

## Introduction

Within the DD Waiver, therapy services are to be delivered consistent with the Participatory Approach Philosophy and two models of therapy services (Collaborative-Consultative and Direct Treatment). These models support and emphasize increased participation, independence and community inclusion in combination with health and safety. Therapy services are designed to support achievement of ISP outcomes and prioritized areas of need identified through therapeutic assessment.

### I. DD Waiver Therapy Services

Physical Therapy (PT), Occupational Therapy (OT) and Speech-Language Pathology (SLP) are skilled therapies that are recommended by an individual's interdisciplinary team (IDT) members and a clinical assessment that demonstrates the need for therapy services. A licensed practitioner, as specified by applicable state laws and standards, provides the skilled therapy services.

#### 1. SCOPE OF SERVICE

- A. Support the individual's health and safety.
- B. Increase participation and independence with daily routines.
- C. Support achievement of individual ISP visions, desired outcomes and action plans.
- D. Treat a specific condition clinically related to an individual's IDD.
- E. Support families and Direct Support Personnel (DSP) to implement Written Therapy Support Plans (WTSPs) and Teaching and Support Strategies (TSSs).

#### 2. SERVICE REQUIREMENTS

##### A. General Requirements

- 1. Eligibility for Medicaid DD Waiver Therapy Services

- a. All adults, aged 21 years and over, allocated to the DD Waiver are eligible for an evaluation to determine the need for therapy services. It is the responsibility of IDT members to recognize the potential need for therapy services according to the specific needs of the individual and the potential benefit of each service.
  - b. Children and youth younger than 21 years must obtain an evaluation and any needed therapy services through the Medicaid State Plan (Early Periodic Screening Diagnosis and Treatment – EPSDT) rather than through the DD Waiver.
2. Referral for Medicaid DD Waiver Therapy Services
- a. The IDT members may refer the individual to the appropriate discipline(s) for assessment, evaluation and recommendation(s) for therapy service(s).
  - b. The IDT must identify areas of concern to be included in the assessment.
  - c. The therapist(s) will complete a written initial evaluation report.
  - d. All referrals to therapy for assessment or treatment shall be documented in the individual’s ISP.
3. Referral for Medicaid State Plan Therapy Services for adults:
- a. When covered medically necessary therapy services are indicated for adults with rehabilitation/therapy needs related to illness or injury, a referral for Medicaid state plans services shall be obtained from the PCP or physician. When therapy services are delivered by the Medicaid State Plan, the IDT shall consider integration of therapy strategies, as appropriate, into daily life, staff training and monitoring. Therapy services provided by the DD Waiver may continue concurrent with Medicaid State Plan therapy services.
  - b. All referrals to the Medicaid state plan for therapy assessment or treatment shall be documented in the individual’s ISP, indicated in the Health and Safety section of the ISP narrative, and should indicate the action needed and responsible party to make the referral on the Health and Safety Action Plan page.

**B. Therapy Service Models**

- 1. Collaborative-Consultative Model of Therapy

In this model DSP implement WTSPs and ISP TSSs, as designed by the therapist, with the goal to support the individual's functioning regarding health, safety, achievement of ISP outcomes and greater participation/independence during daily routines and activities. The role of the therapist is to design supportive/adaptive strategies through direct collaboration with the individual, DSP and other members of the IDT. Ongoing routine implementation of established ISP TSS and/or WTSP is the role of DSP, not the therapist. Therapy interventions will focus on naturally occurring activities of a functional nature that occur during daily routines and in natural environments.

Therapists shall consider fading ongoing direct therapist involvement when implementation of strategies is correct and stable. Ongoing training and monitoring may also be needed.

For individuals living in rural settings, telehealth, in combination with on-site services may be utilized within the Collaborative-Consultative Model to increase collaboration between the therapist and DSP. A Telehealth Service Plan (see form) must be completed and approved by Clinical Services Bureau (CSB) for use of this service delivery method. See Telehealth Guidelines.

