



Division of Medical Services
Program Planning & Development

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480



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

DATE: September 1, 2008

SUBJECT: Provider Manual Update Transmittal #139

Table with 4 columns: REMOVE Section, Date, INSERT Section, Date. Lists various section numbers and their update dates.

<u>REMOVE</u>		<u>INSERT</u>	
<b>Section</b>	<b>Date</b>	<b>Section</b>	<b>Date</b>
218.212	11-1-05	218.210	9-1-08
218.213	11-1-05	218.210	9-1-08
218.214	11-1-05	218.210	9-1-08
218.220	11-1-06	218.220	9-1-08
218.221	11-1-06	218.220	9-1-08
218.222	11-1-06	218.220	9-1-08
218.223	11-1-06	218.220	9-1-08
218.224	11-1-05	218.220	9-1-08
218.225	11-1-05	218.220	9-1-08
218.226	11-1-05	218.220	9-1-08
218.227	11-1-05	218.220	9-1-08
218.228	11-1-05	218.220	9-1-08

**Explanation of Updates**

**Section 218.110** is deleted and definition of terms is added to each section of “Accepted Tests for - Occupational Therapy (218.120), Physical Therapy (218.130) and Speech-Language Therapy (218.210). Wording has been updated to standardize definition of terms of Standard, Supplemental, and Clinical Observations, as applied to each therapy discipline.

**Section 218.120** has been revised in format to contain all test information pertaining to Occupational Therapy that was previously noted as separate sections 218.121 through 218.129. Sections 218.121 through 218.129 are deleted and information included in section 218.120 to change alpha character listings to numeric listings in order to simplify future additions and changes. Wording changes have been made to clarify policy. Items E through M located in former Section 218.123 “Visual Motor – Standard” are deleted from this same titled new subsection C. as they were listed in error and are appropriately located in new subsection H. “Activities of Daily Living/Vocational/Other – Standard.

**Section 218.130** has been revised in format to contain all test information pertaining to Physical Therapy that was previously noted as separate sections 218.131 through 218.135. Sections 218.131 through 218.135 are deleted and information included in section 218.130 to change alpha character listings to numeric listings in order to simplify future additions and changes. An additional test (Battelle Developmental Inventory (BDI) is added subsection B. “Physical Therapy – Supplemental” for use in patient evaluation. Wording changes have been made to clarify policy.

**Section 218.200** has been revised in format to contain information pertaining to Speech-Language Therapy that was previously noted as separate sections 218.201 through 218.205. Sections 218.201 through 218.205 are deleted and information included in section 218.200 to change alpha character listings to numeric listings in order to simplify future additions and changes. Wording changes have been made to clarify policy.

Section 218.210 has been revised in format to contain all test information pertaining to Speech-Language Therapy that was previously noted as separate sections 218.211 through 218.214.

**Sections 218.211 through 218.214** are deleted and information included in section 218.210 to change alpha character listings to numeric listings in order to simplify future additions and changes. Wording changes have been made to clarify policy. An additional test, the Kaufman Speech Praxis Test (KSPT) is approved for use in patient evaluations and added to subsection B. - “Speech-Language Tests - Supplemental.” A new subsection (C.) heading of “Literacy/Comprehension – Supplemental” has the following approved tests added: The Clinical Assessment of Literacy and Language, The Literacy Comprehension Test 2 and Test of Reading Comprehension 3 (TORC3). An additional new subsection (D.) heading of “Written Language/Comprehension – Supplemental” contains the approved evaluation tool - Test of Written Language 3 (TWL3).

**Section 218.220** has been revised in format to contain all test information pertaining to Intelligence Quotient (IQ) Testing that was previously noted as separate sections 218.221 through 218.229. Sections 218.221 through 218.229 are deleted and information included in section 218.220 to change alpha character listings to numeric listings in order to simplify future additions and changes. Wording changes have been made to clarify policy. Additional evaluation tests Clinical Assessment of Articulation and Phonology (CAAP) and Phonology Awareness Test (PAT) have been added to subsection D. “Articulation/Phonological Assessments–Supplemental”. A new subsection (E.) is added with the heading “Apraxia”, that contains a narrative of policy and the listing of acceptable supplemental evaluation test -Kaufman Speech Praxis Test - (KSPT).

