

1 **310-X HABILITATIVE OR DEVELOPMENTAL OCCUPATIONAL**
2 **THERAPY, PHYSICAL THERAPY, AND SPEECH PATHOLOGY SERVICES**

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6 REFERENCES: 42 C.F.R. § 409.43-409.44; 42 C.F.R. § 440.70; 42 C.F.R. §
7 440.110; 42 C.F.R. § 440.130; A.R.S. Title 32 Chapter 19; A.R.S. Title 32
8 Chapter 34; A.R.S. § 36-551; A.R.S. Title 36 Chapter 17; A.A.C. Title 4,
9 Chapter 24; A.A.C. Title 4 Chapter 43; A.A.C., Title 9, Chapter 16; A.A.C.
10 R9-28-101; A.A.C. R9-28-20; A.A.C. R9-28-202; ACOM 310-X; DDD Health
11 Plans Contract; RFQVA DDD 2024

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15 **PURPOSE**

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17 **The purpose of this policy is to establish requirements for coverage**
18 **of Habilitative or Developmental Occupational Therapy, Physical**
19 **Therapy, and Speech-Language Pathology services for Division of**
20 **Developmental Disabilities (Division) Members who reside in their**
21 **own home, an alternative home and community based services**
22 **setting, or institutional setting.**

23 **DEFINITIONS**

- 24 1. "Caregiver" means, for the purposes of this policy, an adult who
25 is providing for the physical, emotional, and social needs of a
26 child or adult with a developmental disability. Examples of
27 Caregivers can include birth parent(s), foster parent(s), adoptive

28 parent(s), kin or relative(s), group home staff. Caregivers can be
29 licensed, unlicensed, paid, or unpaid.

30 2. "Certified Plan of Care" or "CPOC" means a Plan of Care that is
31 signed and dated by the Member's primary care physician (PCP)
32 that becomes the order or prescription for therapy services.

33 3. "Early Periodic Screening, Diagnostic, and Treatment" or
34 "EPSDT" means a comprehensive child health program of
35 prevention, treatment, correction, and improvement of physical
36 and behavioral health conditions for Members under the age of
37 21, to ensure the availability and accessibility of health care
38 resources as well as to assist Medicaid recipients in effectively
39 utilizing these resources. EPSDT services provide comprehensive
40 health care through primary prevention, early intervention,
41 diagnosis, medically necessary treatment, and follow-up care of
42 physical and behavioral health conditions for AHCCCS members
43 less than 21 years of age. EPSDT services include screening
44 services, vision services, dental services, hearing services and all
45 other Medically Necessary mandatory and optional services as
46 specified in Federal Law 42 U.S.C. 1396d(a) to correct or

- 47 ameliorate defects and physical and behavioral health illnesses
48 and conditions identified in an EPSDT screening whether or not
49 the services are covered under the AHCCCS State Plan.
50 Limitations and exclusions, other than the requirement for
51 medical necessity and cost effectiveness, do not apply to EPSDT
52 services.
- 53 4. “Functional or Home Maintenance Program” means the activities
54 established by a therapist to assist the Member in maintaining
55 the progress made during Therapy Services, or upon
56 discontinuing Therapy Services when the condition of the
57 Member is evaluated as insignificant or at a plateau.
- 58 5. “Habilitative or Developmental Therapy Services” means the
59 provision of Physical, Speech, or Occupational Therapy services
60 to help a Member learn or improve skills and functions for daily
61 living that were not acquired during stages of development.
- 62 6. “Medically Necessary” means a service given by a doctor, or
63 licensed health practitioner that helps with health problems,
64 stops disease, disability, or extends life.

