

THERAPY WORK GROUP MINUTES

July 12, 2006

Committee Members Present:

Cheryl Freeman – Medicaid
Jarrod McClain RN – AFMC (via conference call)
Angela Traweek OT
Julia Washburn – OT
Judy Eddington-SLP with EI
Debbie Ashworth-PT
Shelly Weir-SLP
Kim Jones – SLP
Ruth Castleberry – Governors Early Intervention Coordination Council
Tony Boaz – Arkansas Dept. of Education
Linda Rogers – Easter Seals
Stephanie Smith – Easter Seals
Sherry Stevenson – SLP

Guests – Robin Raveendran and Donna Clements from the Medicaid Field Audit Unit

Current Therapy Issues Discussed

1. Robin and Donna spoke on the field audits that they have been working on. They have reviewed several daycares and have discovered many fraudulent issues. Field Audit is now being called Program Integrity. Donna stated that we should let therapists know that when they quit working for a facility, they need to let Medicaid know to drop them from the group provider list. The recent audits have discovered services being billed by therapists who no longer work at facilities, no documentation for 6 months to a year, and billing 22-24 hours a day. Some providers are still filling out the DMS-640. School therapists billing under the LEA#. Donna stated that exact time evaluations begin and end should be documented on the evaluation. The group discussed that several providers write a progress note to cover the evaluation and Donna said that was OK as long as the time was included.

2. The next item on the agenda was extension of benefit on therapy evaluations. Right now the max is 2 hours (4-30 minute units). Because of the requirements for speech therapists according to the guidelines, it is very hard for ST's to complete the evaluations in 2 hours, especially on children over 3 years. Several providers stated they have asked for extension of benefits and been denied each time, so they don't even ask anymore. They end up "eating" the remainder of the evaluation time, which goes over the allotted 2 hours. It was discussed that there wasn't a way to look up if another provider had used evaluation units. Stephanie Smith said there was a way and she would email this to everyone. Cheryl will get with Marilyn but the group recommended that the evaluation units for speech therapy be increased from 2 hours to 4 hours per fiscal year and that OT be increased from 2 hours to 3 hours per fiscal year for children over 5 years of age. OT stated that on school age children, there are many areas to evaluate and that they often go over the 2-hour allotment also. PT stated they rarely went over the 2 hours allotted.

3. The group again discussed having to put the time on the evaluations. A progress note will cover this or the therapists should put the actual time on the evals.
4. Is Documentation a part of evaluation time – I DON'T THINK WE DISCUSSED. NEEDS TO BE BROUGHT UP AT THE NEXT MEETING.
5. Co-treatment of therapy services was discussed. Julia stated that this was discussed years ago and that Medicaid was seeing cases where some providers were co treating on every child and that it seemed to be abused. The group discussed that some children could benefit more from co treatment than with one therapist at a time. The group would like to see if Medicaid would OK co treatment if the evaluation clearly stated the reasons for co treatment and the DMS –640 specified it also. May need to look at therapy guidelines to expand on this area. Judy Eddington also stated that EI voucher may cover this service, but it needs to be requested and be a part of the plan BEFORE co treatment begins NOT AFTER the fact.
6. The next issue discussed in detail was the transition time to and from therapy (when does therapy time start). The Field audit unit has seen several examples of abuse with the therapists talking to the teachers, then observing the child was absent, moving to another room but documenting the therapy time out for the child when first began talking to the other teacher. The group discussed when there is an issue with an entire unit or almost the entire unit that is definitely wrong and the child should be signed out according to when the therapists actually gets them for treatment. There were also issues of “safety” discussed when doing therapy to and from therapy. The group agreed that most transitions to and from therapy were billable since many goals can be addressed during this time. For example, it is very easy and completely natural within the environment to work on language, articulation, sensory needs, coordination, UE strength, and transitioning to and from therapy. If the time of to and from therapy is very lengthy such as a complete unit, then that is a different issue. Some members of the group discussed that they would like to sit down with the field audit team and discuss these issues more in-depth so they could understand that often the time to and from therapy is really therapy. And also the safety issues involved of therapy in the halls. Julia, Sherry and Ruth volunteered to meet with the field audit team. Julia is going to email Cheryl to remind her to help set this up and to check with Marilyn on it.
7. The next issue discussed was that some infants do not qualify for therapy on the PLS but they do on the REEL or the ROSETTI but ST's are still getting denials on these. The group wanted to make sure that the reviewing therapists knew that the guidelines allow for this and that clinical opinion should be considered in the reviews. Jarrod said they should be and he would check. Everyone is going to check and see if this was a problem “over all providers” or if this was a specific problem with a certain provider.
8. There is still an issue of who is going to pay for the interpreter for foreign speaking evaluations and treatment. One group member has a bilingual interpreter on staff who translates 28 hours a week right now but she is not reimbursed for the time. EI

may pay for it but this would only cover the children under 3.

9. The group decided that the TIMP, which was submitted for review the last meeting, should be approved to be placed on the OT/PT eval list under standard, and the Reynolds IQ test should be place on the IQ list.
10. The group reviewed the therapy tests to be APA'd. The additions include: the SPAT-D II for ST, The HELP, FIM, and MSEL under PT supplemental, the TIMP under PT and OT standard, and the Reynolds for IQ. Deleted tests will be the KLPA and GFTA – both these tests have newer versions that should be used.
11. Committee members are taking turns typing the minutes from the workgroup meetings. Julia Washburn agreed to do the minutes from this meeting.
12. The next work group meeting is scheduled for September 13, 2006 with the following agenda items: primary use of percentiles versus standard scores (Shelly), Using total language scores as separate areas (Shelly), talk about definition of “reasonable progress” (Sherry, and follow up on “is documentation a part of the evaluation time”. The open therapy meeting is scheduled for November 2, 2006. Cheryl will try and get the Blue Flame Room again.