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 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

---

Roy Jeffus, Director



**TOC required due to section head deletions****218.120 Accepted Tests for Occupational Therapy**

9-1-08

Tests 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 that is not listed below, the provider must include 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 selected by Medicaid for review. An explanation of why a test from the approved list could not be used to evaluate the patient must also be included. The *Mental Measurement Yearbook* (MMY) is the standard reference for determining the reliability and validity of tests administered in an evaluation. Providers should refer to the MMY for additional information regarding specific tests. The following definitions of terms are applied to the lists of accepted tests:

- **Standard:** Evaluations that are used to determine deficits.
  - **Supplemental:** Evaluations that are used to identify deficits and support other results. Supplemental tests may not supplant standard tests.
  - **Clinical observations:** Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justification of 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
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

### 218.130 Accepted Tests for Physical Therapy

9-1-08

Tests 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 that is not listed below, the provider must include 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 selected by Medicaid for review. An explanation of why a test from the approved list could not be used to evaluate the patient must also be included. The *Mental Measurement Yearbook (MMY)* is the standard reference for determining the reliability and validity of tests administered in an evaluation. Providers should refer to the MMY for additional information regarding specific tests. The following definitions of terms are applied to the lists of accepted tests:

- **Standard:** Evaluations that are used to determine deficits.
- **Supplemental:** Evaluations that are used to identify deficits and support other results. Supplemental tests may not supplant standard tests.
- **Clinical observations:** Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justification of medical necessity.

#### 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 (FIM); 7 through 20 years of age.

#### 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)
5. Battelle Developmental Inventory (BDI)

- 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
  1. Assessment of Persons Profoundly or Severely Impaired

## 218.200 Speech-Language Therapy Guidelines for Retrospective Review

9-1-08

### A. Medical Necessity

Speech-language therapy services must be medically necessary to the treatment of the individual's illness or injury. To be considered medically necessary, the following conditions must be met:

1. The services must be considered under accepted standards of practice to be a specific and effective treatment for the patient's condition.
2. The services must be of such a level of complexity or the patient's condition must be such that the services required can be safely and effectively performed only by or under the supervision of a qualified speech and language pathologist.
3. There must be a reasonable expectation that therapy will result in meaningful improvement or a reasonable expectation that therapy will prevent a worsening of the condition. (See the medical necessity definition in the Glossary of this manual.)

A diagnosis alone is not sufficient documentation to support the medical necessity of therapy. Assessment for speech-language therapy includes a comprehensive evaluation of the patient's speech language deficits and functional limitations, treatment planned and goals to address each identified problem.

### B. Evaluations

In order to determine that speech-language therapy services are medically necessary, an evaluation must contain the following information:

1. Date of Evaluation
2. Patient's name and date of birth
3. Diagnosis specific to therapy
4. Background information including pertinent medical history and gestational age
5. Standardized test results, including all subtest scores if applicable. Test results if applicable, should be adjusted for prematurity (less than 37 weeks gestation) if the child is 12 months of age or younger, and this should be noted in the evaluation.
6. An assessment of the results of the evaluation, including recommendations for frequency and intensity of treatment
7. An explanation why the child was not tested in his or her native language, when such is the case

8. Signature and credentials of the therapist performing the evaluation

**C.** Feeding/Swallowing/Oral Motor

1. The patient may be formally or informally assessed.

2. The patient must have an in-depth functional profile on oral motor structures and function. An in-depth functional profile of oral motor structure and function is a description of a patient's oral motor structure that specifically notes how such structure is impaired in its function and justifies the medical necessity of feeding/swallowing/oral motor therapy services. Standardized forms are available for the completion of an in-depth functional profile of oral motor structure and function, but a standardized form is not required.

3. If swallowing problems and/or signs of aspiration are noted, then a formal medical swallow study must be submitted.

**D.** Voice

A medical evaluation is a prerequisite for voice therapy.

**E.** Progress Notes

Progress notes must be legible and must include the following information.

1. Patient's name

2. Date of service

3. Time in and time out of each therapy session

4. Objectives addressed (must directly correspond to the plan of care)

5. Descriptions of specific therapy services provided daily and activities rendered during each therapy session, along with a form of measurement.

6. Measurements of progress with respect to treatment goals and objectives

7. Therapist's full signature and credentials for each date of service

8. The supervising speech and language pathologist's co-signature on graduate students' progress notes

218.210

**Accepted Tests for Speech-Language Therapy**

9-1-08

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 that is not listed below, the provider must include 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 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. The following definitions of terms are applied to the lists of accepted tests:

- **Standard:** Evaluations that are used to determine deficits.
- **Supplemental:** Evaluations that are used to identify deficits and support other results. Supplemental tests may not supplant standard tests.
- **Clinical observations:** Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justification of medical necessity.

