

PHYSICAL THERAPY

Service Description

H052-KB

A service that provides treatment to restore, maintain or improve a physical function.

This service provides evaluation, assessment, training, and/or treatment to Division members and is designed to maintain or improve participation and independence in the member's daily activities. This service shall develop and train members and their caregivers in therapeutic activities in order for the member and caregivers to be able to implement the activities throughout the member's day (such therapeutic activities are referred to as a "home program"). Evaluation, assessment, training, and treatment are based on outcomes identified in the member's planning document [e.g., Individual Support Plan ("ISP")].

Service Requirements and Limitations

1. This service is intended for members over age of three (3) years and under the age of twenty-one (21) years.
2. This service shall be provided with a parent/family member/caregiver present and participating in the therapy session. Qualified Vendors shall refer to the Division's Provider Manual for guidance regarding participation during therapy sessions.
3. This service may be provided in the following settings:
 - 3.1 The member's home;
 - 3.2 The member's community setting;
 - 3.3 A group home;
 - 3.4 A developmental home (child or adult);
 - 3.5 A skilled nursing facility;
 - 3.6 An Intermediate Care Facility ("ICF"), including members over the age of twenty-one (21) years; or
 - 3.7 The Qualified Vendor's office/center; or
 - 3.8 A Day Treatment and Training location as identified in the member's planning document under the following circumstances:

- 3.8.1 With the Day Treatment and Training staff present and learning how to implement activities to meet the member's outcome(s) and in conjunction with the home program, or
 - 3.8.2 At the request of the member or member's representative and with the agreement of the Day Treatment and Training program. A parent/family member/caregivers, other than the Day Treatment and Training staff, must be present and participating. In this circumstance, the Day Treatment and Training program shall not bill the Division for the time in which the therapy is occurring.
4. This service shall not be provided when the member is hospitalized.
 5. This service shall utilize a coaching process and style of interaction to build the capacity of the member/parent/family member/caregivers to meet the member's planning document outcomes.
 6. This service require a Primary Care Provider ("PCP") or attending physician's order (i.e., prescription). An evaluation does not require a prescription.

Service Goals and Objectives

Service Goals

1. To address the member's needs in the following areas:
 - 1.1 Gross motor, gait, balance, proprioception, strength, and fine motor,
 - 1.2 Muscle tone, neuromuscular, cardiovascular,
 - 1.3 Reflex testing (as appropriate), and
 - 1.4 Equipment including training, adaptation and/or modifications.
2. To support and enhance the member's ability to participate in activities, routines, and events of everyday life.
3. To assist the member and the parent/family member/caregivers in supporting the member's development and participation to incorporate learning opportunities throughout the existing daily routine.

Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. The therapist conducts or obtains an evaluation/assessment of the member's development.

- 1.1 The evaluation/assessment addresses the concerns and questions of the member's planning team as identified in the member's planning document.
 - 1.2 The evaluation is conducted by a qualified therapist who is trained to use appropriate methods and procedures for the member being evaluated.
 - 1.3 The evaluation/assessment of the member's development shall include:
 - 1.3.1 A review of pertinent records related to the member's current health status and medical history;
 - 1.3.2 An evaluation of the member's level of functioning and assessment of the unique needs of the member;
 - 1.3.3 An interview with the member and his/her parent/family member/caregivers using appropriate questionnaires;
 - 1.3.4 Direct observations by the therapist; and
 - 1.3.5 Standardized test and procedures (as appropriate).
 - 1.4 The evaluation/assessment must result in written evaluation reports. The reports shall:
 - 1.4.1 Address the concerns and questions of the member's planning team;
 - 1.4.2 Recommend outcomes and strategies for the member's planning document;
 - 1.4.3 Recommend a home program to be incorporated into the member's daily routine; and
 - 1.4.4 Document other recommendations, as identified, such as equipment needs.
 - 1.5 The therapist reviews and discusses evaluation/assessment results with the member/member's representative and other planning team members.
2. The therapist participates on the member's planning team by:
 - 2.1 Collaborating with the planning team to ensure that all services, supports, and strategies are coordinated and focus on assisting the member and his/her caregivers to participate in desired activities.
 - 2.2 Reviewing and synthesizing information from all assessments, evaluations, pertinent records, member and family reports, observations, and other sources of information.