2. Direct Treatment Model:

This skilled therapy treatment is provided by a therapist and utilized to treat a specific clinical condition. Services that are provided according to this model are not appropriate for implementation by non-therapists or inclusion in a WTSP. The Direct Treatment Model may only be provided in addition to the services associated with the "Core Therapy Services" therapy service package (see 5.C.2.a-i) and requires CSB approval (see form). The Direct Treatment Model of therapy may NOT be provided via Telehealth services.

**C. Principles of Therapy:**

1. Interdisciplinary Team (IDT) Determination and Participation

- a. Specific therapy services must be determined within the context of the IDT.
- b. Therapists shall participate in Annual and any Aspiration Risk Management IDT meetings by physical presence or conference call. Therapists shall participate in other IDT meetings as requested by the Case Manager. If real-time participation is not possible, the therapist is expected to interact with the Case Manager as follows:

1. Inform the Case Manager before the meeting regarding the therapist's absence and to provide input relevant to the topic of the meeting;
  2. Submit applicable therapy reports and other required documentation that would support the IDT's discussion of the issue prior to the meeting;
  3. Contact the case manager for a meeting summary and to determine assignments the IDT members may have requested of the therapist; and
  4. Submit additional relevant documentation to the IDT within required timelines.
- c. Therapists will contribute to development and support of the individual's vision, desired outcomes and action plans as identified in the ISP.
- d. Therapists are required, according to their specialized expertise, to contribute to the development of TSS that guide DSP with the implementation of action plans stated in the ISP.
2. Participatory Approach: The "Participatory Approach" asserts that no one is too severely disabled to benefit from assistive technology and other supports that promote participation in life activities. The Participatory Approach rejects the premise that an individual shall be "ready" or demonstrate certain skills before assistive technology can be provided to support function. All therapists are required to consider the Participatory Approach during assessment, treatment planning and treatment implementation.
3. Individual Centered
- a. Therapy services shall be based upon each individual's needs, tolerance for activity, preferences and abilities.
  - b. Services shall be designed to support functional participation and self-advocacy in fulfilling roles with family, friends and members of common interest groups.
  - c. Interventions will be determined by the individual, whether his or her preferences are expressed independently or interpreted by others and according to culturally-appropriate, age-appropriate and gender-appropriate values.
4. Integrating Therapy Strategies into Daily Life
- a. The therapist shall consider strategies to support activities of daily life through:

1. Development of written support plans addressing a variety of topics including health and safety needs; and
  2. Collaborative development of teaching and support strategies consistent with ISP action plans.
- b. WTSPs and TSSs developed or identified by the licensed therapist shall be implemented by IDT members throughout all appropriate life activities.
5. Service Delivery in Natural Environments: Therapeutic services shall be delivered to individuals and their IDT members in natural environments whenever appropriate. These environments may include residential, work or volunteer experiences.
6. Collaboration with other provider agencies: Therapists will necessarily interface with providers of different types including living supports agencies, community inclusion agencies and other therapy agencies.
- a. Non-Therapy Agency-Therapist Collaboration:
1. Therapists and living supports and/or community inclusion agency designees shall arrange to collaborate outside of the annual IDT meeting to develop the teaching and support strategies (TSS). The agency designee responsible for submitting the TSS for each action plan will document the names and roles of the therapists contributing to each TSS.
  - ii. Therapists and living supports and/or community inclusion agency designees shall collaborate to schedule timely and mutually beneficial/manageable training sessions. When possible, training should be scheduled in appropriate groupings to maximize time efficiency for all participants. It is acknowledged that some topics may require one to one training in order to ensure competence for strategies that could impact health and safety.
  - iii. Therapists and living supports and/or community inclusion agencies have a responsibility to ensure that therapy appointments occur as scheduled.
  - iv. Living supports and/or community inclusion agencies have a responsibility to ensure that DSP shall be available to participate in therapy sessions, as requested.

v. Living supports and/or community inclusion agencies are accountable to ensure that DSP implement recommended therapy WTSPs and TSSs as trained. Therapists are accountable to provide appropriate training and support as requested by agencies.

