



January 2010

e – Therapist Bulletin

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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.

Cochise County Needs You!

There is a great need for OTs, PTs and SLPs in District VI, specifically in the Cochise County area. For more information, please contact Linda Southwell at 928-428-0474 x 1140.

District I News

Quarterly Progress reports for District I should not be faxed. Please continue sending all reports either by email or postage mail to:

DDDD1ProgressReports@azdes.gov or 4000 N. Central, Suite 900 Phoenix, AZ 85012.

Emailed reports should include the Support Coordinator name and Office in the subject line. Without the subject line information, there will be a delay in the delivery of reports to the appropriate staff. Emails must be secured before sending.

District II News

A new electronic mailbox has been created to receive emailed therapy progress reports and evaluations by District II therapy providers. Therapy Services will forward all emailed reports to the corresponding Support Coordinator. The new mailbox for District II is: **DDDD2ProviderReports@azdes.gov**.

Providers must include in the subject line the name of the Support Coordinator and have their emails secured before sending.

If providers have any questions, please call Alta at 520-519-1711 x 1133.

Securing Emails Containing Confidential Information

If you do not have a program that ensures the security of outgoing mail, you can use this link: **https://secure.azdes.gov/secure_contact_us/**

This is a very simple and FREE method that can be used to send emails that contain PHI or any other confidential information to DDD. It is very important to secure emails containing confidential data as we are all subject to the same HIPAA regulations.



EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Payments

If a provider claims they are not paid timely, they have the ability to file a claim dispute with the Health Plan. The Health Plans must follow federal guidelines. They must pay or deny a claim within 30 days. If they deny within 30 days, the provider files a claim dispute which is then reviewed by the Health Plan. If the provider still disagrees with the decision they can request a hearing with an Administrative Law Judge who makes a recommendation to AHCCCS then AHCCCS makes the final determination.

See page 3 for a breakdown of EPSDT and how it fits in with the Division of Developmental Disabilities.

Continuity of Care/Discontinuation of Services For Consumers Who Are Targeted

For current DDD/TSC individuals being served by Qualified Vendors:

The SC will communicate to the team the need to refer to the AHCCCS health plan for a TSC individual, with the understanding that:

1. The provider should be consulted as to their choice of either having their name submitted to the health plan for consideration of assignment for continuation of services or not to continue, however in either case, the provider can continue the service until the health plan either assigns the current provider out of network or assigns someone from their own network.
2. The SC will communicate what the health plan has decided to the provider and to the rest of the team. If the current provider is not continuing as the provider, the SC and provider will choose an end date for their last visit and close out the authorization in Focus. This ensures that all team members are on the same page regarding when services will discontinue.

For new individual coming into DDD:

New targeted consumers, or existing consumers authorized to receive a new service should be referred to their appropriate AHCCCS Health Plan for services.

Notification of Billing Procedures

In February 2008, the Division implemented new published rates for occupational, physical and speech therapies. The rate setting model includes a factor for missed appointments. The Division will discontinue the current practice of allowing claims for missed appointments effective March 1, 2010. The Division's Management Team met in December and agreed with the following:

- ♦ Discontinue the current practice of allowing claims for missed appointments effective March 1, 2010.
- ♦ A provider may request approval from the District Program Manager or District Program Administrator to bill for a missed appointment for extenuating circumstances.
- ♦ Appointment cancellation policies are the responsibility of the provider and should be explained to all consumers/families.
- ♦ Cancellation is the responsibility of the family. No shows must be called in 24 hours in advance of the appointment.
- ♦ Make up sessions are allowed if they are within the month of the missed appointment.

AzEIP also uses the rate methodology and does not pay its contractors for no-shows. Some providers take this into account when they decide what to pay their sub-contractors, similar to mileage reimbursement. Suggestions from current therapists on using missed appointment time include bringing a lap top/paperwork to complete other work, such as quarterly therapy reports and billing, and scheduling visits. If a family misses a number of appointments, it may be time to reassess the support the therapist is providing to a family and the time they have scheduled with the family - does the family truly want the service; is it a good time in the family's schedule?

Therapy Payer Source

The chart below is a means to help understand the many different ways that individuals with developmental disabilities receive therapy services. These guidelines have been written to better explain procedures for the Coordination of Therapy Services under the Early Periodic Screening Diagnostic and Treatment (EPSDT) Program.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a comprehensive child health program of prevention, treatment, correction, and amelioration of health problems for Medicaid members under the age of 21. A DD individual falls under the targeted category when he/she qualifies for AHCCCS financially but not medically.

