

Accessing Short-Term CSB Therapy Consultation Services

I. Procedure for Accessing Short-Term CSB Therapy Consultation Services.

(previously: Regional Office Process for Addressing Therapy Needs 10/14)

Purpose: to establish a consistent procedure for DDS CSB and ROs to refer any individual allocated to the DDW (not ICFMRs, Mi Via or other waiver groups) with unmet *essential skilled therapy* (OT, PT, SLP) needs for Short – Term Clinical Service Bureau (CSB) Therapy Consultation Services. (aka – Safety Net Therapy Services)

When, within a region, individuals &/or their guardians are not able to access needed *essential skilled therapy* service using the SFOC, the following procedure will be followed to maximize access to short-term CSB Therapy Consultation Services.

Essential skilled therapy services are defined as:

- 1- Necessary evaluations to achieve an immediate need, (i.e., environmental modifications, assistive technology, etc.)- not evaluations to request ongoing therapy
- 2- Training of current Assistive Technology
- 3- Training of existing WDSIs
- 4- Development and training of new WDSIs to support
 - a. Health and safety
 - b. ISP visions and outcomes
 - c. Other areas that require immediate necessary support for daily functioning
- 5- Consultation to complete Teaching & Support Strategies
- 6- Support for any ARM activities, as defined by the ARM policy & procedure
- 7- Other consultation and/or intervention, as described by IDT as essential at the current time, without which the individual will be at risk

Safety net services (DDS short-term therapy consultation) may be accessed according to the following procedure to assure that individuals' interdisciplinary teams, with the consent of guardians, and the awareness of regional offices, are provided essential skilled therapy services.

1. SFOC: Case Manager, Regional Office, Clinical Services Bureau
 - a. Upon receipt of a RORI or notification that a needed therapy is not available, the Regional Office (RO) will review the current Secondary Freedom of Choice (SFOC) website to determine if there are providers for that discipline available in the individual's county of residence as the availability of providers may change without notice.
 - b. If there is one or more provider of that discipline available, work with the individual's case manager (CM) and the therapy provider listed on the SFOC to determine the capacity of that provider to deliver the

needed service.

- c. If any provider states they are at capacity, they must be advised to go on self-imposed moratorium (SIM). When this occurs, the RO will advise the CSB Therapy Services Coordinator of the need for a SIM.
- d. If all providers state that they are at capacity, the RO will advise the CM to:
 - i. Assure a RORI has been submitted to the RO (as in 1.a.).
 1. If services are determined to not be available, the Regional Office should assure that a RORI has been developed by the team and submitted to the RO, before notifying CSB of therapy shortages
 - ii. After receipt of the RORI, request that the CM submit a current Therapy Needs Identification form with required documentation as identified on the form to the CSB per instructions on the form.

2. IDT Identification of Essential Therapy Needs: CM, IDT

To determine how essential therapy needs will be met, the IDT must go through a process of identifying immediate therapy needs and considering possible sources of support to meet those needs. Other sources of support include:

- a. the individual's private medical insurance,
- b. other IDT members and
- c. short - term therapy consultation from DDS D therapy consultants.

If it is decided that short-term therapy consultation from DDS D is an option that will be pursued, the CM will lead the IDT to complete the Therapy Needs Identification Form (see step 3).

3. Therapy Needs Identification Form: Case Manager, IDT, Clinical Services Bureau

- a. The full IDT must meet or communicate to complete/approve the Therapy Needs Identification Form (contact the CSB or download from the Therapy Services website). If the guardian is not available to meet with the IDT, the CM must provide him/her with all proposed team plans and information regarding unmet therapy needs. The guardian **MUST** approve of any plans to access additional therapy support from any source before implementation. If the guardian does not agree with the proposed plans, the IDT must develop another approach to obtaining therapy support. Completion of this form will help the team identify internal and external resources and the form will also apprise the CSB of the specific needs of the individual. The form will guide the IDT in a process to consider the following questions:
 - i. Did the individuals receive the needed therapy during the

previous year?

