



Arkansas Department of Health and Human Services

Division of Medical Services



P.O. Box 1437, Slot S-295
Little Rock, AR 72203-1437

Fax: 501-682-2480

TDD: 501-682-6789

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Child Health Management Services (CHMS)

DATE: November 1, 2006

SUBJECT: Provider Manual Update Transmittal #76

REMOVE

Section	Date
245.110 – 245.120	11-1-05
245.220	11-1-05

INSERT

Section	Date
245.110 – 245.120	11-1-06
245.220	11-1-06

Explanation of Updates

Section 245.110 has been revised to add Test of Infant Motor Performance (TIMP) to the list of accepted tests for occupational therapy.

Section 245.120 has been revised to add Test of Infant Motor Performance (TIMP), Mullen Scales of Early Learning Profile (MSEL), Hawaii Early Learning Profile (HELP) and Functional Independence Measure (FIM) to the list of accepted tests for physical therapy.

Section 245.220 has been revised to add Reynolds Intellectual Assessment Scales (RIAS), Khan-Lewis Phonological Analysis (KLPA-2) and Structured Photographic Articulation Test II Featuring Dudsberry (SPAT-D II) to the list of accepted tests for intelligence quotient testing. Goldman-Fristoe Test of Articulation (GFTA) and Khan-Lewis Phonological Analysis (KLPA) are deleted from the list.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

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Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:
www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

TOC required**245.110 Accepted Tests for Occupational Therapy**

11-1-06

Tests used must be norm-referenced, standardized, age appropriate and specific to the therapy provided. The following list of tests is not all-inclusive. When using a test not listed here, the provider must include additional documentation to support the reliability and validity of the test. This additional information will be used as reference information if the chart is ever selected by Medicaid for audit review. An explanation of why a test from the approved list could not be used to evaluate the child must also be included. The *MMY* is the standard reference to determine the reliability and validity of the test(s) administered in an evaluation. Providers should refer to the *MMY* for additional information regarding specific tests.

Definitions:

STANDARD: Evaluations that are used to determine deficits.

SUPPLEMENTAL: Evaluations that are used to justify deficits and support other results. These should not “stand alone.”

CLINICAL OBSERVATIONS: All clinical observations are supplemental but should be included with every evaluation, especially if standard scores do not qualify the child for therapy. They will be considered during reviews for medical necessity.

- A. Fine Motor Skills – Standard
 - 1. Peabody Developmental Motor Scales (PDMS, PDMS2)
 - 2. Toddler and Infant Motor Evaluation (TIME)
 - 3. Bruininks-Oseretsky Test of Motor Proficiency (BOMP)
 - 4. Test of Infant Motor Performance (TIMP)
 - B. Fine Motor Skills – Supplemental
 - 1. Early Learning Accomplishment Profile (ELAP)
 - 2. Learning Accomplishment Profile (LAP)
 - 3. Mullen Scales of Early Learning, Infant/Preschool (MSEL)
 - 4. Miller Assessment for Preschoolers (MAP)
 - 5. Functional Profile
 - 6. Hawaii Early Learning Profile (HELP)
 - 7. Battelle Developmental Inventory (BDI)
 - 8. Developmental Assessment of Young Children (DAYC)
 - 9. Brigance Developmental Inventory (BDI)
 - C. Visual Motor – Standard
 - 1. Developmental Test of Visual Motor Integration (VMI)
 - 2. Test of Visual Motor Integration (TVMI)
 - 3. Test of Visual Motor Skills
 - 4. Test of Visual Motor Skills – R (TVMS)
 - D. Visual Perception – Standard
 - 1. Motor Free Visual Perceptual Test
 - 2. Motor Free Visual Perceptual Test – R (MVPT)
-

3. Developmental Test of Visual Perceptual 2/A (DTVP)
4. Test of Visual Perceptual Skills
5. Test of Visual Perceptual Skills (upper level) (TVPS)

E. Handwriting – Standard

1. Evaluation Test of Children's Handwriting (ETCH)
2. Test of Handwriting Skills (THS)
3. Children's Handwriting Evaluation Scale

F. Sensory Processing – Standard

1. Sensory Profile for Infants/Toddlers
2. Sensory Profile for Preschoolers
3. Sensory Profile for Adolescents/Adults
4. Sensory Integration and Praxis Test (SIPT)
5. Sensory Integration Inventory Revised (SII-R)

G. Sensory Processing – Supplemental

1. Sensory Motor Performance Analysis
2. Analysis of Sensory Behavior
3. Sensory Integration Inventory
4. DeGangi-Berk Test of Sensory Integration

H. Activities of Daily Living/Vocational/Other – Standard

1. Pediatric Evaluation of Disability Inventory (PEDI)

NOTE: The PEDI can also be used for older children whose functional abilities fall below that expected of a 7½ year old with no disabilities. In this case, the scaled score is the most appropriate score to consider.

2. Adaptive Behavior Scale – School (ABS)
3. Jacobs Pre-vocational Assessment
4. Kohlman Evaluation of Daily Living Skills
5. Milwaukee Evaluation of Daily Living Skills
6. Cognitive Performance Test
7. Purdue Pegboard
8. Functional Independence Measure (FIM) 7 years of age to adult
9. Functional Independence Measure – young version (WeeFIM)

J. Activities of Daily Living/Vocational/Other – Supplemental

1. School Function Assessment (SFA)
 2. Bay Area Functional Performance Evaluation
 3. Manual Muscle Test
 4. Grip and Pinch Strength
 5. Jordan Left-Right Reversal Test
 6. Erhardy Developmental Prehension
-

7. Knox Play Scale
8. Social Skills Rating System
9. Goodenough Harris Draw a Person Scale

245.120 Accepted Tests for Physical Therapy

11-1-06

Tests used must be norm referenced, standardized, age appropriate and specific to the therapy provided. The following list of tests is not all-inclusive. When using a test not listed here, the provider must include additional documentation to support the reliability and validity of the test. This additional information will be used as reference information if the chart is ever selected by Medicaid for audit review. An explanation of why a test from the approved list could not be used to evaluate a child must also be included. The *MMY* is the standard reference to determine the reliability and validity of the tests administered in an evaluation. Providers should refer to the *MMY* for additional information regarding specific tests.

A. Norm Reference

1. Adaptive Areas Assessment
2. Test of Gross Motor Development (TGMD-2)
3. Peabody Developmental Motor Scales, Second Ed. (PDMS-2)
4. Bruininks-Oseretsky Test of Motor Proficiency (BOMP)
5. Pediatric Evaluation of Disability Inventory (PEDI)
6. Test of Gross Motor Development – 2 (TGMD-2)
7. Peabody Developmental Motor Scales (PDMS)
8. Alberta Infant Motor Scales (AIM)
9. Toddler and Infant Motor Evaluation (TIME)
10. Functional Independence Measure for Children (WeeFIM)
11. Gross Motor Function Measure (GMFM)
12. Adaptive Behavior Scale – School, Second Ed. (AAMR-2)
13. Movement Assessment Battery for Children (Movement ABC)
14. Test of Infant Motor Performance (TIMP)
15. Functional Independence Measure (FIM) 7 years of age to adult

B. Physical Therapy – Supplemental

1. Bayley Scales of Infant Development, Second Ed. (BSID-2)
2. Neonatal Behavioral Assessment Scale (NBAS)
3. Mullen Scales of Early Learning Profile (MSEL)
4. Hawaii Early Learning Profile (HELP)

C. Physical Therapy Criterion

1. Developmental assessment for students with severe disabilities, Second Ed. (DASH-2)
2. Milani-Comparetti Developmental Examination

D. Physical Therapy – Traumatic Brain Injury (TBI) – Standardized

1. Comprehensive Trail-Making Test
2. Adaptive Behavior Inventory

E. Physical Therapy – Piloted

Assessment of Persons Profoundly or Severely Impaired

245.220 Intelligence Quotient (IQ) Testing

11-1-06

Children receiving language intervention therapy must have cognitive testing once they reach ten (10) years of age. This also applies to home-schooled children. If the IQ score is higher than the qualifying language scores, then the child qualifies for language therapy; if the IQ score is lower than the qualifying language test scores, the child would appear to be functioning at or above expected level. In this case, the child may be denied for language therapy. If a provider determines that therapy is warranted, an in-depth functional profile must be submitted.