Payer Referral Source for Therapy

Age Range	Final Payer
0-3 (AzEIP) DDD only (non-AHCCCS) - If family has TPL and agrees to usage, provider bills TPL first. If there is no TPL, the Division is the primary payer.	DDD, if TPL denies
0-3 AHCCCS eligible (targeted/TSC)** - If family has TPL, provider obtains a prior authorization from the health plan before billing the TPL.	AHCCCS Health Plan*
0-3 ALTCS - If family has TPL, provider bills TPL first.	DDD, if TPL denies
3 and above-DD only (non-AHCCCS) with no TPL	DDD-only when funding is available
3 and above-DD only (non-AHCCCS) TPL	TPL only
3-21 AHCCCS eligible (targeted/TSC)	AHCCCS Health Plan*
21 and above AHCCCS eligible (rehabilitative therapies only)	AHCCCS Health Plan*
3 and above-ALTCS - If family has TPL, provider bills TPL first. If there is no TPL, the Division is the primary payer.	DDD, if TPL denies

* **Health Plans:** APIPA (Arizona Physicians Independent Physician Association), CMDP (Comprehensive Medical & Dental Program), Health Choice AZ, Mercy Care Plan, Phoenix Health Plan, Pima Health Plan, UPH/UFC (University Physicians/University Family Care), AIHP (American Indian Health Program)

**For 0-3 population

The team completes the IFSP and the Service Coordinator (SC) sends the IFSP and other documentation (e.g., an evaluation report) to the Maternal Child Health Coordinator (MCH) at the specific health plan. The MCH Coordinator works with the PCP to have the PCP determine whether the therapy services identified on the IFSP are medically necessary. If yes, the therapy authorization request is then sent to the health plan. If approved, the family is referred to the provider in the health plan for the authorized therapy sessions. The MCH Coordinator and SC work together throughout this process.

If denied the SC fills out information on the denial and sends up to the Central Office Policy and Program Development Director or the ALTCS Program Administrator. The family should be asked to appeal the denial however the Division can authorize and provide the denied IFSP service in the interim.

Acute Care Plans (APIPA, MCP, Care 1st, Capstone) pay for rehabilitative therapy (therapy after surgery, etc.) for individuals who are ALTCS eligible. DDD is responsible for habilitative service payments.

Regardless of which payer source the individual falls under, if the family has a Third Party Liability (TPL), it must be billed first. Before billing the TPL, therapy providers must first obtain a prior authorization from the consumer's health plan.

More about this subject and prior authorizations with the health plans will be discussed in the February 2010 issue of the e-Therapist Bulletin.

Billing Reminder!

If you haven't done so already, please use our new billing format for billing the Division. It's in an easy-to-use format and formulas are built into the program—no more adding up totals! You can download the free spreadsheet from our website. Go to www.azdes.gov/ddd and under Provider News you'll find the Uniform Billing Template. Click on it and once you open up the Excel spreadsheet, you can save it to your hard drive.

Deleting formulas: After completing the Footer, **excess claim lines must be cleared.** The template is set to 10,000 lines. If you use less than the allotted number of lines, the claim lines that are not used can be cleared by following a simple technique: First, click on the number in the left margin that represents the next claim line under your last claim line. The entire line should highlight. Next, hold down the Control and Shift keys at the same time. Push the down arrow and the rest of the sheet should be highlighted. Next, right-click in the highlighted area and a box should pop up. Click on Clear Contents. All formulas and formatting are now removed from unused claim lines.

Remember to save it in the following example:

ABCD	Your 4 character alpha code (if you don't have one, contact Judy Niebuhr at 602-542-6798)
10	This fiscal year
12	The month you're billing—in this example, 12 for December
xls	Excel

Division billing office staff are here to assist you. Please call or email your bill payer with any billing issues. Providers in Districts II and III have local staff that can assist you with authorization issues as well.

Waiver Request forms are also available on the website. If an insurance company denies the claim, fax the EOB along with the completed Waiver Request form to Carol Garcia or Peggy S. Lopez at 602-542-8193. If you're struggling to obtain an EOB, call Carol at 602-364-1865 or Peggy at 602-542-6095 for assistance. If you need TPL training or a refresher, please call Kim Maldonado at 520-742-7679 x 130.

PLEASE NOTE: Providers submitting waiver requests without EOBs will risk their waiver requests being thrown away and not notified. Please do not fax in a waiver request before services are rendered. If you have any questions regarding this, call Judy Niebuhr at 602-542-6798.

Central Office staff are holding walk-in billing and TPL trainings / refreshers on the following dates:

January 20th — February 17th — March 17th — April 17th

Location: 1789 W. Jefferson—4th Floor—Southwest Conference Room—Phoenix

Time: Anytime between 8:00—3:00





Therapy Reporting, etc.

The Arizona, Department of Economic Security, Division of Developmental Disabilities (DDD) is unique among state agencies serving persons with disabilities because it manages health care benefits for persons eligible for services. The Division manages, as the "DDD-Arizona Long Term Care System (ALTCS)," both acute care (hospitalization and other immediate health care needs and those therapy services that are needed for recovery from an illness or injury are managed under the acute care benefit)) and long term health care needs. Management of most therapy services (including Occupational Therapy, Physical Therapy and Speech Therapy) is part of the long term care benefit.