vi. Living supports and/or community inclusion agencies are responsible to communicate to each individual's therapist(s) regarding the following: new or existing DSP that require training; status of assistive technology (e.g., Assistive Technology Inventory); significant change in condition and/or other issues that affect therapy services

b. Direct Support Personnel-Therapist Collaboration:

DSP shall be available and willing to collaborate with therapists, as requested, for all therapy sessions and trainings.

c. Therapist-Therapist Collaboration:

Therapists are expected to communicate and be responsive to other therapy service providers within the IDT in order to provide the most effective services to the individual. Collaboration/Consultation must also occur between OTs and COTAs or PTs and PTAs. Purposes for collaboration and consultation include the following: to ensure consistent approaches; to coordinate therapy interventions; to share information as it pertains to the individual receiving services; to perform specialty evaluations such as aspiration risk management; to provide crossover training and to respond to special requests for assistance.

#### **D. Specific Therapy Service Provisions:**

1. Collaborative-Consultative Therapy Model Activities:

a. Assessment

Therapists shall assess individuals within discipline specific scope of practice and the DD Waiver scope of service (see I. 1.). Assessment procedures shall be individualized functionally based and consider all functional environments. Other IDT-members shall be consulted to obtain information, as appropriate. An initial assessment shall be completed within 30 calendar days following receipt of the approved budget/budget revision, and then subsequent evaluation report shall be submitted to the IDT within the following 14 days. (See Therapy Documentation Guidelines)

b. Teaching and Support Strategies (TSS)

Therapists shall contribute specific TSS that reflect their area of expertise toward accomplishing action plans and ensure integration of support/adaptive strategies designed by therapists into the ISP. Designated agency personnel and therapists shall collaborate to develop teaching and support strategies related to any ISP action plans.

c. TSS and WTSP Strategy Trials

Therapists shall trial a variety of interventions with the individual and DSP to determine which methods of support are most effective for achieving a particular outcome.

d. Assistive Technology Development

Refer to the “Guidelines for the Provision of Assistive Technology Services to Individuals with Developmental Disabilities” found on the DDSD web site regarding detailed therapist responsibilities for Assistive Technology. Therapists are responsible for being familiar with the assistive technology related to that therapist’s practice area and used by individuals on that therapist’s caseload.

e. Development of Written Therapy Support Plans (WTSPs)

Therapists are required to develop written support plans (WTSP) to guide the DSP’s integration of therapy instructions into the individual’s daily life routines. Therapists must use professional judgment to determine what strategies are appropriate (not skilled therapy services) and safe for DSP to implement. WTSPs become the basis for training sessions with DSP and should outline the areas that DSP will be trained on.

Therapy WTSPs are developed gradually and are based on therapy assessment as well as interactive trials of various strategies with the individual to determine effectiveness. Development of WTSPs shall be prioritized by the therapist utilizing professional judgment to consider the individual’s needs and preferences in the areas of health, safety and increased participation/independence.

f. Training

i. Whenever possible family members and/or DSP are to implement WTSPs and TSSs designed by the therapist and directed toward supporting function regarding health, safety, achievement of ISP outcomes and greater participation/independence during daily routines and activities.

ii. Family/DSP, in all relevant settings, are required to be trained at least annually on all WTSPs and TSSs. Training may occur more frequently, as needed, according to the therapist's judgment or as requested by family/DSP/IDT.

iii. Therapists may, according to their clinical judgment, designate an agency staff to provide ongoing training of DSP in their agency following verification of competence by the therapist. The designee must agree to be a designated trainer and the Individual Specific Trainer Designation Record Form must be completed and submitted to the designee's personnel file. Trainer designation should be specified on the IST section of the ISP under "who provides the training" as "therapist or designee."

iv. Community Inclusion supervisors, Living Supports supervisors and Supported Employment supervisors are required to notify therapists if new staff members need to be trained.

v. Therapists are to use training techniques that are appropriate for family/DSP being trained.