- 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 (CADeT)
  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)
  9. Kaufman Speech Praxis Test (KSPT)
- C. Literacy/Comprehension – Supplemental**
1. The Clinical Assessment of Literacy and Language
  2. The Literacy Comprehension Test 2
  3. Test of Reading Comprehension 3 (TORC3)
- D. Written Language/Comprehension – Supplemental**

**1. Test of Written Language 3 (TWL3)****E. Birth to Age 3:**

1. (Negative) -1.5 SD (standard score of 77) below the mean in two areas (expressive, receptive) or a (negative) -2.0 SD (standard score of 70) below the mean in one area is required 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.
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. 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.
8. 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.

**F. Ages 3 through 20**

1. (Negative) -1.5 SD (standard score of 77) below the mean in two areas (expressive, receptive, articulation) or a (negative) -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.**

218.220

**Intelligence Quotient (IQ) Testing**

9-1-08

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. Providers must maintain in their records the IQ scores of their patients who are 10 through 20 years of age and receiving language therapy. If a child's IQ score is higher than his or her qualifying language scores, the child qualifies for language therapy; if the IQ score is lower than the qualifying language test scores, the child is deemed 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 despite the relationship of IQ to language score, the provider must complete and document an in-depth functional profile. 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 (RIAS)

**B. Severe and 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 Assessments – Supplemental – Norm-Reference**

1. Test of Phonological Awareness (TOPA)
2. Clinical Assessment of Articulation and Phonology (CAAP)
3. Phonology Awareness Test (PAT)

**E. Apraxia**

A provider who chooses to address Apraxia in treatment sessions must submit additional norm-referenced testing to support a coexisting deficit in articulation and/or language. Testing must be administered to examine the beneficiary's receptive and expressive language and articulation skills to determine if there is a coexisting problem. The Kaufman Speech Praxis Test (KSPT) can not stand alone to support the medical necessity of speech therapy. A functional communication profile including a detailed case history and description of the child's communicative abilities, including documentation of any neuromuscular deficits and assessments of the child's oral motor abilities must be included. For older children literacy skills should also be addressed. If possible, a speech sample of the beneficiary's speech should be included. Recommendations and a plan of care for treatment should be included in the documentation submitted.

1. Kaufman Speech Praxis Test – (KSPT) – Supplemental

**F. Voice/Fluency Assessments – Norm Reference**

1. Stuttering Severity Instrument for Children and Adults (SSI-3)
2. Language Sample – A language sample with an in-depth profile of the percentage of stuttering and type of stuttering that occurs during conversational speech

**G. Auditory Processing Assessments – Norm Reference**

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

**H. Oral Motor – Supplemental – Norm Reference**

1. 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)
6. Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI)
7. Communication Activities of Daily Living, Second Ed. (CADL-2)



**Division of Medical Services  
Program Planning & Development**

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437  
501-682-8368 · Fax: 501-682-2480



**TO:** Arkansas Medicaid Health Care Providers – Rehabilitative Hospital

**DATE:** September 1, 2008

**SUBJECT:** Provider Manual Update Transmittal #99

<u>REMOVE</u>		<u>INSERT</u>	
<u>Section</u>	<u>Date</u>	<u>Section</u>	<u>Date</u>
216.110	11-1-05	216.110	9-1-08
216.120	11-1-05	261.120	9-1-08
216.121	11-1-07	216.120	9-1-08
216.122	11-1-05	216.120	9-1-08
216.123	11-1-06	216.120	9-1-08
216.124	11-1-05	216.120	9-1-08
216.125	11-1-05	216.120	9-1-08
216.126	11-1-05	216.120	9-1-08
216.127	11-1-05	216.120	9-1-08
216.128	11-1-05	216.120	9-1-08
216.129	11-1-05	216.120	9-1-08
216.130	11-1-05	216.130	9-1-08
216.131	11-1-07	216.130	9-1-08
216.132	11-1-06	216.130	9-1-08
216.133	11-1-06	216.130	9-1-08
216.134	11-1-05	216.130	9-1-08
216.135	11-1-05	216.130	9-1-08
216.200	11-1-05	216.200	9-1-08
216.201	11-1-05	216.200	9-1-08
216.202	12-1-07	216.200	9-1-08
216.203	11-1-05	216.200	9-1-08
216.204	11-1-05	216.200	9-1-08
216.205	11-1-05	216.200	9-1-08
216.210	11-1-05	216.210	9-1-08
216.211	11-1-07	216.210	9-1-08
216.212	11-1-05	216.210	9-1-08