However, IQ scores are not required for children under ten (10) years of age.

A. IQ Tests – Traditional

1. Stanford-Binet (S-B)
2. The Wechsler Preschool & Primary Scales of Intelligence, Revised (WPPSI-R)
3. Slosson
4. Wechsler Intelligence Scale for Children, Third Ed. (WISC-III)
5. Kaufman Adolescent & Adult Intelligence Test (KAIT)
6. Wechsler Adult Intelligence Scale, Third Ed. (WAIS-III)
7. Differential Ability Scales (DAS)
8. Reynolds Intellectual Assessment Scales (RAIS)

B. Severe & Profound IQ Test/Non-Traditional – Supplemental – Norm-Referenced

1. Comprehensive Test of Nonverbal Intelligence (CTONI)
2. Test of Nonverbal Intelligence (TONI-3) – 1997
3. Functional Linguistic Communication Inventory (FLCI)

C. Articulation/Phonological Assessments – Norm-Referenced

1. Arizona Articulation Proficiency Scale, Third Ed. (Arizona-3)
2. Goldman-Fristoe Test of Articulation, Second Ed. (GFTA-2)
3. Khan-Lewis Phonological Analysis (KLPA-2)
4. Slosson Articulation Language Test with Phonology (SALT-P)
5. Bernthal-Bankson Test of Phonology (BBTOP)
6. Smit-Hand Articulation and Phonology Evaluation (SHAPE)
7. Comprehensive Test of Phonological Processing (CTOPP)
8. Assessment of Intelligibility of Dysarthric Speech (AIDS)
9. Weiss Comprehensive Articulation Test (WCAT)
10. Assessment of Phonological Processes – R (APPS-R)
11. Photo Articulation Test, Third Ed. (PAT-3)
12. Structured Photographic Articulation Test II Featuring Dudsberry (SPAT-D II)

D. Articulation/Phonological Assessments – Supplemental – Norm-Referenced

Test of Phonological Awareness (TOPA)

E. Voice/Fluency Assessments – Norm-Referenced

Stuttering Severity Instrument for Children and Adults (SSI-3)

F. Auditory Processing Assessments – Norm-Referenced

Goldman-Fristoe-Woodcock Test of Auditory Discrimination (G-F-WTAD)

G. Oral Motor – Supplemental – Norm-Referenced

Screening Test for Developmental Apraxia of Speech, Second Ed. (STDAS-2)

H. Traumatic Brain Injury (TBI) Assessments – Norm-Referenced

1. Ross Information Processing Assessment – Primary

2. Test of Adolescent/Adult Word Finding (TAWF)

3. Brief Test of Head Injury (BTHI)

4. Assessment of Language-Related Functional Activities (ALFA)

5. Ross Information Processing Assessment, Second Ed. (RIPA-2)

6. Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI)

7. Communication Activities of Daily Living, Second Ed. (CADL-2)



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Fax: 501-682-2480

TDD: 501-682-6789

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Development Day
Treatment Clinic Services (DDTCS)

DATE: November 1, 2006

SUBJECT: Provider Manual Update Transmittal #79

REMOVE

Section	Date
220.110 – 220.120	11-1-05
220.220	11-1-05

INSERT

Section	Date
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220.220	11-1-06

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Roy Jeffus, Director

TOC required**220.110 Accepted Tests for Occupational Therapy**

11-1-06

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 - 3. Bruininks-Oseretsky Test of Motor Proficiency (BOMP)
 - 4. Test of Infant Motor Performance (TIMP)
 - B. Fine Motor Skills – Supplemental
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 - 2. Learning Accomplishment Profile (LAP)
 - 3. Mullen Scales of Early Learning, Infant/Preschool (MSEL)
 - 4. Miller Assessment for Preschoolers (MAP)
 - 5. Functional Profile
 - 6. Hawaii Early Learning Profile (HELP)
 - 7. Battelle Developmental Inventory (BDI)
 - 8. Developmental Assessment of Young Children (DAYC)
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 - 4. Test of Visual Motor Skills – R (TVMS)
 - D. Visual Perception – Standard
 - 1. Motor Free Visual Perceptual Test
 - 2. Motor Free Visual Perceptual Test – R (MVPT)
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3. Developmental Test of Visual Perceptual 2/A (DTVP)
4. Test of Visual Perceptual Skills
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1. Evaluation Test of Children's Handwriting (ETCH)
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4. Sensory Integration and Praxis Test (SIPT)
5. Sensory Integration Inventory Revised (SII-R)

G. Sensory Processing – Supplemental

1. Sensory Motor Performance Analysis
2. Analysis of Sensory Behavior
3. Sensory Integration Inventory
4. DeGangi-Berk Test of Sensory Integration

H. Activities of Daily Living/Vocational/Other – Standard

1. Pediatric Evaluation of Disability Inventory (PEDI)

NOTE: The PEDI can also be used for older children whose functional abilities fall below that expected of a 7½ year old with no disabilities. In this case, the scaled score is the most appropriate score to consider.

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5. Milwaukee Evaluation of Daily Living Skills
6. Cognitive Performance Test
7. Purdue Pegboard
8. Functional Independence Measure (FIM) 7 years of age to adult
9. Functional Independence Measure – young version (WeeFIM)

I. Activities of Daily Living/Vocational/Other – Supplemental

1. School Function Assessment (SFA)
 2. Bay Area Functional Performance Evaluation
 3. Manual Muscle Test
 4. Grip and Pinch Strength
 5. Jordan Left-Right Reversal Test
 6. Erhardy Developmental Prehension
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7. Knox Play Scale
8. Social Skills Rating System
9. Goodenough Harris Draw a Person Scale

220.120 Accepted Tests for Physical Therapy

11-1-06

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A. Norm Reference

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3. Peabody Developmental Motor Scales, Second Ed. (PDMS-2)
4. Bruininks-Oseretsky Test of Motor Proficiency (BOMP)
5. Pediatric Evaluation of Disability Inventory (PEDI)
6. Test of Gross Motor Development – 2 (TGMD-2)
7. Peabody Developmental Motor Scales (PDMS)
8. Alberta Infant Motor Scales (AIM)
9. Toddler and Infant Motor Evaluation (TIME)
10. Functional Independence Measure for Children (WeeFIM)
11. Gross Motor Function Measure (GMFM)
12. Adaptive Behavior Scale – School, Second Ed. (AAMR-2)
13. Movement Assessment Battery for Children (Movement ABC)
14. Test of Infant Motor Performance (TIMP)
15. Functional Independence Measure (FIM) 7 years of age to adult

