

Occupational Therapy

Definition

Occupational Therapy funded by the HASCI Waiver is an extended Medicaid State Plan service. In the current Medicaid State Plan, specified Occupational Therapy services are available to individuals under age 21 years. The HASCI Waiver removes the age restriction, making the same Occupational Therapy benefits available to those age 21 years and older.

Occupational Therapy is defined as treatment ordered by a physician to develop, restore or improve functional abilities related to self-help, adaptive behavior and sensory, motor, postural, and emotional development that have been limited by a physical injury, illness or other dysfunctional condition. It involves the use of purposeful activity interventions and adaptations to enhance functional performance.

Subject to limits designated in the Medicaid State Plan, Occupational Therapy includes evaluation, therapy sessions, fabrication of splints or orthotics, and consultation.

See the SCDHHS Medicaid Provider Manual for Private Rehabilitative Therapy and Audiological Services for additional information. *This can be accessed via the SCDHHS website: www.scdhhs.gov.*

Providers

Occupational Therapy must be provided by an individual, agency, or company enrolled with SCDHHS as a Medicaid provider of Occupational Therapy services.

Arranging and Authorizing the Service

If the Service Coordinator determines that an Occupational Therapy evaluation is needed, he/she must document the difficulty that the individual is having which supports the need for the evaluation. The individual and/or family member should contact a Medicaid enrolled Occupational Therapist. The offering of choice of providers must be clearly documented in the participant's Support Plan.

After a provider is chosen, the Waiver Tracking System must be updated to reflect the addition of the evaluation. The Plan must be updated to reflect the name of the service, amount, frequency, duration and provider. When it is approved, the service is authorized using *Authorization for Occupational Therapy Services (HASCI Form 12C)*.

When the evaluation is completed, therapy or the fabrication of splints/orthotics may be recommended. If therapy is recommended, the therapist should provide specific information about the goal of therapy, the amount, frequency that therapy is recommended, and the expected duration. This information must be included in the individual's Plan and the Waiver Tracking System should be updated. Once the service is approved, the service is authorized using *Authorization for Occupational Therapy Services* (HASCI Form 12C).

If the evaluation determines a need for the fabrication of splints or orthotics, the Plan and the Waiver Tracking System should be updated. Once the service is approved, it is authorized using *Authorization for Occupational Therapy Services* (HASCI Form 12C).

If Occupational Therapy Services are being provided and consultation with the individual, his/her family, teacher, or other professionals is needed, this may be funded through the Waiver. The need must be documented in the Plan and added to the Waiver Tracking System. Once the service is approved, it is authorized using *Authorization for Occupational Therapy Services* (HASCI Form 12C).

Billing

For individuals receiving HASCI Waiver funded Residential Habilitation, Day Habilitation, Prevocational Services, or Supported Employment Services, Occupational Therapy Services should be billed to the DSN Board. This should be checked on *Authorization for Occupational Therapy Services* (HASCI Form 12C) and no prior authorization number should be assigned. (**Note: For individuals receiving Board Billed Occupational Therapy Services, the DSN Board will not follow procedures to request reimbursement for costs. The cost for Occupational Therapy Services is included in the costs paid to the DSN Board for Habilitation Services.**)

For individuals who do not receive HASCI Waiver funded Residential Habilitation, Day Habilitation, Prevocational Services, or Supported Employment Services, Occupational Therapy Services must always be directly billed to SCDHHS. This must be checked on *Authorization for Occupational Therapy Services* (HASCI Form 12C) and a prior authorization number must be assigned.

Monitorship

The Service Coordinator must monitor provision of each HASCI Waiver service received by a participant to:

- verify the service is being provided as authorized,
- assure the usefulness and effectiveness of the service,
- determine the participant's and/or representative's satisfaction with the service and service provider(s), and
- confirm health status and safety of the participant.

Monitorship includes:

- Contact with the participant and/or representative within two (2) weeks after beginning the service or beginning with a new provider of the service
- Contact with the participant and/or representative at least every three (3) months
- Contact with service providers as necessary to confirm health status and safety of the participant and appropriate provision of authorized services

Monitoring of HASCI Waiver services may be accomplished by the Service Coordinator during required bi-monthly contacts with the participant/representative and face-to-face visits with the participant at least every 180 days to monitor his or her Support Plan and health status. These contacts and face-to-face visits must be documented in Service Notes.

Information obtained during monitoring may lead to changes in authorized HASCI Waiver services, such as increased/decreased units, change of provider, or change to a more appropriate service.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for denial. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Service Coordinator must provide written notification to the participant or legal guardian, including reason for the action. Information concerning SCDDSN Reconsideration and SCDHHS Appeal must also be provided.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms, which are also used to notify each affected service provider of the action:

- *Notice of Denial of Service* (HASCI Form 11C)
- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

These can be accessed via the SCDDSN Application Portal>Business Tools>Forms>HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated and budget information in the Waiver Tracking System (WTS) must be adjusted accordingly. For service reduction or termination, excess or unused units must be deleted from the budget.