<u>REMOVE</u>		<u>INSERT</u>	
<b>Section</b>	<b>Date</b>	<b>Section</b>	<b>Date</b>
216.213	11-1-05	216.210	9-1-08
216.214	11-1-05	216.214	9-1-08
216.220	11-1-06	216.220	9-1-08
216.221	11-1-06	216.220	9-1-08
216.222	11-1-06	216.220	9-1-08
216.223	11-1-06	216.220	9-1-08
216.224	11-1-05	216.220	9-1-08
216.225	11-1-05	216.220	9-1-08
216.226	11-1-05	216.220	9-1-08
216.227	11-1-05	216.220	9-1-08
216.228	11-1-05	216.220	9-1-08

**Explanation of Updates**

**Section 216.110** is updated to standardize wording in definitions of Standard, Supplemental, and Clinical Observations, as applied to each therapy discipline - Occupational, Physical, and Speech.

**Section 216.120** has been revised in format to contain all test information pertaining to Occupational Therapy that was previously noted as separate sections 216.121 through 216.129. Sections 216.121 through 216.129 are deleted and information included in section 216.120 to change alpha character listings to numeric listings in order to simplify future additions and changes. Wording changes have been made to clarify policy.

**Section 216.130** has been revised in format to contain all test information pertaining to Physical Therapy that was previously noted as separate sections 216.131 through 216.135. Sections 216.131 through 216.135 are deleted and information included in section 216.130 to change alpha character listings to numeric listings in order to simplify future additions and changes. An additional test (Battelle Developmental Inventory (BDI) is added within subsection B “Physical Therapy – Supplemental” for use in patient evaluation. Wording changes have been made to clarify policy.

**Section 216.200** has been revised in format to contain all information pertaining to Speech-Language Therapy that was previously noted as separate sections 216.201 through 216.205. Sections 216.201 through 216.205 are deleted and information included in section 216.200 to change alpha character listings to numeric listings in order to simplify future additions and changes. Wording changes have been made to clarify policy.

**Section 216.210** has been revised in format to contain all test information pertaining to Speech-Language Therapy that was previously noted as separate sections 216.211 through 216.214. Sections 216.211 through 216.214 are deleted and information included in section 216.210 to change alpha character listings to numeric listings in order to simplify future additions and changes. Wording changes have been made to clarify policy. An additional test, the Kaufman Speech Praxis Test (KSPT) is approved for use in patient evaluations and added to subsection (B) “Speech-Language Tests - Supplemental.” A new subsection (C) heading of “Literacy/Comprehension – Supplemental” has the following approved tests added: The Clinical Assessment of Literacy and Language, The Literacy Comprehension Test 2 and Test of Reading Comprehension 3 (TORC3). An additional new subsection (D) heading of “Written Language/Comprehension – Supplemental” contains the approved evaluation tool - Test of Written Language 3 (TWL3).

**Section 216.220** has been revised in format to contain all test information pertaining to Intelligence Quotient (IQ) Testing that was previously noted as separate sections 216.221 through 216.228. Sections 216.221 through 216.228 are deleted and information included in section 216.220 to change alpha character listings to numeric listings in order to simplify future additions and changes. Wording changes have been made to clarify policy. Additional evaluation tests Clinical Assessment of Articulation and Phonology (CAAP) and Phonology Awareness Test (PAT) have been added to subsection (D) - “Articulation/Phonological Assessments – Supplemental”. A new subsection (E) is added with the heading “Apraxia”, that contains a narrative of policy and the listing of acceptable supplemental evaluation test -Kaufman Speech Praxis Test - (KSPT).

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 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

---

Roy Jeffus, Director



**Toc required****216.120 Accepted Tests for Occupational Therapy**

09-01-08

Tests 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 that is not listed below, the provider must include 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 selected by Medicaid for review. An explanation of why a test from the approved list could not be used to evaluate the patient must also be included. The *Mental Measurement Yearbook (MMY)* is the standard reference for determining the reliability and validity of tests administered in an evaluation. Providers should refer to the *MMY* for additional information regarding specific tests. The following definitions of terms are applied to the lists of accepted tests:

- **Standard:** Evaluations that are used to determine deficits.
  - **Supplemental:** Evaluations that are used to identify deficits and support other results. Supplemental tests may not supplant standard tests.
  - **Clinical observations:** Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justification of 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 (BOT2)
  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
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)
  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

