

**NEW MEXICO DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES SUPPORTS DIVISION
MEDICALLY FRAGILE WAIVER (MFW)**

OCCUPATIONAL THERAPY

Effective July 1, 2019

Occupational therapy is a skilled therapy service performed by a licensed Occupational Therapist (OT). A licensed practitioner, as specified by applicable State Laws and Standards provides the skilled therapy services. Occupational therapy services must be necessary to improve and/or maintain fine motor skills and coordinate and/or facilitate the use of adaptive equipment. Occupational therapy services for Medically Fragile Waiver (MFW) participants under the age of 21 are funded through the Medicaid Early Periodic Screening, Diagnostic & Treatment (EPSDT) program. This service standard is written for MFW participants/person 21 years and older. Adults access therapy services under the state plan for acute and temporary conditions that are expected to improve significantly in a reasonable and generally predictable period. Waiver services are provided when the limits of the state plan skilled therapy services are exhausted.

I. SCOPE OF SERVICES

A. Initiation of Occupational Therapy Services:

When occupational therapy is identified as a recommended service the case manager (CM) will provide the participant/participant's representative with a Secondary Freedom of Choice (SFOC). The participant/participant's representative will select a therapy agency from the SFOC. The identified therapist will request an occupational therapy referral/prescription from the Primary Care Provider (PCP) for evaluation and ongoing treatment. This must be obtained before initiation of treatment. A copy of the written referral will be maintained in the participant's file that is kept by the OT. The CM is responsible for including recommended units of therapy services on the MAD 046 form. It is the responsibility of the participant/participant's representative, OT, and CM to assure units of therapy do not exceed the capped dollar amount determined for the participant's Level of Care (LOC) and Individual Service Plan (ISP) cycle. The CM may approve two (2) hours for an initial evaluation on the annualized budget. Strategies, support plans, goals, and outcomes will be developed based on the identified strengths, concerns, priorities, and outcomes in the ISP.

B. Occupational Therapy Services Include:

1. Providing assessments and evaluations, developing treatment plans and interventions, monitoring the participant, and modifying treatment plans for therapeutic purposes, within the professional scope of practice of the OT.
2. Designing, building or preparing, implementing, modifying and monitoring the use of specialized or adaptive equipment, orthotic devices, and assistive technologies for the participant.
3. Designing, modifying, or monitoring the use of related environmental modifications for the medically fragile participant.
4. Designing, modifying, and monitoring the use of related activities for the person that is supportive of ISP desired outcomes.
5. Training families, direct Support Professionals (DSP) and relevant individuals in relevant settings as needed for successful implementation of therapeutic activities, strategies, treatments and use of equipment and technologies or other aspects of occupational therapy services.
6. Providing assessments for environmental accessibility adaptations and assistive technology needs within the professional scope of practice of occupational therapy.
7. Consulting with Interdisciplinary Team (IDT) member(s), guardians, family, or support staff.
8. Consulting and collaborating with the participant's PCP and/or other therapists and/or medical personnel for the purposes of evaluation of the person, or developing, modifying or monitoring occupational therapy services for the medically fragile.
9. Observing the participant in all relevant settings to monitor their status as it relates to therapeutic goals or implementation of occupational therapy services and professional recommendations.
10. Providing other skilled occupational therapy treatments, interventions, or assistive technologies deemed appropriate by the licensed OT and within the scope of practice of the OT.
11. Providing the therapy in a clinic, home, or community setting.

C. Comprehensive Assessment Guidelines:

The OT must perform an initial comprehensive assessment for each medically fragile participant to determine appropriate occupational therapy recommendations for consideration by the IDT in the context of the overall array of services received. The comprehensive assessment must be done at least annually and when clinically indicated. The assessment will be used to develop and revise the strategies, support plans, goals, and outcomes for the participant and may include the following:

1. Review of pertinent medical history;
2. Cognitive status;
3. Environment for needed adaptations and safety of environment;
4. Physical status, such as strength, joint mobility, fine-motor skills, coordination, and visual-motor skills;

5. Sensory status/perceptual processing;
 6. Sensory processing function;
 7. Environmental access skills; and
 8. Instrumental activities of daily living (IADL) and activities of daily living (ADL) techniques to improve deficits, or effects of deficits
- D. Attendance at the IDT Meeting:
1. The OT is responsible for attending and participating in IDT meetings convened for service planning, either in person or by conference call.
 2. The OT is responsible for signing the sign-in sheet at the IDT meeting.
 3. If unable to attend the IDT meeting, the OT is expected to submit, in advance of the meeting, recommended updates to the strategies, support plans, goals, and objectives for the team's consideration. The OT and CM will follow up after the IDT meeting to update the OT on specific issues.
 4. The OT must document in the participant's clinical file the date, time, and any changes to the therapy strategies, support plans, goals, and objectives as a result of the IDT meeting.
- E. Discharge Planning Documentation Includes:
1. Reason for discontinuing services such as but not limited to: failure to participate; request from participant/participant's representative; goal completion; or failure to progress;
 2. Written discharge plan is provided to the participant/participant's representative and the CM;
 3. Strategies developed with participant/participant's representative that can support the maintenance of therapy activities;
 4. Family and DSP training completed in accordance with written discharge plan;
 5. Discharge summary maintained in the OT participant file and a copy to be placed in the CM file and distributed to participant/participant's representative.

