

1250-E THERAPIES (REHABILITATIVE/HABILITATIVE)

REVISION DATES: 10/1/2021, 5/24/2021, 3/4/2020, 7/3/2015, 3/2/2015

REVIEW DATES: 11/26/2024, 10/19/2023

EFFECTIVE DATE: June 30, 1994

Habilitative Therapy

Habilitative therapy directs the member's participation in selected activities to facilitate and/or improve functional skills. Additionally, habilitative therapy is described in terms of everyday routines and activities related to achieving the goals/outcomes described in the Individual Support Plan/Individualized Family Services Plan/Person Centered Plan (Planning Documents) and is based on needs identified in the respective documents.

Habilitative therapy is available through the Division and some Health Plans through Early and Periodic Screening, Diagnosis, and Treatment Medicaid program. Habilitative therapy also provides for direct treatment by a licensed therapist.

Habilitative therapy may utilize direct treatment by a licensed therapist and is time limited and outcome driven. All therapy is consultative in nature.

Occupational, Physical and Speech Therapy**Descriptions (Occupational, Physical and Speech)**

Therapy services require a prescription for an evaluation and then a certified plan of care for ongoing therapy services, are provided or supervised by a licensed therapist, and are not intended to be long term services.

Occupational therapy may address the use of the body for daily activities such as dressing, sensory and oral motor development, movement, and eating.

Physical therapy may address the movement of the body related to walking, standing, balance, transferring, reaching, sitting, and other movements.

Speech therapy may address receptive and expressive language (pragmatic language, social communication), articulation, fluency, eating, and swallowing.

Barring exclusions noted in this section, Therapy includes the following:

- A. Evaluation of skills;
- B. Development of home programs and consultative oversight with the member, family and other providers;
- C. Assisting members to acquire knowledge and skills, increase or maintain independence, promote health and safety;
- D. Modeling/teaching/coaching parents and/or caregivers' specific techniques and approaches to everyday activities, within a member's routine, in meeting their priorities and outcomes; and,
- E. Collaboration with all team members/professionals involved in the member's life.

Responsible Person's Participation (Occupational, Physical and Speech)

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.

Considerations (Occupational, Physical and Speech)

The following will be considered when approving this service:

- A. Developmental/functional skills;
- B. Medical conditions;
- C. Member's network of support (e.g., family/caregivers, friends, providers);
- D. Age; and,
- E. Therapies provided by the school.

Settings (Occupational, Physical and Speech)

Therapy shall be provided in settings that support outcomes developed by the team. This includes:

- A. The member's home;
- B. Community settings;
- C. Division funded settings such as day programs and residential settings for the purpose of training staff;
- D. Daycare; and,
- E. A clinic/office setting.

Exclusions (Occupational, Physical and Speech)

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

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.

Funding for rehabilitative therapy shall be sought from:

1. Private/third party insurance;
2. Children's Rehabilitative Services (CRS);
3. DDD Tribal Health Program (THP);
4. Comprehensive Health Plan (CHP);
5. Arizona Health Care Cost Containment System (AHCCCS); or,
6. Division of Disabilities (DDD)/Arizona Long Term Care Service (ALTCS) Acute

Health Care Plan.

- F. Physical therapy is provided by the DD/ALTCS Acute Health Care Plan for members 21 years and older and will not exceed 15 visits for developmental/restorative, maintenance, and rehabilitative therapy for the benefit year.
- G. Therapy for educational purposes.

Respiratory Therapy

Service Description and Goals (Respiratory Therapy)

This service provides treatment to restore, maintain or improve respiration. The goals of this service are to:

- A. Provide treatment to restore, maintain or improve respiratory functions; and,
- B. Improve the functional capabilities and physical well-being of the member.

Service Settings (Respiratory Therapy)

The Division does not authorize rates for respiratory therapy as a stand-alone service that is separate from other services provided in a particular setting. Although, respiratory therapy may be provided to the member in any setting, it is part of the established rate for Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID) and Nursing Facilities (NF).

Service Requirements (Respiratory Therapy)

Before Respiratory Therapy can be authorized, the following requirements must be met:

- A. The service must be prescribed by a qualified, licensed physician as part of a written plan of care that must include the frequency, duration, and scope of the therapy.
- B. The provider must be licensed by the Arizona Board of Respiratory Care Examiners and be a graduate of an accredited respiratory care education program. This program must be accredited/approved by the American Medical Association's Committee on Allied Health Education and in collaboration with the Joint Review Committee for Respiratory Therapy Education.
- C. The provider shall be designated for members who are eligible for ALTCS services and registered with the AHCCCS.
- D. Tasks may include:
 - 1. Conducting an assessment and/or review previous assessments, including the need for special equipment;
 - 2. Developing treatment plans after discussing assessments with the Primary Care Provider, the District Nurse and the Planning Team;
 - 3. Implementing respiratory therapy treatment as indicated by the assessment(s) and the member's treatment plan;
 - 4. Monitoring and reassessing the member's needs on a regular basis;
 - 5. Providing written reports to the Division staff, as requested;

6. Attending Planning Meetings (Individual Support Plan/Individualized Family Services Plan/Person Centered Plan meetings) if requested by the member and Division staff;
7. Developing and teaching therapy objectives and/or techniques to be implemented by the member, caregivers and/or other appropriate individuals;
8. Consulting with members, families, Support Coordinators, medical supply representatives, and other professional, and paraprofessional staff on the features and design of special equipment; and,
9. Giving instruction on the use and care of special equipment to the member and care providers.

Target Population (Respiratory Therapy)

This service is indicated for members who have a health condition that require respiratory therapy, as ordered by a physician, which is documented in the Individual Support Plan/Individualized Family Services Plan/Person Centered Plan (Planning Documents).

Exclusions (Respiratory Therapy)

Respiratory Therapy is prohibited without Physicians orders and prescriptions for certain medical procedures. This requirement does not apply to private or state- operated Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID).

Service Provision Guidelines (Respiratory Therapy)

Respiratory Therapy shall not exceed eight (8) fifteen (15) minute sessions per day.

Provider Types and Requirements (Respiratory Therapy)

Designated District staff will ensure all contractual requirements related to Respiratory Therapy providers are met before the service is approved. Additionally, all providers of ALTCS must be registered with the AHCCCS prior to service initiation.

Service Evaluation (Respiratory Therapy)

- A. The Primary Care Provider (PCP) will review the plan of care at least every 60 days and prescribe continuation of service.
- B. If provided through a Medicare certified home health agency, the supervisor will review the plan of care at least every 60 days.
- C. The provider will submit progress notes on the plan of care on a monthly basis to the Division Support Coordinator.

Service Closure (Respiratory Therapy)

Service closure should occur in the following situations:

- A. The physician determines that the service is no longer needed as documented on the "Plan of Care";
- B. The member/responsible person declines the service;
- C. The member moves out of State;

- D. The member requires other services, such as home nursing; and,
- E. The member/responsible person has adequate resources or other support to provide the service.

The Division supports and encourages continuity of care among all therapy resources such as hospitals, outpatient rehabilitation clinics, and schools. The Division contracted therapists shall collaborate with other service providers and agencies involved with the member.

Vivian A. Copeland, MD
CMO

Feb 18, 2026