



Arkansas Department of Health and Human Services

Division of Medical Services



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

DATE: October 1, 2007

SUBJECT: Provider Manual Update Transmittal #78

<u>REMOVE</u>		<u>INSERT</u>	
Section	Date	Section	Date
201.000	4-1-07	201.000	10-1-07
201.110	7-1-06	201.110	10-1-07
214.310	11-1-06	214.310	10-1-07
214.320	11-1-06	214.320	10-1-07
214.410	11-1-05	214.410	10-1-07

Explanation of Updates

This Therapy Services Provider Manual update serves to:

Add language to clarify the continued requirements of Medicare enrollment and acceptance of assignment, to bill both Medicare and Medicaid for beneficiaries that are dually eligible in both programs.

Add explanation of requiring addition of form DMS-0663 and instructions for use by individual therapy providers that provide services through an employee relationship with School Districts, Education Service Cooperatives, and Developmental Day Treatment Clinic Services.

Add an additional acceptable diagnostic test in each of the three therapy types.

Section 201.000 contains updated wording to clarify requirements of Medicare participation and acceptance of Medicare assignment.

Section 201.110 contains explanation of need for additional form DMS-0663.

Section 214.310 contains addition of Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2 Test) as an additional acceptable diagnostic testing tool for Occupational Therapy.

Section 214.320 contains addition of Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2 Test) as an additional acceptable diagnostic testing tool for Physical Therapy.

Section 214.410 contains addition of Receptive-Expressive Emergent Language Test, Third Edition (REEL-3 Test) as an additional acceptable diagnostic testing tool for Speech-Language Therapy.

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***201.000 Arkansas Medicaid Participation Requirements**

10-1-07

Individual and group providers of occupational therapy, physical therapy and speech-language pathology services must meet the following criteria to be eligible to participate in the Arkansas Medicaid Program.

- A. A provider of therapy services must meet the enrollment criteria for the type of therapy to be provided as established and outlined in section 202.000 of this manual.
 - B. A provider of therapy services has the option of enrolling in the Title XVIII (Medicare) Program. **Item 1-C. of the Contract To Participate In The Arkansas Medical Assistance Program Administered By The Division Of Medical Services Title XIX (Medicaid) further requires acceptance of assignment under Title XVIII (Medicare) in order to receive payment under Title XIX (Medicaid) for any applicable deductible or coinsurance that may be due and payable under Title XIX (Medicaid). Services furnished to an individual enrolled under Medicare who is also eligible for Medicaid, including Qualified Medicare Beneficiaries (QMB) may only be reimbursed on an assignment related basis.** When a beneficiary is dually eligible for Medicare and Medicaid, providers must bill Medicare prior to billing Medicaid. The beneficiary may not be billed for the charges. Providers enrolled to participate in the Title XVIII (Medicare) Program must notify the Arkansas Medicaid Program of their National Provider Identifier.
 - C. The provider must complete and submit to the Medicaid Provider Enrollment Unit a provider application (form DMS-652), a Medicaid contract (form DMS-653) and a Request for Taxpayer Identification Number and Certification (Form W-9). [View or print a provider application \(form DMS-652\), Medicaid contract \(form DMS-653\) and Request for Taxpayer Identification Number and Certification \(Form W-9\).](#)
 - D. The following documents must accompany the provider application and the Medicaid contract.
 1. A copy of all certifications and licenses verifying compliance with enrollment criteria for the therapy discipline to be practiced. (See section 202.000 of this manual.)
 2. If enrolled in the Title XVIII (Medicare) Program, an out-of-state provider must submit a copy of verification that reflects current enrollment in that program.
 - E. Enrollment as a Medicaid provider is conditioned upon approval of a completed provider application and the execution of a Medicaid provider contract. Persons and entities that are excluded or debarred under any state or federal law, regulation or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers.
 - F. A copy of subsequent state license renewal must be forwarded to the Medicaid Provider Enrollment Unit within 30 days of issuance. If the renewal document(s) have not been received within this timeframe, the provider will have an additional and final 30 days to comply.
 - G. Failure to timely submit verification of license renewal will result in termination of enrollment in the Arkansas Medicaid Program.
 - H. The provider must adhere to all applicable professional standards of care and conduct.
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201.110 School Districts, Education Service Cooperatives, and Developmental Day Treatment Clinic Services