II. AGENCY/INDIVIDUAL PROVIDER REQUIREMENTS

- A. All OTs who are working independently as subcontractors or employees of a therapy provider agency must meet all the requirements of the MFW Service Standards.
- B. The agency must maintain a current MFW provider status through the Department of Health (DOH) Provider Enrollment Unit policies. See Provider Enrollment Unit contract for details.
- C. An OT with a current and active license issued by the New Mexico Occupational Therapy Board under the New Mexico Regulation and Licensing Department

(NMRLD) may provide billable occupational therapy services in accordance with the American Occupational Therapy Association (AOTA) scope of practice.

- D. A Certified Occupational Therapy Assistant (COTA) with a current and active license issued by the NMRLD may provide billable occupational therapy services in accordance with the AOTA scope of practice. A COTA must be supervised by an OT licensed by the New Mexico Occupational Therapy Board and follow all supervision provisions of New Mexico's current Occupational Therapy Act.
- E. A COTA may perform occupational therapy procedures and related tasks pursuant to a plan of care written by the supervising licensed OT. All related tasks and procedures performed by a COTA must be within a COTA scope of service following all AOTA, Federal and State licensure requirements applicable to COTA services.
- F. OT and COTA must be culturally sensitive to the needs and preferences of medically fragile participants and households. Arrangement of written or spoken communication in another language must be considered.

III. AGENCY/INDIVIDUAL ADMINISTRATIVE REQUIREMENTS

- A. Training:
 - 1. Whenever appropriate, family members and/or DSPs are to be trained in therapeutic strategies designed by the therapist and directed toward assisting the participant to achieve his/her goals and outcomes.
 - 2. Training includes participant, family members, and DSPs from all relevant settings.
- B. Monitoring and Revising:
 - 1. The OT is responsible for monitoring the progress of the participant toward the achievement of therapeutic goals and objectives, as well as progress toward desired outcomes in the ISP.
 - 2. The OT is responsible for monitoring the performance of strategies outlined in therapy plans.
 - 3. The OT will monitor and revise assistive technology devices for proper function, appropriate settings and needed updates.
- C. Documentation Requirements:
 - 1. Documentation must be completed in accordance with applicable MFW Standards and current guidelines established by the AOTA.
 - 2. All documentation forms will contain at least the following: participant name, date of birth, date of the report, name of the therapy provider agency, and the

therapist's name, credentials, and contact information. All documentation must follow NMLRD requirement for the OT and OTA.

3. All documents are identified by title of document, participant name and date of documentation. Each entry will be signed with appropriate credential and name of person making entry.
 4. Verified electronic signatures may be used. OT or COTA name and credential merely typed on a document is not sufficient.
 5. Each person will have an individual clinical file.
 6. A copy of the annual evaluation and updated treatment plan will be provided to the CM within ten (10) working days following the IDT meeting. The treatment plan must include intervention strategies, as well as frequency and duration of care. The goals and objectives must be measurable.
 7. Therapy progress/summary notes will include date of service, beginning/end time of service, location of service, service provided, person/family/DSP response to service; and plan for future service. The summary will include the number and types of treatment provided. Describe the progress toward therapy goals using the parameters identified in the initial and annual treatment plan and/or evaluation. Any modifications that need to be included in the ISP must be coordinated with the CM.
 8. Complications that delay, interrupt, or extend the duration of the program will be documented in the participant's medical record and in communications to the Physician/Healthcare Provider as indicated.
- D. Renew Physician/Healthcare Provider's orders at least annually and as appropriate and recommend revisions on the basis of evaluative findings.
- E. Copies of OT and/or OTA contact notes and OT and/or documentation may be requested by the MFW Program Manager, Division of Health Improvement (DHI), or Human Services Department (HSD) for quality assurance purposes.

IV. REIMBURSEMENT

Each provider of a service is responsible for providing clinical documentation that identifies the DSP's role in all components of the provision of home care, including assessment information, care planning, intervention, communications, care coordination, and evaluation. There must be justification in each participant's clinical record supporting medical necessity for the care and for the approved LOC that will also include frequency and duration of the care. All services must be reflected in the ISP that is coordinated with the participant/participant representative, other caregivers as applicable. All services provided, claimed, and billed must have documented justification supporting medical necessity and be covered by the MFW and authorized by the approved budget.

- A. Payment for occupational therapy services through this Medicaid waiver is considered payment in full.
- B. Occupational therapy services must abide by all Federal, State, and HSD and DOH policies and procedures regarding billable and non-billable items.
- C. All billed services must not exceed the capped dollar amount for LOC.
- D. Reimbursement for occupational therapy services will be based on the current rate allowed for the services.
- E. The agency must follow all current billing requirements by the HSD and the DOH for occupational therapy services.
- F. Claims for services must be received within 90 calendar days of the date of service in accordance with 8.302.2.11 NMAC.
- G. Providers of service have the responsibility to review and assure that the information on the MAD 046 form for their services is current. If the provider identifies an error, they will contact the CM or a supervisor at the case management agency immediately to have the error corrected.
- H. The MFW program does not consider the following to be occupational therapy duties and will not authorize payment for:
 - 1. Performing errands for the participant/participant representative or family that is not program specific;
 - 2. "Friendly visiting," meaning visiting with the participant outside of occupational therapy work scheduled;
 - 3. Financial brokerage services, handling of the participant's finances or preparation of legal documents;
 - 4. Time spent on paperwork or travel that is administrative for the provider.
 - 5. Transportation of the medically fragile participant;
 - 6. Pick up and/or delivery of commodities; and
 - 7. Other non-Medicaid reimbursable activities.