vi. The individual should be present during training sessions whenever appropriate. The presence of the individual is necessary for effective training on such programs as the Comprehensive Aspiration Risk Management Plan (CARMP).

g. Monitoring

i. Monitoring may include observation, data collection and interview as well as "hands-on" intervention to assess the effectiveness of strategies.

ii. Therapists are responsible for monitoring the implementation of TSS and/or WTSPs. A specific schedule of monitoring may be stated in DDSD Policies & Procedures, e.g., "Aspiration Risk Management."

iii. Therapists are responsible for monitoring the progress of an individual toward the achievement of therapeutic goals and objectives.

iv. Therapists shall monitor the Assistive Technology Inventory to ensure that needed assistive technology devices are available and functioning properly in the settings where the device(s) are to be used. (See Therapy Documentation Guidelines for use of this inventory.)

v. DSP supervisors shall supervise, monitor and report to the appropriate therapist the status of therapy strategy implementation.

- h. Fading: Therapists shall routinely consider whether services may be faded. Following development and training of each WTSP and/or TSS, therapists shall consider beginning the process of fading services. Monitoring of implementation will provide the therapist with information regarding the appropriateness and degree of fading for each plan. Fading may occur one plan at a time.
2. Direct Treatment Therapy Model:  
The Direct Treatment Model of Therapy may be utilized by a therapist in addition to the Collaborative-Consultative Model of Therapy given prior authorization.
3. Additional Therapy Activities
  - a. Specialized Appointments: Therapists may attend specialized appointments, such as medical and employment related, to obtain needed clinical information and to provide clinical input for the purposes of assessment, strategies development and sharing pertinent clinical information.
  - b. Clinical Documentation: Therapists are responsible for preparing an array of reports and clinical documentation related to the provision of therapy. Specific required reports and related content may be found in the Therapy Documentation Guidelines posted on the DDSB Clinical Services Bureau web site.
4. Additional Therapy Considerations
  - a. Transitioning of Therapy Services: Therapists and therapy agencies are responsible for an orderly and smooth transition of therapy services when a transition of services to a new therapist is necessary due to extended illness, intractable scheduling conflicts, therapist change in residence or practice area, an individual's need for specialty therapy services, or other situations that would necessitate transitioning of services for the benefit of the individual receiving services.
    - i. Transitioning of therapy services to a new therapist.
      - The therapist shall provide a written transition of therapy notice to the CM and the individual/guardian at least 30 days prior to the anticipated transition or as soon as possible due to unforeseen circumstances.

- The therapist must complete and distribute a Discontinuation of Therapy Services report (See Therapy Documentation Guidelines).
  - The therapist shall provide the new therapist with copies of the current therapy intervention plan and other therapy documentation for the past 12 months. The new therapist shall also obtain a copy of the current ISP from the case manager.
  - Whenever possible, the transitioning therapist will collaborate with the new therapist during the initial visit. The new therapist will be provided with the transitioning therapist's contact information for consultation as needed to provide an orderly and smooth transition of therapy services.
- ii. Transitioning of therapy services when new therapist is not available.
- Therapists may not discharge an individual until all requirements are met, including that in no instance may an individual be discharged from therapy services until alternative arrangements are made to meet the immediate needs of the individual. (See provider agreement)
- b. Discontinuation of Therapy Services: Therapy delivered according to the Collaborative-Consultative Model and/or the Direct Treatment Model may be discontinued according to the following considerations:
- i. Collaborative-Consultative Model Services may be discontinued when fading has been successful, there are no other services recommended by the therapist and no additional services are requested by the IDT.
- ii. Direct Treatment Model Services may be discontinued when the therapy service provider determines that direct skilled treatment is no longer needed.
- iii. Any therapy service that may be considered for discontinuation must be discussed by the full IDT prior to exit of that service. The IDT may consider integrating appropriate strategies developed by the therapist into the ISP TSSs and/or transferring the training and monitoring responsibilities to another provider agency (i.e. different therapy provider, as appropriate; living supports and/or community inclusion agency). If a therapy service is discontinued, strategies developed by the therapist will no longer be identified with the therapist's name but may be integrated into the ISP as described above.