10-1-07

If a school district, an education service cooperative or a Developmental Day Treatment Clinic Services provider **contracts** with an individual qualified therapist or speech-language pathologist, the criteria for group providers of therapy services apply (See section 201.100 of the Occupational, Physical, Speech Therapy Services manual). The qualified individual is considered the provider of therapy services and must complete an application and contract with the Division of Medical Services. The individual provider will not bill Arkansas Medicaid for services as they are contracted through the facility. However, Medicaid participation will be indicated by the provider identification number indicated as a performing provider when the facility bills for services.

Therapists directly **employed** by a facility will be required to enroll with the Arkansas Medicaid Program as an individual provider but will not bill Arkansas Medicaid directly for services nor indicate their individual Medicaid provider identification number for services provided as an employee of the billing facility. Therefore, the individual therapist's Medicaid participation will appear inactive to the Medicaid enrollment system. EDS will annually notify all providers, at the address currently on file with Arkansas Medicaid for the individual's enrollment, that no activity with the Medicaid program for the calendar year will inactivate their individual provider participation. It will be necessary for each individual therapy provider-employee to complete and return form DMS-0663 ([View or print form DMS-0663](#)) on an annual basis to have their enrollment remain active and not purged due to inactivity. All forms are located in Section V of each manual.

The following requirements apply only to Arkansas school districts and education service cooperatives that employ (via a form W-4 relationship) qualified therapists or qualified speech-language pathologists to provide therapy services.

- A. The Arkansas Department of Education must certify a school district or education service cooperative.
 1. The Arkansas Department of Education must provide a list, updated on a regular basis, of all school districts and education service cooperatives certified by the Arkansas Department of Education to the Medicaid Provider Enrollment Unit of the Division of Medical Services.
 2. The Local Education Agency (LEA) number must be used as the license number for the school district or education service cooperative.
- B. The school district or education service cooperative must enroll as a provider of therapy services. Refer to section 201.000 for the process to enroll as a provider and for information regarding applicable restrictions to enrollment.

214.310 Accepted Tests for Occupational Therapy

10-1-07

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 **Mental Measurement Yearbook (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. Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2)
 - 5. 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
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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

10-1-07

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 *Mental Measurement Yearbook (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. Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2)
 6. Pediatric Evaluation of Disability Inventory (PEDI)
 7. Test of Gross Motor Development – 2 (TGMD-2)
 8. Peabody Developmental Motor Scales (PDMS)
 9. Alberta Infant Motor Scales (AIM)
 10. Toddler and Infant Motor Evaluation (TIME)
 11. Functional Independence Measure for Children (WeeFIM)
 12. Gross Motor Function Measure (GMFM)
 13. Adaptive Behavior Scale – School, Second Ed. (AAMR-2)
 14. Movement Assessment Battery for Children (Movement ABC)
 15. Test of Infant Motor Performance (TIMP)
 16. 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-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

214.410

Accepted Tests for Speech-Language Therapy

10-1-07

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 in the evaluation 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 should be included. The *Mental Measurement Yearbook (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.

- A. Speech-Language Tests – Standardized
1. Preschool Language Scale, Third Ed. (PLS-3)