- 2.3 Identifying potential outcomes to be incorporated into the member's planning document.
- 2.4 Identifying potential strategies/teaming methodologies to meet the therapy outcomes.
- 2.5 Documenting and reporting progress toward therapy outcomes.
3. The therapist/therapy assistant shall provide intervention, treatment, and training when professional skills are required to implement outcomes of the member's planning document.
4. The therapist develops, trains, and monitors a home program for the member that:
 - 4.1 Contains specific activities that the member and his/her parent/family member/caregivers can do each day to help the member to meet his/her outcomes.
 - 4.2 Is part of the member's daily routines; and
 - 4.3 Is reviewed and updated by the therapist as part of all treatment sessions; and
 - 4.4 Is documented in each quarterly report including progress, oversight, changes, and/or additions.
5. When therapy is no longer reasonable and necessary on a regular basis, a therapist shall access and establish a functional maintenance program for the member to achieve the outcomes.
 - 5.1 The therapist shall reassess and revise the maintenance program as needed.
6. Discharge planning is assessed throughout service delivery.

Service Utilization Information

1. The member's planning document identifies the need for evaluation and assessment.
2. The outcomes identified in the member's planning document support the model of service delivery.
3. The member's planning team determines who will assist the member in attaining the outcomes.
4. All planning team members contribute to the discussion and documentation for types and frequency of services for the member and are not unilateral decision-makers.
5. The therapist follows a physician's order (i.e., prescription) for the frequency and duration of services for the member.

6. Services for the member are time-limited and are revised consistent with ongoing assessment and attainment of anticipated outcomes.
7. Service delivery methods, times, days, and locations are flexible and meet the requirements of the member, the member's representative, and his/her caregivers.
8. The therapist makes recommendations for needed equipment, possible adaptations, and repairs and supports the member and his/her parent/family member/caregiver in its use.
 - 8.1 The therapist monitors any equipment that supports the member's outcomes related to their discipline.

Rate Basis

1. Published. The published rate is based on one (1) hour of direct service.
2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

Direct Service Staff Qualifications

1. The Qualified Vendor shall ensure that all direct service providers (therapists and therapy assistants) meet all applicable licensure requirements in order to provide therapy services, including:
 - 1.1 Physical Therapy services must be provided by a person licensed by the Arizona Board of Physical Therapy Examiners pursuant to Arizona Revised Statutes ("A.R.S."), Title 32, Chapter 19.
 - 1.1.1 A Physical Therapist using a Physical Therapy Assistant must adhere to the supervision requirements from the Arizona Board of Physical Therapy Examiners pursuant to A.R.S., Title 32, Chapter 19.
 - 1.2 Physical Therapy Technicians or other persons who are not Physical Therapists or Physical Therapy Assistants shall not be used to provide this service.
 - 1.3 Each Physical Therapist shall have a National Provider Identifier ("NPI").
2. The Qualified Vendor and/or staff will attend administrative meetings, orientation and various trainings required by the Division.

Recordkeeping and Reporting Requirements

1. The Qualified Vendor shall submit an evaluation report to the member's Support Coordinator, the member/member's representative, and the PCP within three (3) weeks of the evaluation.
 - 1.1 The content of the evaluation report shall include, at a minimum, the Division's therapy reporting requirements as identified on the Therapy Assessment/Evaluation report form.
2. The Qualified Vendor shall ensure that the therapist maintains contact notes for each therapy session and submits the notes to the Division as requested.
3. The Qualified Vendor shall submit quarterly individualized progress reports on the member to the Division and the member/member's representative unless the member/member's representative has requested not to receive them. The quarter is based on the calendar year and the reports are due no later than the fifteenth (15) day following the end of the quarter. The Qualified Vendor shall refer to the Division's Provider Manual for guidance on report due dates and minimum content of the reports.
4. The Qualified Vendor shall submit a discharge summary report to the member's Support Coordinator, the member/member's representative, and the PCP no later than the tenth (10th) business day after closure of services or a change of a Qualified Vendor.
 - 4.1 The content of the report shall include, at a minimum, the Division's discharge summary reporting requirements as identified on the Division's Quarterly Therapy Progress/Discharge Report form.
5. The Qualified Vendor shall maintain daily records on file as proof of the number of hours worked by each direct service staff (therapists/therapy assistants) providing direct service to members.
 - 5.1 Each time sheet, equivalent document, or data system must contain the original signature or other independent verification (that complies with A.R.S. § 41-132) of the member/member's representative confirming the hours worked. Proof of hours worked must be signed or verified by the member/member's representative prior to the Qualified Vendor submitting the claim for payment.
6. The Qualified Vendor shall maintain a copy of the member's current physician's order (i.e., prescription) for therapy services in the member's record.
7. Upon initiation of service for the member and each month thereafter, the Qualified Vendor shall verify and update current information from the member/parent/family member/caregivers about the member's insurance coverage, Third Party Liability ("TPL"). Updated information shall be provided to the member's Support Coordinator in the method requested by the Division.

8. The Qualified Vendor shall provide and maintain updated information regarding availability, capacity, and contact information in the Division's Therapy Directory as directed by the Division.
9. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.