B. Physical Therapy – Supplemental

1. Bayley Scales of Infant Development, Second Ed. (BSID-2)
2. Neonatal Behavioral Assessment Scale (NBAS)
3. Mullen Scales of Early Learning Profile (MSEL)
4. Hawaii Early Learning Profile (HELP)

C. Physical Therapy Criterion

1. Developmental assessment for students with severe disabilities, Second Ed. (DASH-2)
2. Milani-Comporetti Developmental Examination

D. Physical Therapy – Traumatic Brain Injury (TBI) – Standardized

1. Comprehensive Trail-Making Test
2. Adaptive Behavior Inventory

E. Physical Therapy – Piloted

Assessment of Persons Profoundly or Severely Impaired

220.220 Intelligence Quotient (IQ) Testing

11-1-06

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5. Kaufman Adolescent & Adult Intelligence Test (KAIT)
6. Wechsler Adult Intelligence Scale, Third Ed. (WAIS-III)
7. Differential Ability Scales (DAS)
8. Reynolds Intellectual Assessment Scales (RIAS)

B. Severe & Profound IQ Test/Non-Traditional – Supplemental – Norm Reference

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2. Test of Nonverbal Intelligence (TONI-3) – 1997
3. Functional Linguistic Communication Inventory (FLCI)

C. Articulation/Phonological Assessments – Norm Reference

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2. Goldman-Fristoe Test of Articulation, Second Ed. (GFTA-2)
3. Khan-Lewis Phonological Analysis (KLPA-2)
4. Slosson Articulation Language Test with Phonology (SALT-P)
5. Bankston-Bernthal Test of Phonology (BBTOP)
6. Smit-Hand Articulation and Phonology Evaluation (SHAPE)
7. Comprehensive Test of Phonological Processing (CTOPP)
8. Assessment of Intelligibility of Dysarthric Speech (AIDS)
9. Weiss Comprehensive Articulation Test (WCAT)
10. Assessment of Phonological Processes – R (APPS-R)
11. Photo Articulation Test, Third Ed. (PAT-3)
12. Structured Photographic Articulation Test II Featuring Dudsberry (SPAT-D II)

D. Articulation/Phonological Assessments – Supplemental – Norm Reference

Test of Phonological Awareness (TOPA)

- E. Voice/Fluency Assessments – Norm Reference
 - Stuttering Severity Instrument for Children and Adults (SSI-3)
 - F. Auditory Processing Assessments – Norm Reference
 - Goldman-Fristoe-Woodcock Test of Auditory Discrimination (G-F-WTAD)
 - G. Oral Motor – Supplemental – Norm Reference
 - Screening Test for Developmental Apraxia of Speech, Second Ed. (STDAS-2)
 - H. Traumatic Brain Injury (TBI) Assessments – Norm Reference
 - 1. Ross Information Processing Assessment – Primary
 - 2. Test of Adolescent/Adult Word Finding (TAWF)
 - 3. Brief Test of Head Injury (BTHI)
 - 4. Assessment of Language-Related Functional Activities (ALFA)
 - 5. Ross Information Processing Assessment, Second Ed. (RIPA-2)
 - 6. Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI)
 - 7. Communication Activities of Daily Living, Second Ed. (CADL-2)
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Fax: 501-682-2480

TDD: 501-682-6789

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Home Health

DATE: November 1, 2006

SUBJECT: Provider Manual Update Transmittal #86

REMOVE

Section	Date
218.161	11-1-05
218.162	11-1-05

INSERT

Section	Date
218.161	11-1-06
218.162	11-1-06

Explanation of Updates

Section 218.161: This section is included to add 2 norm reference tests.

Section 218.162: This section is included to add 2 supplemental physical therapy tests.

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Roy Jeffus, Director

TOC not required

218.161	Norm Reference	11-1-06
A.	Adaptive Areas Assessment	
B.	Test of Gross Motor Development (TGMD-2)	
C.	Peabody Developmental Motor Scales, Second Ed. (PDMS-2)	
D.	Bruininks-Oseretsky Test of Motor Proficiency (BOT)	
E.	Pediatric Evaluation of Disability Inventory (PEDI)	
F.	Test of Gross Motor Development – 2 (TGMD-2)	
G.	Peabody Developmental Motor Scales (PDMS)	
H.	Alberta Infant Motor Scales (AIM)	
I.	Toddler and Infant Motor Evaluation (TIME)	
J.	Functional Independence Measure for Children (WeeFIM)	
K.	Gross Motor Function Measure (GMFM)	
L.	Adaptive Behavior Scale – School, Second Ed. (AAMR-2)	
M.	Movement Assessment Battery for Children (Movement ABC)	
N.	Test of Infant Motor Performance (TIMP)	
O.	Functional Independence Measure (FIM); Ages 7 through 20	
218.162	Physical Therapy – Supplemental	11-1-06
A.	Bayley Scales of Infant Development, Second Ed. (BSID-2)	
B.	Neonatal Behavioral Assessment Scale (NBAS)	
C.	Mullen Scales of Early Learning Profile (MSEL)	
D.	Hawaii Early Learning Profile (HELP)	



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Fax: 501-682-2480

TDD: 501-682-6789

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Hospital/Critical Access Hospital (CAH)/End Stage Renal Disease (ESRD)

DATE: November 1, 2006

SUBJECT: Provider Manual Update Transmittal #105

REMOVE

Section	Date
218.102	11-1-05
218.121	11-1-05
218.123	11-1-05
218.131	11-1-05
218.132	11-1-05
218.133	11-1-05
218.220	11-1-05
218.221	11-1-05
218.222	11-1-05
218.223	11-1-05

INSERT

Section	Date
218.102	11-1-06
218.121	11-1-06
218.123	11-1-06
218.131	11-1-06
218.132	11-1-06
218.133	11-1-06
218.220	11-1-06
218.221	11-1-06
218.222	11-1-06
218.223	11-1-06

Explanation of Updates

This update transmittal regards criteria for retrospective review of paid claims for occupational therapy, physical therapy and speech-language pathology.

Section 218.102: This section is included to correct a typographical error and to reorganize the text for clarity.

Section 218.121: This section is included to add an accepted test.

Section 218.123: This section is included to add the applicable age range to a test.

Section 218.131: This section is included to add 2 accepted tests.

Section 218.132: This section is included to add 2 accepted tests.

Section 218.133: This section is included only to correct a test name.

Section 218.220: This section is included to correct a typographical error.

Section 218.221: This section is included to add an accepted test.

Section 218.222: This section was included to insert 2 previously omitted words into the heading.

Section 218.223: This section is included to add an accepted test.