- ii. What specific therapy services were provided the individual and team by a previous therapist of this discipline?
- iii. What are the current specific therapy needs?
 1. The IDT should consider the list of skilled therapy services identified at the beginning of this procedure, in addition to other known service needs.
- iv. May the individual's medical insurance provide needed therapy services?
 1. The IDT should look at the identified needs and determine if the individual's medical insurance (Medicare, Medicaid or Private Insurance) could be used to address the need. If the individual has an acute need for a particular therapy, the need might be addressed by using the individual's medical insurance to access the missing therapy. For example, if the individual has fallen, she may be eligible for physical therapy services as a benefit of her medical insurance, currently in place. If the individual has suffered an acute event such as a stroke, the medical insurance may provide rehabilitative therapies, as well as home health services. If the individual has a chronic condition, there may be essential skilled therapy services available from the medical insurance. If medical insurance benefits are being considered, the guardian or nurse on the team should contact the individual's primary care provider and arrange for an appointment to discuss the need and obtain appropriate orders. A case manager from the health care plan may also be helpful in obtaining and coordinating these services.
- v. Is there another member of the IDT that may assume responsibility for an identified therapy need?
 1. When the individual's needs have been identified, the IDT will be asked to determine if there are other IDT members who are able to assist with covering these needs on temporary or permanent bases. For example, a nurse may be able to monitor the range of motion program written by the previous PT or OT; an OT may be able to address some the positioning needs of an individual; an SLP may be able to address various AT needs; or a PT may be able to address some functional

activity issues. The ability to cover the identified needs will depend on the individual therapists and other team members who remain on the IDT. No therapist, nurse or IDT member should be asked to cover an area that is not within that person's expertise or scope of practice or for which she is not qualified or comfortable addressing. A budget revision may be considered by a service provider that is taking on additional responsibility to provide services that are not typically included in their interventions.

- vi. The IDT should consider if any of the following resources could address the immediate need:
 1. SAFE Clinic for issues involving eating, tube feeding and nutrition;
 2. The Specialty Seating Clinic for issues involving positioning and wheelchairs;
 3. Special Needs Clinic/TEASC to address multiple, complex issues;
 4. Cerebral Palsy Clinic for general assistance with medical issues related to cerebral palsy.

- vii. Does this individual continue to have essential skilled therapy needs in the area of the unavailable therapy discipline?
 1. If the answer is yes, the team will be asked to identify the needs in multiple areas, as related to DD Waiver therapy, by documenting each need as specifically as possible on the Therapy Needs Identification Form.
 - a. It is essential that all team members, including the guardian and direct support providers, have a clear understanding of what needs the CSB therapy consultant is being asked to address and agree with the plan for the consultant to work with the individual and the IDT. The CSB consultant is not able to fill the entire role of DD Waiver therapist for an individual. However, if there are DD Waiver requirements such as assessment of functional level after a change in condition; development of Written Direct Support Instructions because of a change in condition; or consultation with the IDT on specific needs such as assistive technology, aspiration risk management, or training of Direct Support Personnel (DSP); then the CSB therapy consultant may be able to address the short-term need(s). The IDT should review the information

below regarding the scope of CSB short-term therapy consultation services and determine if the request for CSB consultant assistance is appropriate.

4. Submit the Therapy Needs Identification Form to the CSB Therapy Services Coordinator and the CSB therapy consultant for the needed discipline via Therap. If the IDT is requesting CSB short-term therapy consultation from more than one discipline a separate Therapy Needs Identification Form must be used for each discipline. *Assure that all required attachments are sent with the form.* Do NOT send these forms through any state email system other than Therap. The required attachments are identified on the Therapy Needs Identification Form.
 - a. Contact the CSB therapy consultant for the discipline needed with notification that the documentation has been sent.