each Quarterly Progress Report must include specific information regarding the consumer's/family's home program reporting on the family's progress, participation and barriers to perform the intended activities that the therapist instructs.

Past Due Reports:

All Quarterly Progress Reports are valuable to determine the consumers' progress or lack of progress and are used to determine if re-authorization for therapy services is warranted. Each report must be specific to that time period. Do not cut and paste with the same information from quarter to quarter.

Therapy Provider Search Tool

The Division of Developmental Disabilities (DDD) has developed a feature on its website that consumers and families may use to search for providers of occupational, speech, and physical therapy services. This search tool will allow consumers and families to identify available therapists in their geographic area. This interactive search tool will not change the method for selecting a provider as outlined in A.A.C. R6-6-2107 and implemented by the District in which the consumer resides.

The feature can be found on the main DDD website www.azdes.gov/ddd. Click the link on the left side titled "Find a DD Service Provider." The email registration process is easy for families to use. The user must have an email address. If you have any questions, please contact Miriam Podrazik at 602-542-6962.

Office for Children with Special Health Care Needs (OCSHCN) Update April 2011

As stated on the website, the Arizona Department of Health Services (ADHS) Office for Children with Special Health are Needs (OCSHCN) has recently become part of the ADHS Bureau of Women's and Children's Health. OCSHCN is delighted to have the Title V Maternal and Child Health and Children with Special Health Care Needs (OCSHCN) programs together organizationally. OCSHCN invites you to visit the updated OCSHCN website and to use the online link to contact them with your comments, questions or suggestions.

OCSHCN continues working to improve systems of care and provide information and referrals for families to professionals. OCSHCN also provides training to families and professionals on best practices related to medical home, cultural competence, transition to adulthood and family and youth involvement. They support telemedicine to provide services in remote areas of the state. You may contact the office by calling 602- 542-1860 or 800-232-1676 or sending an email to OCSHCN@azdhs.gov.

FIRST THINGS FIRST

As stated on their website, the First Things First Early Childhood Therapist Incentives Programs has two components: Loan Repayment and Stipend. The purpose of these programs is to provide incentives for Speech/Language Pathologists, Occupational and Physical Therapists, Child Psychologists, and Mental Health Specialists who provide early childhood development services to children, up to age 5, in specified areas of Arizona as determined by the First Things First (FTF) regional councils. Currently, the regional councils participating in the FTF Incentives Programs are Cochise County, Colorado River Indian Tribes (CRIT), Gila County, Graham/Greenlee Counties, North Pima County, Northwest Maricopa County, Santa Cruz County, South Phoenix, and Yuma County. Click on the website www.ftfincentives.com for more information.

Qualified Vendor System Consumer Rights and Responsibilities

1. Your participation in the development of the Individual Support Plan is important. Families and consumers can agree or disagree with the plan.
2. You will need to provide required information and to contact your Support Coordinator about any changes to that information.
3. You have the right to choose a vendor or to have a vendor automatically chosen for you.
4. You have the right to choose a Support Coordinator or to have a Support Coordinator chosen for you.
5. You may request a change of vendor, for any reason, at the annual Individual Support Plan or Individualized Family Service Plan Team meeting.
6. If you are not satisfied with services, you must give the vendor the opportunity to make improvements. If you are still not satisfied, you may request a change of vendor through your Support Coordinator. You must provide evidence that you gave the vendor an opportunity to improve.
7. Always treat vendors in your home with respect and dignity and you have the right to be treated in the same way.
8. Check on and notice the quality of the supports or services provided and share your comments with the vendors, caregivers and Support Coordinator.
9. You have the right to have your complaints or grievances heard, according to the Rules of the Division of Developmental Disabilities.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-0419; TTY/TDD Services: 7-1-1

Arizona Department of Economic Security
DDD-1406APAMNA (7-07)

All references in this guide are in accordance with AAC R6-6-2101-2119. Additional references include R6-6-2107 and R6-6-2109.

Arizona Department of Economic Security

DDD

Division of Developmental Disabilities

Changing Qualified Vendors

A GUIDE FOR FAMILIES

When can you change your Qualified Vendor?

At the annual Individual Support Plan (ISP) or Individualized Family Service Plan (IFSP) team meeting:

No explanation needed, just let the team know at the annual team meeting, but not at a preview or special staffing. This is the easiest and preferred time to change vendors. The team will document your request, discuss it and move forward with options, including help in locating a new Qualified Vendor.

Outside the annual Individual Support Plan (ISP) or Individualized Family Service Plan (IFSP) team meeting:

You can request a change in vendor outside the Individual Support Plan (ISP) or Individualized Family Services Plan (IFSP) team meeting. This is a little more involved. By law, a process must be followed allowing the Qualified Vendor to respond to your concerns and reasons for wanting to change vendors. The Division facilitates this process. The ONLY exception to this process is when it is determined an individual is in jeopardy or there is an immediate risk, as determined by the Division.

When can a Qualified Vendor discontinue your services?

If your Qualified Vendor gives you notice to discontinue your service, contact your Support Coordinator immediately. A Qualified Vendor MUST work with you and the team to seek a resolution and MUST get permission from the Division to stop your services if a resolution cannot be reached.

Changing Qualified Vendors Outside the Individual Support Plan (ISP) or Individualized Family Service Plan (IFSP)

Qualified Vendors are providers of services and are here to work with you. In choosing a vendor, you likely considered many factors to ensure the best match such as philosophies, communication styles, and social opportunities which helps assure satisfaction with your selection.