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TOC required

- 218.102 Standardized Testing 11-1-06**
- A. Tests used must be norm-referenced, standardized **and** specific to the therapy provided.
 - 1. Tests must be age appropriate for the child being tested.
 - 2. Test results must be reported as standard scores, Z scores, T scores or percentiles.
 - 3. Age-equivalent scores and percentage of delay do not justify the medical necessity of services.
 - B. A score of negative 1.50 standard deviations or more from the mean in at least 1 subtest area or composite score is required to qualify for services.
 - C. **The *Mental Measurement Yearbook (MMY)* is the standard reference for determining a test's reliability and validity.**
 - D. **When a** child cannot be tested with a norm-referenced, standardized test, **then** criterion-based testing or a functional description of **his or her** gross **and** fine motor deficits may be used
 - 1. **In such a case,** documentation of the reason(s) that a standardized test could not be used must be included in the evaluation.
 - 2. **Listings of tests that AFMC accepts without requiring documentation of their reliability and validity can be found in this provider manual between sections 218.120 and 218.228, inclusive.**
- 218.121 Fine Motor Skills – Standard 11-1-06**
- A. Peabody Developmental Motor Scales (PDMS, PDMS2)
 - B. Toddler and Infant Motor Evaluation (TIME)
 - C. Bruininks-Oseretsky Test of Motor Proficiency (BOMP)
 - D. **Test of Infant Motor Performance (TIMP)**
- 218.123 Visual Motor – Standard 11-1-06**
- A. Developmental Test of Visual Motor Integration (VMI)
 - B. Test of Visual Motor Integration (TVMI)
 - C. Test of Visual Motor Skills
 - D. Test of Visual Motor Skills – R (TVMS)
 - E. Pediatric Evaluation of Disability Inventory (PEDI)
 - 1. The PEDI can also be used for older children whose functional abilities fall below that expected of a 7½ year old with no disabilities.
 - 2. **When the PEDI is used for older children,** the scaled score is the most appropriate score to consider.
 - F. Adaptive Behavior Scale – School (ABS)
 - G. Jacobs Pre-vocational Assessment
 - H. Kohlman Evaluation of Daily Living Skills
-

- I. Milwaukee Evaluation of Daily Living Skills
- J. Cognitive Performance Test
- K. Purdue Pegboard
- L. Functional Independence Measure (FIM); 7 through 20 years of age.
- M. Functional Independence Measure – young version (WeeFIM)

218.131 Norm Reference

11-1-06

- A. Adaptive Areas Assessment
- B. Test of Gross Motor Development (TGMD-2)
- C. Peabody Developmental Motor Scales, Second Ed. (PDMS-2)
- D. Bruininks-Oseretsky Test of Motor Proficiency (BOMP)
- E. Pediatric Evaluation of Disability Inventory (PEDI)
- F. Test of Gross Motor Development – 2 (TGMD-2)
- G. Peabody Developmental Motor Scales (PDMS)
- H. Alberta Infant Motor Scales (AIM)
- I. Toddler and Infant Motor Evaluation (TIME)
- J. Functional Independence Measure for Children (WeeFIM)
- K. Gross Motor Function Measure (GMFM)
- L. Adaptive Behavior Scale – School, Second Ed. (AAMR-2)
- M. Movement Assessment Battery for Children (Movement ABC)
- N. Test of Infant Motor Performance (TIMP)
- O. Functional Independence Measure (FIM); 7 through 20 years of age.

218.132 Physical Therapy – Supplemental

11-1-06

- A. Bayley Scales of Infant Development, Second Ed. (BSID-2)
- B. Neonatal Behavioral Assessment Scale (NBAS)
- C. Mullen Scales of Early Learning Profile (MSEL)
- D. Hawaii Early Learning Profile (HELP)

218.133 Physical Therapy Criterion

11-1-06

- A. Developmental Assessment for Students with Severe Disabilities, Second Ed. (DASH-2)
- B. Milani-Comparetti Developmental Examination

218.220 Intelligence Quotient (IQ)

11-1-06

- A. Children receiving language intervention therapy must have cognitive testing once they reach 10 years of age, whether they are in public school or they are home-schooled.
- B. Providers must maintain in their records the IQ scores of their patients who are 10 through 20 years of age and receiving language therapy.
- C. Language therapy may be determined not medically necessary if a child's IQ is less than or equal to his or her language score, because the child is deemed to be functioning at or above the expected level.
 - 1. If a provider determines that therapy is warranted despite the relationship of IQ to language score, the provider must complete an in-depth functional profile.
 - 2. If the child's IQ is higher than his or her language scores, then the child qualifies for language therapy
- D. Accepted IQ tests are listed in sections 218.221 through 218.228.

218.221 IQ Tests – Traditional

11-1-06

- A. Stanford-Binet
- B. The Wechsler Preschool & Primary Scales of Intelligence, Revised (WPPSI-R)
- C. Slosson
- D. Wechsler Intelligence Scale for Children, Third Ed. (WISC-III)
- E. Kauffman Adolescent & Adult Intelligence Test (KAIT)
- F. Wechsler Adult Intelligence Scale, Third Ed. (WAIS-III)
- G. Differential Ability Scales (DAS)
- H. Reynolds Intellectual Assessment Scales (RIAS)

218.222 Severe and Profound IQ Test/Non-Traditional – Supplemental – Norm Reference

11-1-06

- A. Comprehensive Test of Nonverbal Intelligence (CTONI)
- B. Test of Nonverbal Intelligence (TONI-3) – 1997
- C. Functional Linguistic Communication Inventory (FLCI)

218.223 Articulation/Phonological Assessments – Norm Reference

11-1-06

- A. Arizona Articulation Proficiency Scale, Third Ed. (Arizona-3)
 - B. Goldman-Fristoe Test of Articulation, Second Ed. (FGTA-2)
 - C. Khan-Lewis Phonological Analysis (KLPA-2)
 - D. Slosson Articulation Language Test with Phonology (SALT-P)
 - E. Bankston-Bernthal Test of Phonology (BBTOP)
 - F. Smit-Hand Articulation and Phonology Evaluation (SHAPE)
 - G. Comprehensive Test of Phonological Processing (CTOPP)
 - H. Assessment of Intelligibility of Dysarthric Speech (AIDS)
-

- I. Weiss Comprehensive Articulation Test (WCAT)
- J. Assessment of Phonological Processes – R (APPS-R)
- K. Photo Articulation Test, Third Ed. (PAT-3)
- L. Structured Photographic Articulation Test II featuring Dudsberry (SPAT-D-II)



Arkansas Department of Health and Human Services

Division of Medical Services



P.O. Box 1437, Slot S-295
Little Rock, AR 72203-1437

Fax: 501-682-2480

TDD: 501-682-6789

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Occupational, Physical, Speech Therapy Services

DATE: November 1, 2006

SUBJECT: Provider Manual Update Transmittal #68

REMOVE

Section	Date
214.310	11-1-05
214.320	11-1-05
214.420	11-1-05

INSERT

Section	Date
214.310	11-1-06
214.320	11-1-06
214.420	11-1-06

Explanation of Updates

Sections 214.310 through 214.320: The therapy tests lists have been updated by deleting outdated tests and adding new tests.

Section 214.420: The therapy tests list has been updated by deleting outdated tests and adding new tests.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD only).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:

www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

TOC not required**214.310 Accepted Tests for Occupational Therapy**

11-1-06

Tests used must be norm referenced, standardized, age appropriate and specific to the therapy provided. The following list of tests is not all-inclusive. When using a test not listed here, the provider must include additional documentation to support the reliability and validity of the test. This additional information will be used as reference information if the chart is selected by Medicaid for review. An explanation of why a test from the approved list could not be used to evaluate the child should be included. The **MMY** is the standard reference to determine the reliability and validity of the test(s) administered in the evaluation. Providers should refer to the **MMY** for additional information regarding specific tests.