- 65 7. "Member" means the same as "client" as defined in A.R.S. § 36-
66 551.
- 67 8. "Occupational Therapy" or "OT" means services that evaluate,
68 diagnose, and treat disorders concerning fine motor,
69 sensorimotor, including sensory processing or sensory
70 integration, feeding, reflexes, or muscle tone, and other
71 neurodevelopmental functions, functional living skills, and socio-
72 emotional developmental needs; and equipment, including
73 training, adaptation, and modification. Occupational therapy
74 services are provided by a licensed qualified occupational
75 therapist or by a qualified individual under the supervision of an
76 occupational therapist within their scope of practice and
77 consistent with A.R.S. Title 32, Chapter 34 and ADHS
78 administrative rules, A.A.C. Title 4, Chapter 43. OT service may
79 include:
- 80 a. The administration and interpretation of tests and
81 measurements performed within the scope of practice of
82 OT as an aid to the Member's treatment;

- 83 b. The administration, evaluation, and modification of
84 treatment methodologies and instruction;
- 85 c. The provision of instruction or education, consultation, and
86 other advisory services; and
- 87 d. Hippotherapy and aquatic therapy modalities.
- 88 9. “Physical Therapy” or “PT” means medically ordered evaluation
89 and treatment for gross motor disorders, gait, balance,
90 proprioception, strength, fine motor, muscle tone,
91 neuromuscular, cardiovascular, reflex testing, and equipment,
92 including training, adaptation, and modifications. PT services are
93 provided by a qualified physical therapist or by a qualified
94 individual under the supervision of a physical therapist within
95 their scope of practice and consistent with A.R.S. Title 32,
96 Chapter 19 and ADHS administrative rules, A.A.C. Title 4,
97 Chapter 24. PT services may include:
- 98 a. The administration and interpretation of tests and
99 measurements performed within the scope of practice of
100 PT as an aid to the Member’s treatment;

- 101 b. The administration, evaluation, and modification of
102 treatment methodologies and instruction;
- 103 c. The provision of instruction or education, consultation, and
104 other advisory services; and
- 105 d. Hippotherapy and aquatic therapy modalities.
- 106 10. “Plan of Care” means the measurable goals, outcomes, and the
107 interventions developed in writing by the evaluating therapist
108 based on the objective findings of the Member’s therapy
109 evaluation.
- 110 11. “Planning Document” means a written plan developed through
111 an assessment of functional needs that reflects the services and
112 supports, paid and unpaid, that are important for and important
113 to the Member in meeting the identified needs and preferences
114 for the delivery of such services and supports.
- 115 12. “Planning Team” means a defined group of individuals comprised
116 of the Member, the Responsible Person if other than the
117 Member, and, with the Responsible Person’s consent, any
118 individuals important in the Member’s life, including extended

119 family members, friends, service providers, community resource
120 providers, representatives from religious/spiritual organizations,
121 and agents from other service systems.

122 13. "Primary Care Provider" or "PCP" means an AHCCCS-registered
123 practitioner that refers, orders, prescribes, attends, and certifies
124 medical necessity (ROPA) and is responsible for managing the
125 Member's health care. A PCP may be a:

- 126 a. Person licensed as doctor of medicine or osteopathy;
- 127 b. Practitioner defined as a licensed physician assistant; or
- 128 c. Certified nurse practitioner.

129 14. "Qualified Vendor" means a provider of community
130 developmental disability services that has applied for Qualified
131 Vendor status, meets the criteria for Qualified Vendor status,
132 and has entered into a Qualified Vendor Agreement with the
133 Department.

134 15. "Qualified Vendor Agreement" means the valid, executed
135 contract between the Department and a Qualified Vendor
136 describing the services the Qualified Vendor is qualified to

137 provide and the terms and conditions governing the relationship
138 between the Department and the Qualified Vendor including any
139 amendments, attachments, schedules, or exhibits.

140 16. "Rehabilitative or Restorative Therapy Services" means the
141 process of re-establishing a Member's former functions for daily
142 living or skills via Physical, Occupational, or Speech Therapy in
143 response to an illness or injury that has decreased the
144 functioning of a Member. Rehabilitative Therapies are not
145 designed to build a skill or functioning level that had not been
146 previously present in the Member.

147 17. "Responsible Person" means the parent or guardian of a minor
148 with a developmental disability, the guardian of an adult with a
149 developmental disability, or an adult with a developmental
150 disability who is a client or an applicant for whom no guardian
151 has been appointed.