## 216.130 Accepted Tests for Physical Therapy

9-1-08

Tests used must be norm referenced, standardized, age appropriate and specific to the therapy provided. The following lists of tests are not all-inclusive. When using a test that is not listed below, the provider must include 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 selected by Medicaid for review. An explanation of why a test from the approved list could not be used to evaluate the patient must also be included. The *Mental Measurement Yearbook (MMY)* is the standard reference for determining the reliability and validity of tests administered in an evaluation. Providers should refer to the *MMY* for additional information regarding specific tests. The following definitions of terms are applied to the lists of accepted tests:

- **Standard:** Evaluations that are used to determine deficits.
- **Supplemental:** Evaluations that are used to identify deficits and support other results. Supplemental tests may not supplant standard tests.
- **Clinical observations:** Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justification of medical necessity.

## 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 (BOT2)
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 (FIM); 7 through 20 years of age

## 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)
5. Battelle Developmental Inventory (BDI)

- 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
  - 1. Assessment of Persons Profoundly or Severely Impaired

## 216.200 Speech-Language Therapy Guidelines for Retrospective Review

9-1-08

### A. Medical Necessity

Speech-language therapy services must be medically necessary to the treatment of the individual's illness or injury. To be considered medically necessary, the following conditions must be met:

1. The services must be considered under accepted standards of practice to be a specific and effective treatment for the patient's condition.
2. The services must be of such a level of complexity or the patient's condition must be such that the services required can be safely and effectively performed only by or under the supervision of a qualified speech and language pathologist.
3. There must be reasonable expectation that therapy will result in meaningful improvement or a reasonable expectation that therapy will prevent a worsening of the condition. (See the medical necessity definition in the Glossary of this manual).

A diagnosis alone is not sufficient documentation to support the medical necessity of therapy. Assessment for speech-language therapy includes a comprehensive evaluation of the patient's speech-language deficits and functional limitations, treatment(s) planned and goals to address each identified problem.

### B. Evaluations

In order to determine that speech-language therapy services are medically necessary, an evaluation must contain the following information:

1. Date of evaluation
2. Child's name and date of birth
3. Diagnosis specific to therapy
4. Background information including pertinent medical history and gestational age
5. Standardized test results, including all subtest scores if applicable. Test results, if applicable, should be adjusted for prematurity (less than 37 weeks gestation) if the child is 12 months of age or younger, and this should be noted in the evaluation
6. An assessment of the results of the evaluation, including recommendations for frequency and intensity of treatment
7. The child should be tested in his or her native language; if not, an explanation must be provided in the evaluation.

8. Signature and credentials of the therapist performing the evaluation

### C. Feeding/Swallowing/Oral Motor

1. The patient may be formally or informally assessed
2. The Patient must have an in-depth functional profile on oral motor structures and function. An in-depth functional profile of oral motor structure and function is a description of a patient's oral motor structure that specifically notes how such structure is impaired in its function and justifies the medical necessity of feeding/swallowing/oral motor therapy services. Standardized forms are available for the completion of an in-depth functional profile of oral motor structure and function, but a standardized form is not required.
3. If swallowing problems and/or signs of aspiration are noted, a formal medical swallow study must be submitted.

### D. Voice

A medical evaluation is a prerequisite for voice therapy.

### E. Progress Notes

Progress notes must be legible and must include the following information:

1. Patient's name
2. Date of service
3. Time in and time out of each therapy session
4. Objectives addressed (must directly correspond to the plan of care)
5. Descriptions of specific therapy services provided daily and activities conducted during each therapy session, along with a form of measurement
6. Measurements of progress with respect to treatment goals and objectives
7. Therapist's must sign each date of entry with a full signature and credentials
8. The supervising speech and language pathologist's co-signature on graduate students' progress notes.

## 216.210 Accepted Tests for Speech-Language Therapy

9-1-08

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 that is not listed below, the provider must include 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 selected by Medicaid for review. An explanation of why a test from the approved list could not be used to evaluate a patient must be included in the documentation. The *Mental Measurement Yearbook (MMY)* is the standard reference for determining the reliability and validity of test(s) administered in an evaluation. Providers should refer to the MMY for additional information regarding specific tests. The following definitions of terms are applied to the lists of accepted tests:

- **Standard:** Evaluations that are used to determine deficits.
- **Supplemental:** Evaluations that are used to identify deficits and support other results. Supplemental tests may not supplant standard tests.
- **Clinical observations:** Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when

standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justification of medical necessity.