iv. Any therapy service that is no longer deemed necessary must complete and distribute a Discontinuation of Therapy Service Report. (See Therapy Documentation Guidelines.)

v. A therapy service that is discontinued with full IDT support may be re-initiated only when the IDT provides a clear documented rationale regarding the renewed need for the service. The rationale may include loss of function since discharge using the last evaluation report and a new evaluation to support that determination; the introduction of new action steps that require additional therapeutic support; a current evaluation report that states the need for specific services not currently available on the IDT.

#### **D. Therapy Services Staffing Ratio Requirements**

1. Individual Therapy: The therapist-to-client ratio for individual therapy is at least one therapist to one DD Waiver participant (1:1 ratio) for the period of the therapy service.
2. Co-Treatment: Co-treatment may be provided when there is a functional and/or clinical need for more than one therapy discipline to meet during a session to address the needs of one individual. This treatment is utilized when multiple areas of expertise are required to meet a desired outcome. Co-treatment may be utilized for a limited time period, for a specific objective and identified in the Therapy Intervention Plan, when anticipated.

### 3. SERVICE DEFINITIONS, STANDARDS AND LICENSING

**A. Standards and Licensing:** Therapy services shall be provided in compliance with the applicable NM Licensing Board/Practice Acts and in accordance with all other applicable State and Federal standards, guidelines, regulations, rules and statutes.

1. Therapist Qualifications: All therapists are required to possess at least one of the following qualifications:

a. Physical Therapy Services:

1. A physical therapist, or a physical therapy assistant, licensed by the New Mexico Regulation and Licensing Department, may provide billable physical therapy services in accordance with the American Physical Therapy Association (APTA)'s scope of practice. A physical therapist

providing services under the DD Waiver shall follow supervision provisions of New Mexico's Physical Therapy licensure standards.

2. A student physical therapist or a student physical therapist assistant may provide billable physical therapy services if a formal academic intern agreement is signed by the therapy Provider Agency and the university and 100% on-site supervision is provided for evaluation and treatment services by a licensed physical therapist or physical therapy assistant who is an approved DD Waiver therapist.

b. Occupational Therapy Services:

1. An OT or COTA with a current and active license issued by the New Mexico Regulation and Licensing Department (NMRLD) may provide billable occupational therapy services in accordance with the current NM OT Licensing Board/OT Practice Act and applicable American Occupational Therapy Association (AOTA) documents.

2. A Level II Student Intern from an AOTA accredited university may provide billable services on behalf of an occupational therapy Provider Agency, if a formal academic intern agreement is signed by the Therapy Provider Agency and the student's university. An OT Student must receive 100% on-site supervision during client evaluation and treatment by a DD Waiver OT (for OT students) or a DD Waiver OT and OTA as applicable (for OTA students). The supervising OT shall review and approve all support services such as non-direct Assistive Technology services. The supervising OT shall review and sign all therapy related reports/documentation completed by the Level II Student Intern.

3. An Occupational Therapy Aide/Technician or a Level I Student Intern is not permitted to provide billable occupational therapy services to DD Waiver participant.

c. Speech-Language Pathology Services:

1. A Speech Language Pathologist (SLP), licensed by the New Mexico Regulation and Licensing Department, may provide billable speech therapy services in accordance with the ASHA scope of practice.

2. A clinical fellow with clinical fellow licensure issued by the New Mexico Regulation and Licensing Department may provide billable speech therapy services with supervisory experiences as detailed in his or

her Clinical Fellowship Plan accepted by American Speech and Hearing Association (ASHA).

The clinical fellowship supervisor shall be knowledgeable about current clinical best practices with the MR/IDD (Mental Retardation/Intellectual Developmental Disabilities) population and these DD Waiver Therapy Standards. All services provided are required to be within the ASHA scope of practice. A copy of the clinical fellow temporary license shall be submitted to the DDS Provider Enrollment Unit (PEU) with required provider application materials.