Thus, DDD-ALTCS should be seen as providing "managed care" for its members. This means services are provided at appropriate levels to individuals who have a clearly assessed need. In order to assess appropriateness of ongoing therapies, the Individual Support Plan team and the other Division staff who assist in managing care must have clear documentation of the individual's needs. Clear evidence is needed to ensure that the services are needed, in which areas that the individual is making progress and in which areas the individual is continuing to need support. Clear, specific and measurable outcomes are needed so that progress can be monitored and the need for ongoing services can be assessed.

When looking at therapy increases or reduction of services, it is imperative that the quarterly therapy progress reports are documented in a way that will give the family, caregivers and the Division a way to judge the progress that the individual is making as a result of the therapy sessions. Outcomes must be listed for the specific domain: (speech, occupational or physical therapy) and must correlate to the service plan that has been developed with the individual. The Division does not pay for anything else but these three domains although other approaches might be brought in to accomplish the overall functional outcome. This could include modalities such as swimming, horseback riding, yoga, etc., but use of such modalities must be within the published rate for the authorized therapy.

The Division has developed a therapy quarterly progress report that has been distributed to all therapists in the state and recommends that this form be used for documenting service delivery. It is also designed to let families/caregivers know what home programs they should be working on during the week. The therapy quarterly progress report needs to clearly state the functional outcomes for the services using the SMART approach which is, "Specific, Measurable, Attainable, Reasonable and Timeframe". Also the report needs to indicate what types of strategies the family can use and how the individual, family/caregiver is doing relative to the strategy.

Home programs are critical to the individual's success at meeting their outcomes.

The family and caregivers can learn the strategies to do during the week so the individual will have daily practice which will help move them forward to attain their outcomes. If a family waits all week and does nothing in between therapy visits, there is so much lost opportunity for the individual to practice, be reinforced for trying and to meet the overall functional outcomes. In addition, individuals will often have habilitation services provided to them. Habilitation services are designed to teach the individual new skills. As part of the home program, we are asking that the Habilitator provider working with the individual be trained by the therapist to carry out those parts of the home program that are appropriate to their level of skill and training.

The goal is to increase the benefit that each individual enrolled with the Division receives from the therapy services that are provided to them. Research indicates that this "participatory model," using parents and other caregivers to "extend" the benefits from the therapy is the best way to maximize the benefit that each child or adult receives.

We are asking for your help in providing the best service possible to those persons enrolled with the Division. Thank you very much for your participation in the health care of those enrolled with DDD-ALTCS.

The policy for therapy is being revised and will be out for public comment in April/May.

Service specifications are being revised and will be out for public comment in January.. Please make sure that your information is correct in Focus so that you can get the information when it is sent. Many therapists do not get the information because it is only sent to the person/agency that is in DDD's contract data base. If you are with an agency, please ensure that a copy of this E-bulletin is distributed to all of your staff providing services that are being paid for by the Division.



Monthly reminder about evaluation/progress reports...

District I Send to: DDDD1ProgressReports@azdes.gov

District II Send to: DDDD2ProviderReports@azdes.gov.

Quarterly progress reports are due to Support Coordinators no later than fifteen(15) days after the end of each quarter that the service is provided. There are no exceptions to this contractual rule.

On the first Friday of the month you will receive a Statewide list of ALTCS-eligible individuals who are in need of therapy services. Individuals will be identified by age, district, and zip code. The intent of sharing this information is to help both you and the Division coordinate the provision of therapy services. Therapists should contact the appropriate District Therapy Coordinator in initiate the therapy service referral process.

Your contact person for each district is listed below.

District I: Kathy Hornburg
Phone: **602-246-0546**
Fax: 602-246-0880
KHornburg@azdes.gov

District II: Altagracia Gasque
Phone: **520-519-1711 x 1133**
Fax: 520-748-8765
AGasque@azdes.gov

District III: Tobie Trejo
Phone: **928-526-0334**
Fax: 928-773-8496
TTrejo@azdes.gov

District IV: Esther Panuco
Phone: **928-669-9293 x 231**
Fax: 928-669-5539
EPanuco@azdes.gov

District V: Peggy K. Lopez
Phone: **520-723-2636**
Fax: 520-723-2637
PeggyLopez@azdes.gov

District VI: Linda Southwell
Phone: **928-428-0474 x 1140**
520-860-0044 (cell)
Fax 928-348-7725
LSouthwell@azdes.gov

Central Office/TPL Trainer
Kim Maldonado
Phone: 520-742-7679 x 130
Fax: 520-742-1045
KMaldonado@azdes.gov

