



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Division of Developmental Disabilities

November 2009

e – Therapist Bulletin

Therapy Payor 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 for: 1) Accessing Audiology, Nutrition and Therapy services through AHCCCS Acute Care Health Plans and Early Intervention; 2) DDD/AHCCCS Procedures for the Coordination of Acute Services under the Early Periodic Screening Diagnostic and Treatment Program (EPSDT).

Payor Referral Source for Therapy

Table with 2 columns: Age Range and Payor. Rows include categories like '0-3 DDD only (non-AHCCCS)', '0-3 AHCCCS eligible (targeted)**', '0-3 ALTCS', '3 and above-DD only (non-AHCCCS)', '3-21 AHCCCS eligible (targeted)', '21 and above AHCCCS eligible (targeted)', and '3 and above-ALTCS'.

* Early and Periodic Screening, Diagnosis and Treatment (EPSDT) - 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 individual with developmental disabilities falls under the targeted category when he/she qualifies for AHCCCS financially but not medically.

* 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 Primary Care Physician (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.



Monthly reminder about evaluation reports...

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 waitlist 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
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District V: Peggy K. Lopez
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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.