152 18. "Speech-Language Pathology", "Speech Therapy", or "ST"
153 means services that include diagnosing and treating
154 communication, cognition, and swallowing disorders. The scope
155 of practice includes, but is not limited to, speech fluency

156 disorders, production, resonance, voice, language, feeding,
157 hearing, and swallowing for Members of all ages. Speech-
158 Language Pathology services are provided by a qualified speech-
159 language pathologist or by a qualified individual under the
160 supervision of a speech-language pathologist within their scope
161 of practice and consistent with A.R.S. Title 36, Chapter 17 and
162 ADHS administrative rules, A.A.C. Title 9, Chapter 16. ST
163 services may include:

- 164 a. The administration and interpretation of tests and
165 measurements performed within the scope of practice of
166 ST as an aid to the Member's treatment;
- 167 b. The administration, evaluation, and modification of
168 treatment methodologies and instruction; and
- 169 c. The provision of instruction or education, consultation, and
170 other advisory services.

171 19. "Support Coordinator" means the same as "Case Manager" under
172 A.R.S. § 36-551.

173 20. "Therapy Services" means Occupational, Physical, and Speech
174 Therapies.

175 **POLICY**

176 **A. GENERAL REQUIREMENTS**

177 **1. The Division shall cover Medically Necessary Habilitative**
178 **or Developmental Occupational Therapy, Physical**

179 **Therapy, and Speech-Language Pathology services** when
180 **all of the following criteria are met:**

181 **a. The Therapy Services are ordered by a Member's**
182 **Primary Care Provider (PCP);**

183 **b. The Therapy Services are approved by the Division;**

184 **c. The Therapy Services are provided by or under the**
185 **direct supervision of a licensed therapist;**

186 **d. The Therapy Services are provided as a covered**
187 **benefit through Medicaid-managed care; and**

188 **e. The Therapy Services are provided as part of EPSDT**
189 **for Members if the Member is under the age of 21.**

190 **2.** The Division shall require Therapy Services to be provided to
191 Members via:

192 **a.** A qualified, licensed physical, occupational, or speech
193 therapist; or

- 194 b. A Physical, Occupational, or Speech Language Pathology
195 assistant under the direct supervision of a qualified
196 licensed therapist, within their scope of practice and
197 consistent with State statutes and administrative codes, as
198 appropriate.
- 199 3. The Division shall comply with Therapy Services requirements
200 and limitations as specified in this policy regardless of enrollment
201 changes by Members throughout the benefit year.
- 202 4. The Division shall require the Administrative Services
203 Subcontractor (AdSS) to cover and administer Rehabilitative or
204 Restorative Therapy Services.

205 **B. HABILITATIVE OR DEVELOPMENTAL THERAPY SERVICES**

- 206 1. **The Division shall administer Therapy Services with**
207 **Qualified Vendors to provide Habilitative or**
208 **Developmental Therapy Services to Members to include:**
- 209 a. **Therapy Services as per the Member’s Certified Plan**
210 **of Care (CPOC) and Planning Document;**
- 211 b. **Functional or Home Maintenance Program during**
212 **Therapy Services; and**

- 213 c. **Functional or Home Maintenance Program upon**
214 **discontinuation of Therapy Service.**
- 215 2. **The Division shall cover Habilitative or Developmental**
216 **Therapy Services for Members when all of the following**
217 **criteria are met:**
- 218 a. **The Therapy Service is authorized by the Division;**
219 b. **The Therapy Service is ordered by a PCP;**
220 c. **The Therapy Service(s) is included in the Member’s**
221 **Planning Document;**
- 222 d. **The Member’s Therapy Service(s) is substantiated by**
223 **and consistent with a CPOC;**
- 224 e. **The Therapy Service vendor has:**
- 225 i. **An active Qualified Vendor Agreement and**
226 **meets the requirements for providing Therapy**
227 **Services to Members as outlined in Provider**
228 **Policy Chapter 37; or**
- 229 ii. **Has a letter of agreement (LOA) with the**
230 **Division to provide service.**

231 f. **The Therapy Services are Medically Necessary to the**
232 **functional development and treatment of the**
233 **Member.**