Definitions:

STANDARD: Evaluations that are used to determine deficits.

SUPPLEMENTAL: Evaluations that are used to justify deficits and support other results. These should not “stand alone.”

CLINICAL OBSERVATIONS: All clinical observations are supplemental but should be included with every evaluation, especially if standard scores do not qualify the child for therapy. The **observations** will be considered during reviews for medical necessity.

- A. Fine Motor Skills – Standard
 - 1. Peabody Developmental Motor Scales (PDMS, PDMS2)
 - 2. Toddler and Infant Motor Evaluation (TIME)
 - 3. Bruininks-Oseretsky Test of Motor Proficiency (BOMP)
 - 4. **Test of Infant Motor Performance (TIMP)**
 - B. Fine Motor Skills – Supplemental
 - 1. Early Learning Accomplishment Profile (ELAP)
 - 2. Learning Accomplishment Profile (LAP)
 - 3. Mullen Scales of Early Learning, Infant/Preschool (MSEL)
 - 4. Miller Assessment for Preschoolers (MAP)
 - 5. Functional Profile
 - 6. Hawaii Early Learning Profile (HELP)
 - 7. Battelle Developmental Inventory (BDI)
 - 8. Developmental Assessment of Young Children (DAYC)
 - 9. Brigance Developmental Inventory (BDI)
 - C.** Visual Motor – Standard
 - 1. Developmental Test of Visual Motor Integration (VMI)
 - 2. Test of Visual Motor Integration (TVMI)
 - 3. Test of Visual Motor Skills
 - 4. Test of Visual Motor Skills – R (TVMS)
 - D.** Visual Perception – Standard
 - 1. Motor Free Visual Perceptual Test
-

2. Motor Free Visual Perceptual Test – R (MVPT)
3. Developmental Test of Visual Perceptual 2/A (DTVP)
4. Test of Visual Perceptual Skills
5. Test of Visual Perceptual Skills (upper level) (TVPS)

E. Handwriting – Standard

1. Evaluation Test of Children's Handwriting (ETCH)
2. Test of Handwriting Skills (THS)
3. Children's Handwriting Evaluation Scale

F. Sensory Processing – Standard

1. Sensory Profile for Infants/Toddlers
2. Sensory Profile for Preschoolers
3. Sensory Profile for Adolescents/Adults
4. Sensory Integration and Praxis Test (SIPT)
5. Sensory Integration Inventory Revised (SII-R)

G. Sensory Processing – Supplemental

1. Sensory Motor Performance Analysis
2. Analysis of Sensory Behavior
3. Sensory Integration Inventory
4. DeGangi-Berk Test of Sensory Integration

H. Activities of Daily Living/Vocational/Other – Standard

1. Pediatric Evaluation of Disability Inventory (PEDI)

NOTE: The PEDI can also be used for older children whose functional abilities fall below that expected of a 7½ year old with no disabilities. In this case, the scaled score is the most appropriate score to consider.

2. Adaptive Behavior Scale – School (ABS)
3. Jacobs Pre-vocational Assessment
4. Kohlman Evaluation of Daily Living Skills
5. Milwaukee Evaluation of Daily Living Skills
6. Cognitive Performance Test
7. Purdue Pegboard
8. Functional Independence Measure – 7 years of age to adult (FIM)
9. Functional Independence Measure – young version (WeeFIM)

I. Activities of Daily Living/Vocational/Other – Supplemental

1. School Function Assessment (SFA)
 2. Bay Area Functional Performance Evaluation
 3. Manual Muscle Test
 4. Grip and Pinch Strength
-

5. Jordan Left-Right Reversal Test
6. Erhardy Developmental Prehension
7. Knox Play Scale
8. Social Skills Rating System
9. Goodenough Harris Draw a Person Scale

214.320 Accepted Tests for Physical Therapy

11-1-06

Tests used must be norm referenced, standardized, age appropriate and specific to the therapy provided. The following list of tests is not all-inclusive. When using a test not listed here, the provider must include additional documentation to support the reliability and validity of the test. This additional information will be used as reference information if the chart is selected by Medicaid for review. An explanation of why a test from the approved list could not be used to evaluate a child should be included. The *MMY* is the standard reference to determine the reliability and validity of the tests administered in the evaluation. Providers should refer to the *MMY* for additional information regarding specific tests.

A. Norm Reference

1. Adaptive Areas Assessment
2. Test of Gross Motor Development (TGMD-2)
3. Peabody Developmental Motor Scales, Second Ed. (PDMS-2)
4. Bruininks-Oseretsky Test of Motor Proficiency (BOMP)
5. Pediatric Evaluation of Disability Inventory (PEDI)
6. Test of Gross Motor Development – 2 (TGMD-2)
7. Peabody Developmental Motor Scales (PDMS)
8. Alberta Infant Motor Scales (AIM)
9. Toddler and Infant Motor Evaluation (TIME)
10. Functional Independence Measure for Children (WeeFIM)
11. Gross Motor Function Measure (GMFM)
12. Adaptive Behavior Scale – School, Second Ed. (AAMR-2)
13. Movement Assessment Battery for Children (Movement ABC)
14. Test of Infant Motor Performance (TIMP)
15. Functional Independence Measure – 7 years of age to adult (FIM)

B. Physical Therapy – Supplemental

1. Bayley Scales of Infant Development, Second Ed. (BSID-2)
2. Neonatal Behavioral Assessment Scale (NBAS)
3. Mullen Scales of Early Learning Profile (MSEL)
4. Hawaii Early Learning Profile (HELP)

C. Physical Therapy Criteria

1. Developmental assessment for students with severe disabilities, Second Ed. (DASH-2)
 2. Milani-Comporetti Developmental Examination
-

- D. Physical Therapy – Traumatic Brain Injury (TBI) – Standardized
 - 1. Comprehensive Trail-Making Test
 - 2. Adaptive Behavior Inventory
- E. Physical Therapy – Piloted
 - Assessment of Persons Profoundly or Severely Impaired

214.420 Intelligence Quotient (IQ) Testing

11-1-06

Children receiving language intervention therapy must have cognitive testing once they reach ten (10) years of age. This also applies to home-schooled children. If the IQ score is higher than the qualifying language scores, the child qualifies for language therapy; if the IQ score is lower than the qualifying language test scores, the child would appear to be functioning at or above the expected level. In this case, the child may be denied for language therapy. If a provider determines that therapy is warranted, an in-depth functional profile must be documented. However, IQ scores are not required for children under ten (10) years of age.