2. Preschool Language Scale, Fourth Ed. (PLS-4)
 3. Test of Early Language Development, Third Ed. (TELD-3)
 4. Peabody Picture Vocabulary Test, Third Ed. (PPVT-3)
 5. Clinical Evaluation of Language Fundamentals – Preschool (CELF-P)
 6. Clinical Evaluation of Language Fundamentals, Third Ed. (CELF-3)
 7. Clinical Evaluation of Language Fundamentals, Fourth Ed. (CELF-4)
 8. Communication Abilities Diagnostic Test (CADT)
 9. Test of Auditory Comprehension of Language, Third Ed. (TACL-3)
 10. Comprehensive Assessment of Spoken Language (CASL)
 11. Oral and Written Language Scales (OWLS)
 12. Test of Language Development – Primary, Third Ed. (TOLD-P:3)
 13. Test of Word Finding, Second Ed. (TWF-2)
 14. Test of Auditory Perceptual Skills, Revised (TAPS-R)
 15. Language Processing Test, Revised (LPT-R)
 16. Test of Pragmatic Language (TOPL)
 17. Test of Language Competence, Expanded Ed. (TLC-E)
 18. Test of Language Development – Intermediate, Third Ed. (TOLD-I:3)
 19. Fullerton Language Test for Adolescents, Second Ed. (FLTA)
 20. Test of Adolescent and Adult Language, Third Ed. (TOAL-3)
 21. Receptive One-Word Picture Vocabulary Test, Second Ed. (ROWPVT-2)
 22. Expressive One-Word Picture Vocabulary Test, 2000 Ed. (EOWPVT)
 23. Comprehensive Receptive and Expressive Vocabulary Test, Second Ed. (CREVT-2)
 24. Kaufman Assessment Battery for Children (KABC)
 25. Receptive-Expressive Emergent Language Test, Third Edition (REEL-3)
- B. Speech-Language Tests – Supplemental
1. Receptive-Expressive Emergent Language Test, Second Ed. (REEL-2)
 2. Nonspeech Test for Receptive/Expressive Language
 3. Rossetti Infant-Toddler Language Scale (RITLS)
 4. Mullen Scales of Early Learning (MSEL)
 5. Reynell Developmental Language Scales
 6. Illinois Test of Psycholinguistic Abilities, Third Ed. (ITPA-3)
 7. Social Skills Rating System – Preschool & Elementary Level (SSRS-1)
 8. Social Skills Rating System – Secondary Level (SSRS-2)
- C. Birth to Age 3:
1. A - (minus) 1.5 SD (standard score of 77) below the mean in two areas (expressive, receptive) or a - (minus) 2.0 SD (standard score of 70) below the mean in one area to qualify for language therapy.
 2. Two language tests must be reported, with at least one of these being a global, norm-referenced, standardized test with good reliability and validity. The second test may be criterion referenced.
 3. All subtests, components and scores must be reported for all tests.
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4. All sound errors must be reported for articulation, including positions and types of errors.
 5. If phonological testing is submitted, a traditional articulation test must also be submitted with a standardized score.
 6. Information regarding the child's functional hearing ability must be included as a part of the therapy evaluation report.
 7. Non-school-age children must be evaluated annually.
 8. If the provider indicates that the child cannot complete a norm-referenced test, the provider must submit an in-depth functional profile of the child's functional communication abilities. An in-depth functional profile is a description of a child's communication behaviors that specifically notes where such communication behaviors are impaired and justifies the medical necessity of therapy. Standardized forms are available for the completion of an in-depth functional profile, but a standardized form is not required.
 9. Children must be evaluated at least annually. Children (birth to age 2) in the Child Health Management Services (CHMS) Program must be evaluated every 6 months.
- D. Ages 3 to 20:
1. A - (minus) 1.5 SD (standard score of 77) below the mean in two areas (expressive, receptive, articulation) or a - (minus) 2.0 SD (standard score of 70) below the mean in one area (expressive, receptive, articulation)
 2. Two language tests must be reported, with at least one of these being a global, norm-referenced, standardized test with good reliability and validity. Criterion-referenced tests will not be accepted for this age group.
 3. All subtests, components and scores must be reported for all tests.
 4. All sound errors must be reported for articulation including positions and types of errors.
 5. If phonological testing is submitted, a traditional articulation test must also be submitted with a standardized score.
 6. Information regarding the child's functional hearing ability must be included as a part of the therapy evaluation report.
 7. Non-school-age children must be evaluated annually.
 8. School-age children must have a full evaluation every three years (a yearly update is required) if therapy is school related; outside of school, annual evaluations are required. "School related" means the child is of school age, attends public school and receives therapy provided by the school.
 9. If the provider indicates that the child cannot complete a norm-referenced test, the provider must submit an in-depth functional profile of the child's functional communication abilities. An in-depth functional profile is a description of a child's communication behaviors that specifically notes where such communication behaviors are impaired and justifies the medical necessity of therapy. Standardized forms are available for the completion of an in-depth functional profile, but a standardized form is not required.
 10. IQ scores are required for all children who are school age and receiving language therapy. **Exception: IQ scores are not required for children under ten (10) years of age.**
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