

## Occupational Therapy

### **Definition**

Occupational Therapy (OT) is 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 condition. It uses purposeful activity interventions and adaptations to enhance functional performance. The service includes evaluation, therapy sessions, fabrication of splints or orthotics, and consultation with caregivers or service providers.

Occupational Therapy funded by HASCI Waiver is an Extended State Plan Service. The current Medicaid State Plan provides Private Rehabilitative Therapy and Audiological Services to individuals who are under age 21 years. This includes Occupational Therapy. The HASCI Waiver makes the same benefits available to those age 21 years and older.

See the SCDHHS *Provider Manual for Private Rehabilitative Therapy and Audiological Services* for additional information. *This can be accessed via the SCDHHS website: [www.scdhhs.gov](http://www.scdhhs.gov).*

### **Service Unit**

OT Evaluation	one unit equals one (1) evaluation
Therapy Session/Consultation	one unit equals fifteen (15) minutes
OT Fabrication	one unit equals one (1) splint or orthotic

Refer to the current HASCI Waiver rate table for reimbursement amounts. *This can be accessed via the SCDDSN Application Portal >R2D2 >View Reports >Waiver >Service Rates >HASCI.* OT Fabrication is individually priced per specific splint or orthotic

### **Service Limit / Restrictions**

The limit for combined total sessions of Occupational Therapy, Physical Therapy, and Speech and Hearing Services is 420 units (105 hours) per State fiscal year. If additional units are medically necessary, the provider can request them through KePRO, the QIO contracted by SCDHHS.

Occupational Therapy funded by HASCI Waiver may be provided only if a participant is unable to access or has exhausted Medicaid State Plan benefits under Hospital Services, Physician's Services, and Home Health Services.

## **Providers**

Occupational Therapy funded by HASCI Waiver must be provided by an individual, agency, or company enrolled with SCDHHS as a provider of Occupational Therapy Services.

## **Arranging and Authorizing the Service**

If a HASCI Waiver participant requests occupational therapy, the Service Coordinator must first assist him or her to access it from other available resources, including private insurance, Veterans Administration, Workers Compensation, SC Vocational Rehabilitation Department, and Medicaid State Plan (Hospital Services, Physician's Services, or Home Health Services).

The Service Coordinator must document in Service Notes efforts to obtain the needed services through other resources available to the participant. If not available from other sources, Occupational Therapy funded by HASCI Waiver can be pursued. The need must be clearly documented in the person's Support Plan, including the specific physical and motor difficulties the participant is experiencing.

Initially, an OT Evaluation must be arranged and authorized. The participant or representative must be offered choice from among available providers Occupational Therapy. Offering of choice and the provider selected must be documented in a Service Note.

After a provider is identified, the participant's Support Plan must be updated to clearly reflect the name and type of the service, payer, the amount, frequency, and duration of the service, and the provider type. Budget information for the service must then be entered into the Waiver Tracking System (WTS) and service information must be entered into the Service Tracking System (STS).

To initiate the service following WTS processing, the provider must be authorized using the *Authorization for Occupational Therapy* (HASCI Form 12C). *This can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver.* A copy must be maintained in the participant's file.

When the OT Evaluation is completed, therapy sessions/consultation and/or the fabrication of splints or orthotics may be recommended. If the participant wishes to pursue these, they must be separately authorized. The participant's Support Plan must be updated to clearly reflect the name and type of the service, payer, the amount, frequency, and duration of the service, and the provider type. Budget information for the service must then be entered into the Waiver Tracking System (WTS) and service information must be entered into the Service Tracking System (STS).

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### **Billing**

Occupational Therapy must be Direct-billed to SCDHHS. This is indicated on the *Authorization for Occupational Therapy* (HASCI Form 12C); 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 bi-monthly (every other month),
- Contact with service providers as necessary to confirm health status and safety of the participant and appropriate provision of authorized services,
- Face-to-face visit with the participant at least every six (6) months (180 days), and
- Review of the participant's Support Plan as often as needed, but at least every six (6) months (180 days).

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan 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. Service information in the Service Tracking System (STS) must be updated as necessary.