

MEDICAID - AFMC ISSUES
SUMMARY OF MEDICAID WORK GROUP MEETING
JUNE 24th, 2004

1. Therapy recoupment letters-

Therapy recoupment letters that were to be mailed at the end of May will be mailed on June 25th or the first part of the next week. Due to the lawsuit filed by CHMS clinics, any recoupments that dealt with CHMS had to be pulled and this is what has caused the hold up. Providers that owe large amounts will be contacted by Medicaid to arrange a repayment schedule. Even if you do not owe large amounts, any provider can call Donna Clements to set up a repayment schedule.

2. Revision of DMS-640. See attached.

This is not a final version, do please give feedback. Medicaid is proposing to the medical board the suggestion that the therapist be allowed to fill out the entire top portion of the DMS-640. Medicaid reports in the past that the medical association has not been receptive to this. They specifically did not like someone other than themselves filling out the diagnosis. DDTCS and early intervention providers have requested the box that has been added for "therapy not medically necessary." They state that physicians sometimes will not return the script because they did not feel that the child needs developmental delay treatment. They state if they have a denial then they have other funding sources they can dip into for these children and not access Medicaid funding. The plans are to add DDTCS to this same DMS-640 form, so that these centers only have to get one script for all services.

3. IQ Testing-

A proposal was accepted to accept "intellectual capacity" rather than IQ scores for justification to receive speech services when appropriate. This should resolve a lot of problems over denials due to lack of IQ scores or "regression to the mean theory" especially involving those children with severe physical/behavioral limitations (i.e. children with Autism, visual/hearing impairment, orthopedic impairments, etc.) Attempt must still be made to obtain IQ score by psych examiner.

Definition of intellectual capacity includes IQ (when appropriate)

- a. Standard score measurements of cognition (i.e. cognitive scores from Developmental Testing)
- b. Nonverbal intelligence scores
- c. Performance measures
- d. Functional measures
- e. Adaptive behavior (such as the Vineland)

Who administers the test is determined by the test itself.

4. Issues with ACH-

Medicaid is going to meet with the physicians at ACH due to the numerous provider complaints about how long it takes to get a script or referral back from them. It appears presently the average time is 6 weeks.

5. Tests-
List of suggested tests are now on the AFMC website. Other tests can be used but you must explain what your rationale is for using a test not on the list.
6. Duty Intervention-
They are working to make the guidelines the same for Medicaid and the 0-2 program. Either Medicaid will be revised to 25% delay or DDS will revise eligibility definition to include 1.5 SD.
7. Maintenance therapy-
Beth Stamp and Debbie Ashworth (the two PTs on the work group) are leaning toward a perimeter of – after 12 months of therapy has the child made documented progress toward goals (the child does not have to have accomplished his goal or objectives, just positive gains) or does objective data from previous test results document improvement when compared to recent testing? If the answer is no, then the child needs to be placed on a monitoring program progressing toward discharge or discharged.
8. Supervision of PTAs-
Medicaid is considering going with whatever the PT board states is appropriate. At the present time, the PT board states that our practice act does not require any direct supervision. The PT must be available to be contacted and this can be by phone.

Next open meeting for providers is October 28th, 10:00-12:00. Next work group meeting is July 22. Please contact Beth Stamp at Office: (501) 941-5630, Fax: (501) 843-2270 or e-mail at bstamp@allied-therapy.com or Debbie Ashworth at Cell: (479) 651-3389, Fax: (479) 474-4044 or e-mail: dashworthpa@msn.com with any suggestions or comments you would like us to address at the next work group.