- A. IQ Tests – Traditional
 - 1. Stanford-Benet (S-B)
 - 2. The Wechsler Preschool & Primary Scales of Intelligence, Revised (WPPSI-R)
 - 3. Slosson
 - 4. Wechsler Intelligence Scale for Children, Third Ed. (WISC-III)
 - 5. Kaufman Adolescent & Adult Intelligence Test (KAIT)
 - 6. Wechsler Adult Intelligence Scale, Third Ed. (WAIS-III)
 - 7. Differential Ability Scales (DAS)
 - 8. Reynolds Intellectual Assessment Scales (RIAS)
 - B. Severe & Profound IQ Test/Non-Traditional – Supplemental – Norm Reference
 - 1. Comprehensive Test of Nonverbal Intelligence (CTONI)
 - 2. Test of Nonverbal Intelligence (TONI-3) – 1997
 - 3. Functional Linguistic Communication Inventory (FLCI)
 - C. Articulation/Phonological Assessments – Norm-Reference
 - 1. Arizona Articulation Proficiency Scale, Third Ed. (Arizona-3)
 - 2. Goldman-Fristoe Test of Articulation, Second Ed. (GFTA-2)
 - 3. Khan-Lewis Phonological Analysis (KLPA-2)
 - 4. Slosson Articulation Language Test with Phonology (SALT-P)
 - 5. Bernthal-Bankson Test of Phonology (BBTOP)
 - 6. Smit-Hand Articulation and Phonology Evaluation (SHAPE)
 - 7. Comprehensive Test of Phonological Processing (CTOPP)
 - 8. Assessment of Intelligibility of Dysarthric Speech (AIDS)
 - 9. Weiss Comprehensive Articulation Test (WCAT)
 - 10. Assessment of Phonological Processes – R (APPS-R)
 - 11. Photo Articulation Test, Third Ed. (PAT-3)
-

12. Structured Photographic Articulation Test II Featuring Dudsberry (SPAT-D II)

- D. Articulation/Phonological Assessments – Supplemental – Norm-Reference
 - Test of Phonological Awareness (TOPA)
 - E. Voice/Fluency Assessments – Norm-Reference
 - Stuttering Severity Instrument for Children and Adults (SSI-3)
 - F. Auditory Processing Assessments – Norm-Reference
 - Goldman-Fristoe-Woodcock Test of Auditory Discrimination (G-F-WTAD)
 - G. Oral Motor – Supplemental – Norm-Reference
 - Screening Test for Developmental Apraxia of Speech, Second Ed. (STDAS-2)
 - H. Traumatic Brain Injury (TBI) Assessments – Norm-Reference
 - 1. Ross Information Processing Assessment – Primary
 - 2. Test of Adolescent/Adult Word Finding (TAWF)
 - 3. Brief Test of Head Injury (BTHI)
 - 4. Assessment of Language-Related Functional Activities (ALFA)
 - 5. Ross Information Processing Assessment, Second Ed. (RIPA-2)
 - 6. Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI)
 - 7. Communication Activities of Daily Living, Second Ed. (CADL-2)
-



Arkansas Department of Health and Human Services

Division of Medical Services



P.O. Box 1437, Slot S-295
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Fax: 501-682-2480

TDD: 501-682-6789

Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Physician/Independent Lab/CRNA/Radiation Therapy Center

DATE: November 1, 2006

SUBJECT: Provider Manual Update Transmittal #122

REMOVE

Section	Date
227.210	11-1-05
227.220	11-1-05
227.320	11-1-05

INSERT

Section	Date
227.210	11-1-06
227.220	11-1-06
227.320	11-1-06

Explanation of Updates

Section 227.210 has been revised to add Test of Infant Motor Performance (TIMP) to the list of accepted tests for occupational therapy.

Section 227.220 has been revised to add Infant Test of Motor Performance (TIMP), Mullen Scales of Early Learning Profile (MSEL), Hawaii Early Learning Profile (HELP) and Functional Independence Measure (TIM) to the list of accepted tests for physical therapy.

Section 227.320 has been revised. Reynolds Intellectual Assessment Scales (RIAS), Khan-Lewis Phonological Analysis (KLPA-2) and Structured Photographic Articulation Test II Featuring Dudsberry (SPAT-D II) have been added to the list of accepted tests for Intelligence quotient testing. Khan-Lewis Phonological Analysis (KLPA) has been deleted.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD only).

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Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

TOC not required**227.210 Accepted Tests for Occupational Therapy**

11-1-06

Tests used must be norm referenced, standardized, age appropriate and specific to the therapy provided. The following list of tests is not all-inclusive. When using a test not listed here, the provider must include additional documentation to support the reliability and validity of the test. This additional information will be used as reference information if the chart is ever selected by Medicaid for review. An explanation of why a test from the approved list could not be used to evaluate the child must also be included. The *MMY* is the standard reference to determine the reliability and validity of the test(s) administered in an evaluation. Providers should refer to the *MMY* for additional information regarding specific tests.

DEFINITIONS:

STANDARD: Evaluations that are used to determine deficits.

SUPPLEMENTAL: Evaluations that are used to justify deficits and support other results. These should not “stand alone.”

CLINICAL OBSERVATIONS: All clinical observations are supplemental but should be included with every evaluation, especially if standard scores do not qualify the child for therapy. It will be considered when reviewing for medical necessity.

- A. Fine Motor Skills – Standard
 - 1. Peabody Developmental Motor Scales (PDMS, PDMS2)
 - 2. Toddler and Infant Motor Evaluation (TIME)
 - 3. Bruininks-Oseretsky Test of Motor Proficiency (BOMP)
 - 4. Test of Infant Motor Performance (TIMP)
 - B. Fine Motor Skills – Supplemental
 - 1. Early Learning Accomplishment Profile (ELAP)
 - 2. Learning Accomplishment Profile (LAP)
 - 3. Mullen Scales of Early Learning, Infant/Preschool (MSEL)
 - 4. Miller Assessment for Preschoolers (MAP)
 - 5. Functional Profile
 - 6. Hawaii Early Learning Profile (HELP)
 - 7. Battelle Developmental Inventory (BDI)
 - 8. Developmental Assessment of Young Children (DAYC)
 - 9. Brigance Developmental Inventory (BDI)
 - C. Visual Motor – Standard
 - 1. Developmental Test of Visual Motor Integration (VMI)
 - 2. Test of Visual Motor Integration (TVMI)
 - 3. Test of Visual Motor Skills
 - 4. Test of Visual Motor Skills – R (TVMS)
 - D. Visual Perception – Standard
 - 1. Motor Free Visual Perceptual Test
 - 2. Motor Free Visual Perceptual Test – R (MVPT)
-

3. Developmental Test of Visual Perceptual 2/A (DTVP)
4. Test of Visual Perceptual Skills
5. Test of Visual Perceptual Skills (upper level) (TVPS)

F. Handwriting – Standard

1. Evaluation Test of Children's Handwriting (ETCH)
2. Test of Handwriting Skills (THS)
3. Children's Handwriting Evaluation Scale

G. Sensory Processing – Standard

1. Sensory Profile for Infants/Toddlers
2. Sensory Profile for Preschoolers
3. Sensory Profile for Adolescents/Adults
4. Sensory Integration and Praxis Test (SIPT)
5. Sensory Integration Inventory Revised (SII-R)

H. Sensory Processing – Supplemental

1. Sensory Motor Performance Analysis
2. Analysis of Sensory Behavior
3. Sensory Integration Inventory
4. DeGangi-Berk Test of Sensory Integration

I. Activities of Daily Living/Vocational/Other – Standard

1. Pediatric Evaluation of Disability Inventory (PEDI)

NOTE: The PEDI can also be used for older children whose functional abilities fall below that expected of a 7½ year old with no disabilities. If this is the case, the scaled score is the most appropriate score to consider.

