

1. **Appeal and Hearing Issue** – Charles Hicks, Chief Counsel for the Office of Chief Counsel (OCC)

Marilyn provided the opportunity for workgroup members to voice concerns regarding the appeals process. Kim Jones (SLP) was the primary spokesperson. She has personally gone through several fair hearings and has experienced several of the complications first hand

Items mentioned as concerns:

- Length of time for when decisions are put into place once the workgroup has made a decision
- The approach feels very adversarial to the therapists in the field
- Which regulation to use when the appeal comes up...the “guidelines at the time of the review or the “guidelines” when the appeal is heard.
- Clinical judgment seems to not be allowed by the OCC
- Therapists had indicated to some on the workgroup that there was no opportunity for peer review
- The promulgated test list needs to have some flexibility. The workgroup made allowances for using other tests not on the list and for using tests that are put on the list before being officially promulgated. This is not being allowed during the appeals process – **so how do we get decisions into the public use before it is in the manual and promulgated?**
- Members of the workgroup indicated that several therapists in the pediatric field are leaving due to the complications that the retrospective process has presented

Charles Hicks comments to the above:

- Marilyn indicated that she had had a frank conversation with AFMC (Jarrod) and about using the guidelines as they have been presented
- This process is an administrative process. The department’s responsibility is to bring all the resources together to make the right decision—it is not intended to be adversarial
- Charles indicated that each case is being looked at individually and that clinical judgment is important and will be a part of the review process
- Marilyn explained that AFMC is a Quality Improvement Organization (QIO) and that overturns cannot be done by peer review. These must go to the OCC
- The Medicaid Fairness Act made it possible for the provider to send in an appeal --- before that time all appeals had to be submitted by the beneficiary

Debbie and Kim will send examples to Marilyn for Charles to use with his office to help in clarifying some of the issues.

Any specific questions that come up before the next meeting can be forwarded to Cheryl.

Charles will be at the next meeting to continue to assist with this process.

Charles came back into the meeting with some answers that he was able to get before the meeting adjourned.

- **Clinical judgment and the guidelines must and will be used together in the process**

- **When this group decides to accept a decision and Marilyn agrees as the representative of the department...she can tell AFMC that it is accepted and will be promulgated later**
 - **When something has been promulgated and needs to be removed...this will have to be promulgated before the change is official**
2. **EDS on NPI** – Melissa St. Claire and Sheila Gifford
 - Melissa St. Claire presented on the National Provider Identifier
 - May 21, 2007 is the date that it has to be set-up and in use
 - There will be a crosswalk of NPI and Arkansas Medicaid ID
 - EDS will have the crosswalk up and operating by the middle of March
 - EDS will host several meetings across the state to educate providers on the NPI. These dates will be posted on the Providers Section of the website
 - The handout and presentation was well-done. There will most likely be questions regarding this process as providers begin to go through the process of signing up for the NPI and then going through the crosswalk
 3. **Meeting Related to Autistic Child** – There was a meeting held with Marilyn, the particular family, and the team for the child
 - It was explained to the family that there are no set rules about NOT getting therapy everyday
 - Therapists will continue to make individual recommendations
 - If therapy can be justified everyday, then that recommendation can be made
 - Therapy everyday doesn't have to be 60 minute sessions, Remember INDIVIDUAL recommendations
 4. **Clinical Observation to Speech Therapy and Physical Therapy** – Marilyn indicated that this will be added to the manual .
 - Marilyn, Jarrod, and Cheryl will work out a way to make this official
 5. **Therapy tests that are no longer available ... can the protocols be copied?**
 - It was determined that this was an issue that this workgroup was not responsible for answering. Individual providers will figure out how to continue to use an accepted test.
 - Several therapists in the workgroup did indicate that they re-use protocols for each child already present in their chart
 6. **Sub-Committee Issues** – Marilyn reviewed **IQ**
 - Marilyn reviewed the meeting that was held between herself, Kim and Cheri
 - National standards are moving away from the use of IQ
 - Maintenance Flowchart could be used to assist in this process
 - Marilyn has concerns that therapy could go on forever
 - Painting the picture by the SLP and functional profiles would be more critical than ever
 - AFMC should no deny therapy based solely on the lack of an IQ score
 - It was stated to start slow in submitting reports without an IQ and clearly paint the picture and see how the process works
 - **It does not say that an IQ is required for eligibility criteria. The wording in the manual needs to be updated and clarified.**
 - This will continue to be discussed and dealt with...**wording will be worked on by the workgroup for the next meeting**

Hospital Discharge

- Upon a hospital discharge, there is a lag between discharge and when they get picked up for therapy in the community
- Therapy can't be done until a PCP is assigned
- Marilyn will get this clarified because there is a process for this when the PCP assignment is not final

PTA and OTA

- PTA and OTA students would be supervision by a licensed OT/PT however, the reimbursement would be at the assistant rate. An OTA/PTA student cannot be reimbursed at the higher rate of the licensed therapist.

March 7, 2007 10:00-12:00 is the next workgroup meeting...this meeting will be to continue to answer questions that are currently in the working process.

Also, preparation will be made for the Open Meeting in April.