- 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 (CADeT)
  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)
  9. Kaufman Speech Praxis Test (KSPT)
- C. Literacy/Comprehension – Supplemental**
1. The Clinical Assessment of Literacy and Language
  2. The Literacy Comprehension Test 2

**3. Test of Reading Comprehension 3 (TORC3)****D. Written Language/Comprehension – Supplemental****1. Test of Written Language 3 (TWL3)****E. Birth to Three**

- 1.** (Negative) -1.5 SD (standard deviation) (standard score of 77) below the mean in two areas (expressive, receptive) or (negative) -2.0 SD (standard score of 70) below the mean in one area is required 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.
- 4.** All sound errors must be reported for articulation, including positions and types of errors.
- 5.** If phonological testing is used, a traditional articulation test must also be included with a standardized score.
- 6.** Information regarding the patient's functional hearing ability must be included in the therapy evaluation report.
- 7.** Non school-age children must be evaluated annually. If the provider indicates the patient cannot complete a norm-referenced test, the provider must submit an in-depth functional profile of the patient's functional communication abilities. An in-depth functional profile is a description of a patient's communication behaviors that specifically notes where such communication behaviors are impaired and justifies the medical necessity of therapy.
- 8.** 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 six (6) months.

**F. Ages 3 through 20**

- 1.** (Negative) -1.5 SD (standard score of 77) from the mean in two areas (expressive, receptive, articulation) or a (negative) -2.0 SD (standard score of 70) from the mean in one area (expressive, receptive, articulation) is required to qualify for language therapy.  
Two language tests must be reported, with at least one of these being a global, norm-referenced, standardized test with good reliability and validity.
- 2.** 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 used, a traditional articulation test must also be completed with a standardized score.
- 6.** Information regarding patient's functional hearing ability must be included in the therapy evaluation report.

7. Children who are not of school age or who do not attend public school must be evaluated annually.  
School-aged children who attend public school and whose therapy is provided by the school must have a full evaluation every three years, with an annual update.  
If the provider indicates that the patient cannot complete a norm-referenced test, the provider must complete an in-depth functional profile of the patient's functional communication abilities. An in-depth functional profile is a description of a patient's communication behaviors that specifically notes where such communication behaviors are impaired and justifies the medical necessity of therapy.
8. Standardized forms are available for the completion of an in-depth functional profile, but a standardized form is not required.
9. 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.**

### 216.220 Intelligence Quotient (IQ) Testing

9-1-08

Children receiving language intervention therapy must have cognitive testing once they reach ten (10) years of age. **This also applies to** home-schooled **children**. Providers must maintain in their records the IQ scores of their patients who are 10 through 20 years of age and receiving language therapy. If a child's IQ **score is higher** than his or her **qualifying** language score, the child **qualifies for language therapy**; if the IQ **score is lower than the qualifying language test scores**, the child is deemed 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 despite the relationship of IQ to language score, the provider must complete **and document** an in-depth functional profile. **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. Kauffman 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 and 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. 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 (SPATD-II)
- D. Articulation/Phonological Assessments – Supplemental**
1. Test of Phonological Awareness (TOPA)
  2. Clinical Assessment of Articulation and Phonology (CAAP)
  3. Phonology Awareness Test (PAT)
- E. Apraxia**
- A provider who chooses to address Apraxia in treatment sessions must submit additional norm-referenced testing to support a coexisting deficit in articulation and/or language. Testing must be administered to examine the beneficiary's receptive and expressive language and articulation skills to determine if there is a coexisting problem. The Kaufman Speech Praxis Test (KSPT) can not stand alone to support the medical necessity of speech therapy. A functional communication profile including a detailed case history and description of the child's communicative abilities, including documentation of any neuromuscular deficits and assessments of the child's oral motor abilities must be included. For older children, literacy skills should also be addressed. If possible, a speech sample of the beneficiary's speech should be included. Recommendations and a plan of care for treatment should be included in the documentation submitted.
1. Kaufman Speech Praxis Test – KSPT – Supplemental
- F. Voice/Fluency Assessments – Norm Reference**
1. Stuttering Severity Instrument for Children and Adults (SSI-3)
  2. Language Sample – A language sample with an in-depth profile of the percentage of stuttering and type of stuttering that occurs during conversational speech.
- G. Auditory Processing Assessments – Norm Reference**
1. Goldman-Fristoe-Woodcock Test of Auditory Discrimination (G-F-WTAD)
- H. Oral Motor – Supplemental – Norm Reference**
1. 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)

6. Scales of Cognitive Ability for Traumatic Brain Injury (SCATBI)
7. Communication Activities of Daily Living, Second Ed. (CADL-2)



Division of Medical Services
Program Planning & Development

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480



TO: Arkansas Medicaid Health Care Providers – Child Health Management Services

DATE: September 1, 2008

SUBJECT: Provider Manual Update Transmittal #105

Table with 4 columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Rows include updates for sections 245.110, 245.120, 245.210, and 245.220.