2. Adaptive Behavior Scale – School (ABS)
3. Jacobs Pre-vocational Assessment
4. Kohlman Evaluation of Daily Living Skills
5. Milwaukee Evaluation of Daily Living Skills
6. Cognitive Performance Test
7. Purdue Pegboard
8. Functional Independence Measure (FIM) 7 years of age to adult
9. Functional Independence Measure – young version (WeeFIM)

J. Activities of Daily Living/Vocational/Other – Standard

1. School Function Assessment (SFA)
 2. Bay Area Functional Performance Evaluation
 3. Manual Muscle Test
 4. Grip and Pinch Strength
 5. Jordan Left-Right Reversal Test
 6. Erhardy Developmental Prehension
-

7. Knox Play Scale
8. Social Skills Rating System
9. Goodenough Harris Draw a Person Scale

227.220 Accepted Tests for Physical Therapy**11-1-06**

Tests used must be norm referenced, standardized, age appropriate and specific to the therapy provided. The following list of tests is not all-inclusive. When using a test not listed here, the provider must include additional documentation to support the reliability and validity of the test. This additional information will be used as reference information if the chart is ever selected by Medicaid for review. An explanation of why a test from the approved list could not be used to evaluate the child must also be included. The *MMY* is the standard reference to determine the reliability and validity of the test(s) administered in an evaluation. Providers should refer to the *MMY* for additional information regarding specific tests.

A. Norm Reference

1. Adaptive Areas Assessment
2. Test of Gross Motor Development (TGMD-2)
3. Peabody Developmental Motor Scales, Second Ed. (PDMS-2)
4. Bruininks-Oseretsky Test of Motor Proficiency (BOMP)
5. Pediatric Evaluation of Disability Inventory (PEDI)
6. Test of Gross Motor Development – 2 (TGMD-2)
7. Peabody Developmental Motor Scales (PDMS)
8. Alberta Infant Motor Scales (AIM)
9. Toddler and Infant Motor Evaluation (TIME)
10. Functional Independence Measure for Children (WeeFIM)
11. Gross Motor Function Measure (GMFM)
12. Adaptive Behavior Scale – School, Second Ed. (AAMR-2)
13. Movement Assessment Battery for Children (Movement ABC)
14. Test of Infant Motor Performance (TIMP)
15. Functional Independence Measure (FIM) 7 years of age to adult

B. Physical Therapy – Supplemental

1. Bayley Scales of Infant Development, Second Ed. (BSID-2)
2. Neonatal Behavioral Assessment Scale (NBAS)
3. Mullen Scales of Early Learning Profile (MSEL)
4. Hawaii Early Learning Profile (HELP)

C. Physical Therapy Criterion

1. Developmental assessment for students with severe disabilities, Second Ed. (DASH-2)
2. Milani-Comparetti Developmental Examination

D. Physical Therapy – Traumatic Brain Injury (TBI) – Standardized

1. Comprehensive Trail-Making Test
 2. Adaptive Behavior Inventory
-

E. Physical Therapy – Piloted

Assessment of Persons Profoundly or Severely Impaired

227.320 Intelligence Quotient (IQ) Testing

11-1-06

Children receiving language intervention therapy must have cognitive testing once they reach ten (10) years of age. This also applies to home-schooled children. If the IQ score is higher than the qualifying language scores, the child qualifies for language therapy; if the IQ score is lower than the qualifying language test scores, the child would appear to be functioning at or above the expected level. In this case, the child may be denied for language therapy. If a provider determines that therapy is warranted, an in-depth functional profile must be documented. However, IQ scores will not be required for children under ten (10) years of age.

A. IQ Tests – Traditional

1. Stanford-Binet (S-B)
2. The Wechsler Preschool & Primary Scales of Intelligence, Revised (WPPSI-R)
3. Slosson
4. Wechsler Intelligence Scale for Children, Third Ed. (WISC-III)
5. Kaufman Adolescent & Adult Intelligence Test (KAIT)
6. Wechsler Adult Intelligence Scale, Third Ed. (WAIS-III)
7. Differential Ability Scales (DAS)
8. Reynolds Intellectual Assessment Scales (RAIS)

B. Severe & Profound IQ Test/Non-Traditional – Supplemental – Norm Reference

1. Comprehensive Test of Nonverbal Intelligence (CTONI)
2. Test of Nonverbal Intelligence (TONI-3) – 1997
3. Functional Linguistic Communication Inventory (FLCI)

C. Articulation/Phonological Assessments – Norm Reference

1. Arizona Articulation Proficiency Scale, Third Ed. (Arizona-3)
2. Goldman-Fristoe Test of Articulation, Second Ed. (FGTA-2)
3. Khan-Lewis Phonological Analysis (KLPA-2)
4. Slosson Articulation Language Test with Phonology (SALT-P)
5. Bankston-Bernthal Test of Phonology (BBTOP)
6. Smit-Hand Articulation and Phonology Evaluation (SHAPE)
7. Comprehensive Test of Phonological Processing (CTOPP)
8. Assessment of Intelligibility of Dysarthric Speech (AIDS)
9. Weiss Comprehensive Articulation Test (WCAT)
10. Assessment of Phonological Processes – R (APPS-R)
11. Photo Articulation Test, Third Ed. (PAT-3)
12. Structured Photographic Articulation Test II Featuring Dudsberry (SPAT-D II)

D. Articulation/Phonological – Supplemental – Norm Reference

E. Test of Phonological Awareness (TOPA)

- F. Voice/Fluency Assessments – Norm Reference
 - Stuttering Severity Instrument for Children and Adults (SSI-3)
 - G. Auditory Processing Assessments – Norm Reference
 - Goldman-Fristoe-Woodcock Test of Auditory Discrimination (G-F-WTAD)
 - H. Oral Motor – Supplemental – Norm Reference
 - Screening Test for Developmental Apraxia of Speech, Second Ed. (STDAS-2)
 - I. Traumatic Brain Injury (TBI) Assessments – Norm Reference
 - 1. Ross Information Processing Assessment – Primary
 - 2. Test of Adolescent/Adult Word Finding (TAWF)
 - 3. Brief Test of Head Injury (BTHI)
 - 4. Assessment of Language-Related Functional Activities (ALFA)
 - 5. Ross Information Processing Assessment, Second Ed. (RIPA-2)
 - 6. Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI)
 - 7. Communication Activities of Daily Living, Second Ed. (CADL-2)
-



Arkansas Department of Health and Human Services



Division of Medical Services

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Fax: 501-682-2480

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Internet Website: www.medicaid.state.ar.us

TO: Arkansas Medicaid Health Care Providers – Rehabilitative Hospital

DATE: November 1, 2006

SUBJECT: Provider Manual Update Transmittal #71

REMOVE

Section	Date
216.102	11-1-05
216.121	11-1-05
216.123	11-1-05
216.131	11-1-05
216.132	11-1-05
216.133	11-1-05
216.220	11-1-05
216.221	11-1-05
216.222	11-1-05
216.223	11-1-05

INSERT

Section	Date
216.102	11-1-06
216.121	11-1-06
216.123	11-1-06
216.131	11-1-06
216.132	11-1-06
216.133	11-1-06
216.220	11-1-06
216.221	11-1-06
216.222	11-1-06
216.223	11-1-06

Explanation of Updates

This update transmittal regards criteria for retrospective review of paid claims for occupational therapy, physical therapy and speech-language pathology.