The approval to provide services shall be obtained prior to the initiation of therapy services by the clinical fellow. Proof of permanent New Mexico Speech Language Pathology licensure shall be submitted to PEU within 18 months or at the successful completion of the Clinical Fellowship Plan, whichever occurs first.

3. A graduate student intern from an ASHA accredited university may provide billable services in cooperation with a speech language pathology Provider Agency, if a formal academic intern agreement is signed by the therapy Provider Agency and the university and 100% on-site supervision is provided for evaluation and treatment services by a licensed speech language pathologist who is an approved DD Waiver therapist. All required clinical documentation shall be signed by the student intern and the supervising DD Waiver therapist. Academic intern agreements shall be approved annually. This approval is for a term of one year. Approval to work as an intern may be granted twice (for two one year terms) for any individual.

4. A speech language assistant (SLA) is not permitted to provide billable speech therapy services to DD Waiver participants.

## **B. Specific Therapy Service Definitions**

### 1. Physical Therapy:

a. Physical therapy is a skilled licensed therapy service involving the diagnosis and management of movement dysfunction and the enhancement of physical and functional abilities. Physical therapy addresses the restoration, maintenance, and promotion of optimal physical function, wellness and quality of life related to movement and health. Physical therapy prevents the onset, symptoms and progression of impairments, functional limitations, and disability that may result from diseases, disorders, conditions or injuries.

b. Licensed Physical Therapy Assistant (PTA) may perform physical therapy procedures and related tasks pursuant to a plan of care/therapy intervention plan written by the supervising physical therapist.

## 2. Occupational Therapy:

a. 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. Occupational Therapy 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.

Occupational Therapy services typically include: evaluation and customized treatment programs to improve one's ability to engage in daily activities; evaluation and treatment for enhancement of performance skills; health and wellness promotion; environmental access and assistive technology evaluation and treatment; and training/ consultation to family members and direct support personnel.

b. Occupational Therapy Assistants may perform occupational therapy procedures and related tasks pursuant to a therapy intervention plan written by the supervising OT and in accordance with the current NM OT Licensing Act.

## 3. Speech-Language Pathology:

a. Speech-Language Pathology Service, also known as Speech Therapy, is a skilled therapy service, provided by a Speech-Language Pathologist that involves the non-medical application of principles, methods and procedures for the diagnosis, counseling, and instruction related to the development of and disorders of communication including speech, fluency, voice, verbal and written language, auditory comprehension, cognition, swallowing dysfunction and sensori-motor competencies. Speech-language pathology services are also used when an individual requires the use of an augmentative communication device. For example, speech-language pathology services are intended to:

1. Improve or maintain the individual's capacity for successful communication or to lessen the effects of an individual's loss of communication skills; and/or
2. Treat a specific condition clinically related to an intellectual developmental disability; and/or

3. Improve or maintain the individual's ability to safely eat foods, drink liquids and/or manage oral secretions while minimizing the risk of aspiration or other potential injuries or illness related to swallowing disorders.

#### 4. AGENCY REQUIREMENTS

A. The Therapy Provider Agency shall maintain a confidential case file for each individual served. The individual case file may be maintained in either hard copy or electronic format and is required to include the most current copies of:

1. Current ISP including all teaching and support strategies and individual specific training requirements;
2. All documentation generated by therapists representing the agency, including the following: initial therapy evaluation report, therapy re-evaluation reports inclusive of progress made (due 14 days prior to the ISP annual meeting), semi-annual therapy progress reports (due by 190<sup>th</sup> day following the ISP effective date), assistive technology inventory, billable activity notes; and as required: discontinuation of therapy report, therapy intervention plan(s) (due 30 days following initial assessment or annual ISP meeting whichever is applicable), telehealth service plan, written therapy support plan(s), CARMP, training rosters, trainer designation forms signed by therapist, and any other documentation generated.
3. All related consultation reports, as determined to be needed for reference by the therapist (i.e., videofluoroscopy, orthotist, TEASC, SAFE, Adult Special Needs Clinic); and
4. Consent for release of information external to the IDT, as needed.