Explanation of Updates

Section 245.110 is updated to standardize wording of definitions of Standard, Supplemental, and Clinical Observations, as applied to each therapy discipline (Occupational), and to each provider utilizing therapy disciplines.

Section 245.120 is updated to include standardized wording of definitions as applied to each therapy discipline (Physical) and to each provider utilizing therapy disciplines. Additionally a test is added to subsection B "Physical Therapy – Supplemental" (Battelle Developmental Inventory (BDI)) for use in patient evaluation.

Section 245.210 is updated to include standardized wording of definitions as applied to each therapy discipline (Speech-Language) and to each provider utilizing therapy disciplines. Additionally, Kaufman Speech Praxis Test (KSPT) is added under subsection B "Speech Language Tests – Supplemental" as an accepted supplemental patient evaluation test. New subsections C "Literacy/Comprehension –Supplemental" with patient evaluation tests (The Clinical Assessment of Literacy and Language, The Literacy Comprehension Test 2 and Test of Reading Comprehension 3 (TORC3)) and D "Written Language/Comprehension – Supplemental" with a patient evaluation test (Test of Written Language 3 (TWL3)) are added. Former subsections C and D are re-lettered as E and F. Minor wording changes have also been made to better clarify the written material.

Section 245.220 is updated to add additional patient evaluation tests to subsection D "Articulation/Phonological Assessments – Supplemental – Norm-Reference" (Clinical Assessment of Articulation and Phonology (CAAP) and Phonology Awareness Test (PAT)). A new additional Subsection E "Apraxia" has been added along with a narrative of policy and the listing of an acceptable supplemental test (Kaufman Speech Praxis Test - (KSPT)). Existing Subsections E through H have been re-lettered as F through I.

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 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

---

Roy Jeffus, Director

**TOC not required****245.110 Accepted Tests for Occupational Therapy****9-1-08**

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 that is not listed below, the provider must include 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 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 *Mental Measurement Yearbook (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. The following definitions of terms are applied to the lists of accepted tests:

- STANDARD: Evaluations that are used to determine deficits.
  - SUPPLEMENTAL: Evaluations that are used to identify deficits and support other results. Supplemental tests may not supplant standard tests.
  - CLINICAL OBSERVATIONS: Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justification of 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
  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

9-1-08

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 that is not listed below, the provider must include 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 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 *Mental Measurement Yearbook (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. The following definitions of terms are applied to the lists of accepted tests:

- **STANDARD:** Evaluations that are used to determine deficits.
- **SUPPLEMENTAL:** Evaluations that are used to identify deficits and support other results. Supplemental tests may not supplant standard tests.
- **CLINICAL OBSERVATIONS:** Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justification of medical necessity.

## 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 (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)
5. Battelle Developmental Inventory (BDI)

- 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

**245.210 Accepted Tests for Speech-Language Therapy**

9-1-08

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 that is not listed below, the provider must include 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 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 *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. The following definitions of terms are applied to the lists of accepted tests:

- **STANDARD:** Evaluations that are used to determine deficits.
- **SUPPLEMENTAL:** Evaluations that are used to identify deficits and support other results. Supplemental test may not supplant standard tests.
- **CLINICAL OBSERVATIONS:** Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justification of medical necessity.

- 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)
  9. Kaufman Speech Praxis Test (KSPT)
- C. Literacy/Comprehension – Supplemental
1. The Clinical Assessment of Literacy and Language
  2. The Literacy Comprehension Test 2
  3. Test of Reading Comprehension 3 (TORC3)
- D. Written Language/Comprehension – Supplemental
1. Test of Written Language 3 (TWL3)
- E. Birth to Age 3:
1. (Negative) -1.5 SD (standard score of 77) below the mean in two areas (expressive, receptive) or a (negative) -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.
  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.

