

DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION (DDSD)

DIRECTOR'S RELEASE (DR)

EFFECTIVE DATE: June 1, 2015

Signature Date:	May 29, 2015
FROM:	Signature on File <hr/> Cathy Stevenson, DDS Director
TO:	All DD Waiver providers, DDS staff and DHI surveyors
SUBJECT:	Allowance of three therapy disciplines

I. SUMMARY:

The purpose of this Director's Release is to remove restrictions in the current DD Waiver which limit the amount of therapy a DD Waiver recipient receives and to allow every DD Waiver recipient to receive services from up to three (3) therapy disciplines (Physical Therapy, Occupational Therapy and Speech and Language Pathology,) through the Developmental Disabilities Home and Community Base Waiver (Developmental Disabilities Waiver or DD Waiver) if clinical criteria are met.

II. REQUIREMENT AMENDMENTS OR CLARIFICATIONS:

- A. All three therapy disciplines: Physical Therapy (PT,) Occupational Therapy (OT,) and Speech and Language Pathology (SLP) will be available to all DD Waiver recipients if they and their Interdisciplinary Team (IDT) determine the therapy disciplines are necessary.
- B. PT, OT, and SLP, with the exception of the initial therapy assessment and evaluation, must have prior authorization using the Therapy Services Prior Authorization Request (TSPAR-attached.) No changes have been made to the TSPAR process.
- C. The case manager is responsible for submitting the revised budget worksheet and the TSPAR to the Medicaid Third Party Assessor.

III. DEFINITIONS:

CASE MANAGER: The individual responsible for service coordination for individuals with intellectual and/or developmental disabilities (I/DD) on the Medicaid Developmental Disabilities Waiver (DDW). The Case Manager is external to and independent from all other direct services provided to the individual.

INTERDISCIPLINARY TEAM (IDT) MEMBERS: The interdisciplinary team (IDT) is responsible for the development of the individual service plan (ISP) and for identifying the agencies and individuals responsible for providing the services and supports identified in the ISP.

The IDT shall consist of the following core members: individual, case manager, guardian, helper, key community service provider staff, direct service staff, service coordinator, ancillary service providers, designated healthcare coordinator, and others.

NEW MEXICO MEDICAID THIRD PARTY ASSESSOR (TPA): The contractor that determines and re-determines Level of Care (LOC) and medical eligibility as well as review and approval of Individual Service Plans and prior authorization and utilization management activities for the Developmental Disabilities (DD) Waiver Program.

PRIOR AUTHORIZATION: The process for submitting a request for approval of services for budgeting and billing purposes.

PHYSICAL THERAPY: Physical therapy is a skilled licensed therapy service involving the diagnosis and management of movement dysfunction and the enhancement of physical and functional abilities. PT addresses the restoration, maintenance and promotion of optimal physical function, wellness and quality of life related to movement and health.

OCCUPATIONAL THERAPY: Occupational therapy is a skilled licensed therapy service involving the use of everyday life activities (occupations) for the purpose of evaluation, treatment and management of functional limitations. OT addresses physical, cognitive, psychosocial, sensory and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well-being and quality of life.

SPEECH AND LANGUAGE PATHOLOGY: Speech and language services is a skilled therapy service provided by a SLP that involves the non-medical application of principles, methods and procedures for the diagnosis, counseling and instructions related to the development of and disorders of communication including speech, fluency, voice, verbal and written language, auditory comprehension, cognition, swallowing dysfunction and sensorimotor competencies.

THERAPY SERVICE PRIOR AUTHORIZATION REQUEST (TSPAR): DDS form to request prior authorization for on-going therapy services.

IV. REFERENCES

None