B. The therapy provider agency is required to maintain the following information/data and is responsible for timely submission to DDS/D upon request:

1. The number of Waiver participants served;
2. A listing of all individuals by name and social security number who have received therapy services;
3. Copies of current NM professional licensure for each therapist providing therapy services;
4. Initial or revised provider agency policies related to therapy services; and

5. Service documentation and records requested for a DDS or DHI quality assurance review.

C. The Therapy Provider Agency is required to maintain the following financial information:

1. Therapy Provider Agencies shall establish and maintain separate financial reporting and accounting activities that are in accordance with state requirements.

2. Therapy Provider Agencies shall have an established automated data system for financial and program reporting purposes. Note: Secured internet access is required to access the Medicaid billing system.

3. For billing purposes, the Therapy Provider Agency is required to maintain records of the following information for each billed service provided: therapy billing rate type, start time, and end time, notes describing the service provided including documentation of those elements required for the stated billing rate and signature of therapist delivering service including professional credentials.

6. Therapists' Administrative Requirements are as follows:

a. Therapy Provider Agency shall establish and maintain policies and procedures including, but not limited to HIPAA, Incident Reporting, and ongoing Quality Assurance/Quality Improvement designed to ensure compliance with DDS Standards by all employees and sub-contractors.

b. The Therapy Provider Agency shall convey all information received from DDS that is relevant to service delivery to his or her employees, contractors, etc. in a timely manner.

c. All OTs, PTs and SLPs serving individuals participating in the DD Waiver are required to attend training regarding the Therapy Standards/Participatory Approach and one-day "Person-Centered Planning" course during the first twelve months of therapy services provision through the DD Waiver. Therapists must attend other required trainings, as announced.

d. All Therapy Provider Agencies are required to report required personnel training status to the DDS Statewide Training Database as specified in DDS Policy T-001: Reporting and Documentation of DDS Training Requirements Policy.

e. Therapists providing therapy under the DD Waiver through a Therapy Provider Agency are responsible to provide all required documentation to that Provider Agency.

## 5. REIMBURSEMENT

**A. Billable Unit:** The billable unit is 15 minutes. Therapists are responsible to develop a clinical note to substantiate the request for reimbursement for services provided.

1. When two or more therapists provide co-treatment, each therapist shall bill according to the appropriate service delivery rate.

### **B. Non-Billable Services:**

1. Non-therapy service visits;

2. Services exceeding the current approved therapy budget;

3. Time spent on preparation of billing activities;

4. Travel to and from any site of therapy services;

5. Attending general training seminars not specifically identified by DDSD as billable;

6. Providing general non-client specific training seminars;

7. Routine and ongoing therapy services to implement established WTSPs and/or to implement strategies that are appropriate for a WTSP other than in the context of monitoring and reassessment.

### **C. Therapy Services Funding:**

1. Funding will be determined following an assessment that identifies specific services or groups of services needed by the individual.

2. Services are grouped into packages that address the following categories of need:

a. New client activities;

- b. Core therapy services;
  - c. Initial Comprehensive Aspiration Risk Management Plan (CARMP) development;
  - d. Ongoing CARMP support;
  - e. Complex AT Focus\*;
  - f. Significant Change in Medical Condition\*;
  - g. Complex Discipline Specific Need\*;
  - h. Direct Treatment without Intent to Develop Written Therapy Support Plan\*;  
and
  - i. Supervision of a COTA or PTA.
3. Each therapy service package offers a range of units with a specified ceiling.
  4. Therapists are responsible to identify therapy service package(s) needed to implement the Therapy Intervention Plan using the Therapy Request and Approval Form. These two items must be submitted to the case manager within 14-days following the annual IDT meeting.
  5. No prior authorization is required for the following therapy service packages when the established criteria are met: new client, core therapy, initial CARMP, ongoing CARMP and supervision of COTA or PTA. The Significant Change in Medical Condition therapy service package requires a post-review.
  6. Requests for therapy service package(s) with an asterisk (\*) must be submitted to the Clinical Services Bureau for authorization. This may occur any time during the ISP cycle.
  7. An individual may require more than one therapy service package during an annual ISP cycle; however, the total number of units per year may not exceed 280 units.
  8. A change to the number of units may be requested due to a change in needs within the ISP cycle.
  9. All requests for therapy may be subject to clinical review by the DDS.