234 **3. The Division shall, upon meeting the requirements in (2)**
235 **of this Section, cover Habilitative or Developmental**
236 **Therapy Services as follows:**

237 **a. Occupational Therapy**

238 i. **Covered for Members 21 years of age and**
239 **older; and**

240 ii. **Covered for Members under 21 years of age.**

241 **b. Physical Therapy**

242 i. **Not covered for Members 21 years of age and**
243 **older; and**

244 ii. **Covered for Members under 21 years of age.**

245 **c. Speech Therapy**

246 i. **Covered for Members 21 years of age and**
247 **older; and**

248 ii. **Covered for Members under 21 years of age.**

- 249 4. **The Division shall require the attendance and active**
250 **participation of the following individuals to maximize the**
251 **benefit of the Member’s Habilitative or Developmental**
252 **Therapy, improve outcomes, and carry out the Functional**
253 **or Home Maintenance Program:**
- 254 a. **Responsible Person if other than the Member;**
255 b. **Paid or unpaid Caregiver(s);**
256 c. **Family member; or**
257 d. **Other individual(s) designated by the Planning Team**
258 **if the Member does not have a Responsible Person,**
259 **Caregiver, or family member available.**
- 260 5. **The Division shall not cover Habilitative or Developmental**
261 **Therapy Services when the Planning Team determines**
262 **that:**
- 263 a. **The Member is not showing improvement towards a**
264 **functional level that is consistent with the type and**
265 **number of Therapy Services required to achieve such**
266 **potential;**

- 267 b. **At any point in the development of skills or**
268 **treatment, if the therapy expectations of the Member**
269 **will not materialize, and Therapy Services will no**
270 **longer be Medically Necessary.**
- 271 c. **The disorder(s) resulting in Therapy Services is**
272 **remediated;**
- 273 d. **Environmental or behavioral modification strategies**
274 **are successfully established;**
- 275 e. **The Responsible Person chooses not to participate in**
276 **treatment;**
- 277 f. **The Member chooses not to participate in treatment;**
- 278 g. **The Member's attendance to therapy is inconsistent**
279 **or poor and efforts to address these factors are**
280 **unsuccessful; or**
- 281 h. **The Member moves to another location where**
282 **Therapy Services from the current therapy provider**
283 **are not available.**
- 284 **6. The Division shall require the Qualified Vendor and vendor**
285 **with an LOA providing Habilitative or Developmental**

- 286 **Therapy Services to comply with the requirements in**
287 **Division Provider Policy Chapter 37 for:**
- 288 **a. Establishment of Therapy Services;**
 - 289 **b. Initial evaluation and Plan of Care (POC);**
 - 290 **c. Certification and recertification of the POC;**
 - 291 **d. Delivery of Therapy Services;**
 - 292 **e. Responsible Person and Caregiver participation;**
 - 293 **f. Progress reporting and daily treatment notes;**
 - 294 **g. Functional or Home Maintenance Program during**
295 **and upon discontinuation of Therapy Services; and**
 - 296 **h. Co-treatment.**

297 **C. FUNCTIONAL OR HOME MAINTENANCE PROGRAM UPON**
298 **DISCONTINUING THERAPY SERVICES**

- 299 1. The Division shall cover a Member's Functional or Home
300 Maintenance Program until:
- 301 a. The Member's Habilitative or Developmental Therapy
302 potential is evaluated as insignificant or at a plateau by the
303 therapist; and
 - 304 b. Therapy Services are discontinued.

305 2. The Division shall not cover the Member's Functional or Home
306 Maintenance Program when Therapy Services are discontinued
307 except for reassessments and treatment plan revisions.

308 **D. COORDINATION OF CARE FOR REHABILITATIVE OR**
309 **RESTORATIVE THERAPY SERVICES**

310 If a Member is receiving Rehabilitative or Restorative Therapy
311 Services, the Member's Support Coordinator shall:

- 312 1. Coordinate care with the Member's health plan; and
- 313 2. Document the Therapy Services in the Member's Planning
314 Document.

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317 Signature of Chief Medical Officer:
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