Section 216.102: This section is included to insert 2 previously omitted paragraphs and to reorganize the text for clarity.

Section 216.121: This section is included to add an accepted test.

Section 216.123: This section is included to add the applicable age range to a test.

Section 216.131: This section is included to add 2 accepted tests.

Section 216.132: This section is included to add 2 accepted tests.

Section 216.133: This section is included only to correct a test name.

Section 216.220: This section is included to insert a paragraph previously omitted.

Section 216.221: This section is included to add an accepted test.

Section 216.222: This section is included to insert text previously omitted from the section heading.

Section 216.223: This section is included to add an accepted test and to insert text previously omitted from the section heading.

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Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 (TDD only).

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:
www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

TOC required**216.102 Standardized Testing 11-1-06**

- A. Tests used must be norm-referenced, standardized and specific to the therapy planned.
 - 1. Tests must be age appropriate for the child being tested.
 - 2. Test results must be reported as standard scores, Z scores, T scores or percentiles.
 - 3. Age-equivalent scores and percentage of delay do not justify the medical necessity of services.
- B. A score of negative 1.50 standard deviations or more from the mean in at least 1 subtest area or composite score is required to qualify for services.
- C. The *Mental Measurement Yearbook (MMY)* is the standard reference for determining a test's reliability and validity.
- D. When a child cannot be tested with a norm-referenced, standardized test, then criterion-based testing or a functional description of his or her gross and fine motor deficits may be used.
 - 1. In such a case, documentation of the reason(s) that a standardized test could not be used must be included in the evaluation.
 - 2. Listings of tests that AFMC accepts without requiring documentation of their reliability and validity can be found in this provider manual between sections 216.120 and 216.228, inclusive.

216.121 Fine Motor Skills – Standard 11-1-06

- A. Peabody Developmental Motor Scales (PDMS, PDMS2)
- B. Toddler and Infant Motor Evaluation (TIME)
- C. Bruininks-Oseretsky Test of Motor Proficiency (BOMP)
- D. Test of Infant Motor Performance (TIMP)

216.123 Visual Motor – Standard 11-1-06

- A. Developmental Test of Visual Motor Integration (VMI)
 - B. Test of Visual Motor Integration (TVMI)
 - C. Test of Visual Motor Skills
 - D. Test of Visual Motor Skills – R (TVMS)
 - E. Pediatric Evaluation of Disability Inventory (PEDI)
 - 1. The PEDI can also be used for older children whose functional abilities fall below that expected of a 7½ year old with no disabilities.
 - 2. When the PEDI is used for older children, the scaled score is the most appropriate score to consider.
 - F. Adaptive Behavior Scale – School (ABS)
 - G. Jacobs Pre-vocational Assessment
 - H. Kohlman Evaluation of Daily Living Skills
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- I. Milwaukee Evaluation of Daily Living Skills
- J. Cognitive Performance Test
- K. Purdue Pegboard
- L. Functional Independence Measure (FIM); 7 through 20 years of age
- M. Functional Independence Measure – young version (WeeFIM)

216.131 Norm Reference

11-1-06

- A. Adaptive Areas Assessment
- B. Test of Gross Motor Development (TGMD-2)
- C. Peabody Developmental Motor Scales, Second Ed. (PDMS-2)
- D. Bruininks-Oseretsky Test of Motor Proficiency (BOMP)
- E. Pediatric Evaluation of Disability Inventory (PEDI)
- F. Test of Gross Motor Development – 2 (TGMD-2)
- G. Peabody Developmental Motor Scales (PDMS)
- H. Alberta Infant Motor Scales (AIM)
- I. Toddler and Infant Motor Evaluation (TIME)
- J. Functional Independence Measure for Children (WeeFIM)
- K. Gross Motor Function Measure (GMFM)
- L. Adaptive Behavior Scale – School, Second Ed. (AAMR-2)
- M. Movement Assessment Battery for Children (Movement ABC)
- N. Test of Infant Motor Performance (TIMP)
- O. Functional Independence Measure (FIM); 7 through 20 years of age

216.132 Physical Therapy – Supplemental

11-1-06

- A. Bayley Scales of Infant Development, Second Ed. (BSID-2)
- B. Neonatal Behavioral Assessment Scale (NBAS)
- C. Mullen Scales of Early Learning Profile (MSEL)
- D. Hawaii Early Learning Profile (HELP)

216.133 Physical Therapy Criterion

11-1-06

- A. Developmental Assessment for Students with Severe Disabilities, Second Ed. (DASH-2)
 - B. Milani-Comparetti Developmental Examination
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- 216.220 Intelligence Quotient (IQ) 11-1-06**
- A. Children receiving language intervention therapy must have cognitive testing once they reach ten (10) years of age, whether they are in public school or they are home-schooled.
 - B. Providers must maintain in their records the IQ scores of their patients who are 10 through 20 years of age and receiving language therapy.
 - C. Language therapy may be determined not medically necessary if a child's IQ is less than or equal to his or her language score, because the child is deemed to be functioning at or above the expected level.
 - 1. If a provider determines that therapy is warranted despite the relationship of IQ to language score, the provider must complete an in-depth functional profile.
 - 2. If the child's IQ is higher than his or her language scores, then the child qualifies for language therapy
 - D. Accepted IQ tests are listed in sections 216.221 through 216.228.
- 216.221 IQ Tests – Traditional 11-1-06**
- A. Stanford-Binet
 - B. The Wechsler Preschool & Primary Scales of Intelligence, Revised (WPPSI-R)
 - C. Slosson
 - D. Wechsler Intelligence Scale for Children, Third Ed. (WISC-III)
 - E. Kauffman Adolescent & Adult Intelligence Test (KAIT)
 - F. Wechsler Adult Intelligence Scale, Third Ed. (WAIS-III)
 - G. Differential Ability Scales (DAS)
 - H. Reynolds Intellectual Assessment Scales (RIAS)
- 216.222 Severe and Profound IQ Test/Non-Traditional – Supplemental – Norm Reference 11-1-06**
- A. Comprehensive Test of Nonverbal Intelligence (CTONI)
 - B. Test of Nonverbal Intelligence (TONI-3) – 1997
 - C. Functional Linguistic Communication Inventory (FLCI)
- 216.223 Articulation/Phonological Assessments – Norm Reference 11-1-06**
- A. Arizona Articulation Proficiency Scale, Third Ed. (Arizona-3)
 - B. Goldman-Fristoe Test of Articulation, Second Ed. (GFTA-2)
 - C. Khan-Lewis Phonological Analysis (KLPA-2)
 - D. Slosson Articulation Language Test with Phonology (SALT-P)
 - E. Bankston-Bernthal Test of Phonology (BBTOP)
 - F. Smit-Hand Articulation and Phonology Evaluation (SHAPE)
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- G. Comprehensive Test of Phonological Processing (CTOPP)
 - H. Assessment of Intelligibility of Dysarthric Speech (AIDS)
 - I. Weiss Comprehensive Articulation Test (WCAT)
 - J. Assessment of Phonological Processes – R (APPS-R)
 - K. Photo Articulation Test, Third Ed. (PAT-3)
 - L. Structured Photographic Articulation Test II featuring Dudsberry (SPATD-II)
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