**D. Service Delivery Rates:**

1. Integrated therapy rate shall be billed for the following services:
  - a. Interventions within the licensed therapist's scope of service when services:
    1. are provided in the natural environments of an individual's life (such as residence, community inclusion sites, community locations or at IDT planning meetings); and
    2. apply to a functional activity; and
    3. involve collaboration with a DSP for a portion of the service contact.
  - b. DSP and IDT member training and consultation in natural environments;
  - c. Monitoring of therapy strategy implementation in natural environments;
  - d. Attendance at specialized appointments (medical and/or employment related, etc.), even in clinical settings;
  - e. Physical attendance at IDT meetings, including meetings to develop ISP action plan TSSs.
  - f. Therapy services that are delivered to an individual that requires excessive travel by the therapist of at least thirty (30) miles or greater one-way from the therapist's office; this does not include documentation of any kind;
  - g. Functional assessments that are conducted in natural environments;
  - h. Assistive technology services that are delivered in a natural environment; and
  - i. Assessments requiring use of an array of specialized equipment, not easily portable, conducted within a clinical setting.
2. Individual clinical rate shall be billed for the following services:
  - a. Interventions within the licensed therapist's scope of service when services ARE NOT:

1. provided in the natural environments of an individual's life (such as residence, community inclusion sites, community locations or at IDT planning meetings); or
  2. applied to a functional activity; or
  3. involving collaboration with DSP for a portion of the service contact.
- b. Therapy services delivered via Telehealth;
  - c. Development of individual specific therapy intervention plans, WTSPs, therapy reports, reports requesting or justifying assistive technology;
  - d. Assistive technology fabrication performed outside of natural environments;
  - e. Phone consultation;
  - f. Distance participation in IDT meetings;
  - g. Therapist participation in mandated DDS training: The total amount of training units may be divided among the therapist's caseload, with no single individual's budget billed for more than one hour per ISP year; and
  - h. Supervision of PTA or COTA.
3. The PTA or COTA rate shall be billed for all services delivered by a PTA or COTA delivered in accordance with the APTA or AOTA Practice Guidelines; the NM Standards and Licensing Department supervision and practice provisions; the NM DD Medicaid Waiver Standards; the DDS CSB Guidelines Regarding the Use of OTA Services; and related NM DOH/DDS rules, standards, and guidelines. The PTA or COTA rate shall be billed for the following services:
    - a. Therapy services assigned by the supervising therapist and pursuant to a therapy intervention plan written by the supervising therapist. The therapy intervention plan must be of sufficient detail to direct the therapy assistant in service provision and will outline the therapy tasks to be completed by the therapy assistant and therapy tasks (if any) to be completed by the supervising therapist as related to each therapy objective.
    - b. Participation in IDT meetings. The supervising therapist and the therapy assistant may attend the Annual IDT meeting to assist in developing the ISP.

The supervising therapist and/or the therapy assistant may attend other IDT meetings at the discretion of the supervising therapist.

- c. Completion of assigned documentation in accordance with applicable practice guidelines. Note: completion of billable services notes is not a billable activity.
  - d. Therapy assistant participation in mandated DDS/D trainings. The total amount of training units may be divided among the therapy assistant's and therapist's caseload, with no single individual's budget billed for more than one hour of training per ISP cycle per therapy discipline.
4. The Rural Rate Modifier may be applied for the following services:
- a. Therapy services that are provided in a county or area designated by the NM DDS/D as an underserved county or area for DD Waiver therapy services. An official list of such counties/areas will be published by the NM DDS/D according to established criteria and revised/ distributed at least annually.