However, sometimes difficulties arise. Communication is critical to solve any issues. Assistance with communication and problem solving can come from Support Coordinators and Individual Support Plan (ISP) or Individualized Family Support Plan (IFSP) teams. Typically any issue can be resolved with some creative problem solving.

Changing Qualified Vendors in some instances may be the best course of action. The following chart simplifies the mandated steps for changing your Qualified Vendor.

1. If you have unresolved issues with your Qualified Vendor that cannot wait for an annual ISP or IFSP team meeting, contact your Support Coordinator.
2. Division sends written notice of your change request to your Qualified Vendor.
3. If your Qualified Vendor does not agree or wants another chance, the Division sends a certified copy of the change, using the *Change of ISP (DD-224)* form to your Qualified Vendor.
4. A resolution meeting is scheduled with the Qualified Vendor, the Division and you.
5. The Qualified Vendor has 30 days to implement resolution. After then, the ISP or IFSP team meets with the Qualified Vendor to review progress.
6. If progress is unsatisfactory and a change in your Qualified Vendor is still wanted, the Division notifies the Qualified Vendor in writing regarding your transitional change to a new Qualified Vendor.
7. Move to locate a new Vendor.

For further information, contact your Support Coordinator.

QUARTERLY THERAPY PROGRESS/DISCHARGE REPORT

INDIVIDUAL'S NAME (*Last, First, M.I.)*	DATE OF BIRTH	ASSISTS NO.

INDIVIDUAL'S ADDRESS *(No., Street, City, State, ZIP)*

RESPONSIBLE PERSON'S NAME	PHONE NO. (*Include Area Code*)

AGENCY AND THERAPIST'S NAME	DATE OF EVALUATION	DATE OF REPORT

AGENCY ADDRESS *(No., Street, City, State, ZIP)*

PHONE NO. *(Include Area Code)*	FAX NO. *(Include Area Code)*	DISCIPLINE / THERAPY
		☐ Occupational ☐ Speech ☐ Physical

PHYSICIAN'S NAME

CPT CODE *(Optional)*	DIAGNOSIS	SUPPORT COORDINATOR'S NAME

QUARTERLY REPORT DATES	
From: To:	

DATE THERAPY FIRST STARTED	DATE THERAPY STARTED WITH CURRENT PROVIDER	MODEL OF SERVICE
		☐ Group ☐ 1:1 ☐ Co-Therapy

LOCATION OF SERVICE	RECOMMENDED LEVEL OF SERVICE	FREQUENCY / DURATION OF AUTHORIZED SERVICE

DATES OF SERVICE

NO-SHOW / CANCELLATION DATES AND REASON FOR MISSED APPOINTMENTS

SUMMARY OF COLLABORATION / COORDINATION AND TRAINING WITH OTHER PROVIDERS

INDIVIDUAL'S NAME	DATE OF BIRTH	DATE OF REPORT

BRIEF BACKGROUND SUMMARY

Outcomes should be ISP / IFSP / Person-Centered Plan driven.
Functional outcomes must be specific, measurable and time-limited.

FUNCTIONAL OUTCOME:

STRATEGIES / ACTIVITIES USED TO ADDRESS OUTCOME

PROGRESS ON OUTCOME

RECOMMENDATIONS/CHANGES

FUNCTIONAL OUTCOME:

STRATEGIES / ACTIVITIES USED TO ADDRESS OUTCOME

INDIVIDUAL'S NAME	DATE OF BIRTH	DATE OF REPORT

PROGRESS ON OUTCOME

RECOMMENDATIONS/CHANGES

FUNCTIONAL OUTCOME:

STRATEGIES / ACTIVITIES USED TO ADDRESS OUTCOME

PROGRESS ON OUTCOME

RECOMMENDATIONS

FUNCTIONAL OUTCOME:

STRATEGIES / ACTIVITIES USED TO ADDRESS OUTCOME

INDIVIDUAL'S NAME	DATE OF BIRTH	DATE OF REPORT

PROGRESS ON OUTCOME

RECOMMENDATIONS

FUNCTIONAL OUTCOME:

STRATEGIES / ACTIVITIES USED TO ADDRESS OUTCOME

PROGRESS ON OUTCOME

RECOMMENDATIONS

FUNCTIONAL OUTCOME:

STRATEGIES / ACTIVITIES USED TO ADDRESS OUTCOME

INDIVIDUAL'S NAME	DATE OF BIRTH	DATE OF REPORT

PROGRESS ON OUTCOME

RECOMMENDATIONS

JUSTIFICATION OF CONTINUED THERAPY AS IT RELATES TO OUTCOMES IN ISP / IFSP / PERSON-CENTERED PLAN

HOME PROGRAM

PROGRESS/OVERSIGHT OF HOME PROGRAM

INDIVIDUAL'S NAME	DATE OF BIRTH	DATE OF REPORT

CHANGES OR ADDITIONS TO HOME PROGRAM

CONCERNS, ISSUES OR QUESTIONS

IF THERE IS A RECOMMENDED CHANGE IN THE LEVEL OF SERVICE, PLEASE PROVIDE ADDITIONAL OUTCOMES AND/OR EXPLANATION

RECOMMENDATIONS AND PURPOSE FOR EQUIPMENT

THERAPIST NAME(S)	THERAPIST SIGNATURE(S)

ROUTING: Original – Support Coordinator; Copy – Primary Care Provider; Copy – Family/Responsible Person