**F.** Ages 3 to 21:

1. **(Negative)** -1.5 SD (standard score of 77) below the mean in two areas (expressive, receptive, articulation) or a **(negative)** -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 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 age 10 years through 18 years who are receiving language therapy. IQ Scores are not required for children under ten (10) years of age.**

**245.220 Intelligence Quotient (IQ) Testing**

**9-1-08**

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-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
  1. Test of Phonological Awareness (TOPA)
  2. Clinical Assessment of Articulation and Phonology (CAAP)
  3. Phonology Awareness Test (PAT)

#### E. Apraxia

A provider who chooses to address Apraxia in treatment sessions must submit additional norm referenced testing to support a coexisting deficit in articulation and/or language. Testing must be administered to examine the beneficiary's receptive and expressive language and articulation skills to determine if there is a coexisting problem. The Kaufman Speech Praxis Test (KSPT) can not stand alone to support the medical necessity of speech therapy. A functional communication profile including a detailed case history and description of the child's communicative abilities, including documentation of any neuromuscular deficits and assessments of the child's oral motor abilities must be included. For older children, literacy skills should also be addressed. If possible, a speech sample of the

beneficiary's speech should be included. Recommendations and a plan of care for treatment should be included in the documentation submitted.

1. Kaufman Speech Praxis Test – KSPT – Supplemental
- F.** Voice/Fluency Assessments – Norm-Reference
1. Stuttering Severity Instrument for Children and Adults (SSI-3)
- G.** Auditory Processing Assessments – Norm-Reference
1. Goldman-Fristoe-Woodcock Test of Auditory Discrimination (G-F-WTAD)
- H.** Oral Motor – Supplemental – Norm-Reference
1. 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)



Division of Medical Services
Program Planning & Development

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480



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

DATE: September 1, 2008

SUBJECT: Provider Manual Update Transmittal #107

Table with 4 columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Rows include updates for sections 220.110, 220.120, 220.210, and 220.220.

Explanation of Updates

Section 220.110 is updated to standardize wording of definitions of Standard, Supplemental, and Clinical Observations, as applied to each therapy discipline (Occupational).

Section 220.120 is updated to include standardized wording of definitions as applied to each therapy discipline (Physical). Additionally a test is added to subsection B "Physical Therapy – Supplemental" (Battelle Developmental Inventory (BDI)) for use in patient evaluation.

Section 220.210 is updated to include standardized wording of DEFINITIONS as applied to each therapy discipline (Speech-Language). Additionally, Kaufman Speech Praxis Test (KSPT) is added under subsection B "Speech Language Tests – Supplemental" as an accepted supplemental patient evaluation test. New subsections C "Literacy/Comprehension –Supplemental" with patient evaluation tests (The Clinical Assessment of Literacy and Language, The Literacy Comprehension Test 2 and Test of Reading Comprehension 3 (TORC3)) and D "Written Language/Comprehension – Supplemental" with a patient evaluation test (Test of Written Language 3 (TWL3)) are added. Former subsections C and D are re-lettered as E and F. Minor wording changes have also been made to better clarify the written material

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 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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 Health Care Providers – Developmental Day Treatment Clinic Services (DDTCS)  
Provider Manual Update Transmittal #107  
Page 2

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](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

---

Roy Jeffus, Director

## TOC not required

## 220.110 Accepted Tests for Occupational Therapy

9-1-08

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 below, the provider must include 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 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 *Mental Measurement Yearbook (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. The following definitions of terms are applied to the lists of accepted tests:

- **STANDARD:** Evaluations that are used to determine deficits.
  - **SUPPLEMENTAL:** Evaluations that are used to identify deficits and support other results. Supplemental tests may not supplant standard tests.
  - **CLINICAL OBSERVATIONS:** Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justification of 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
  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)
- 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

## 220.120 Accepted Tests for Physical Therapy

9-1-08

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 below, the provider must include 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 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 *Mental Measurement Yearbook (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.

The following definitions of terms are applied to the lists of accepted tests:

- **Standard:** Evaluations that are used to determine deficits.
- **Supplemental:** Evaluations that are used to identify deficits and support other results. Supplemental tests may not supplant standard tests.
- **Clinical observations:** Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justification of medical necessity.

## 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 (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)
5. Battelle Developmental Inventory (BDI)

- 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

### 220.210 Accepted Tests for Speech-Language Therapy

9-1-08

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 below, the provider must include 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 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 *Mental Measurement Yearbook (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. The following definitions of terms are applied to the lists of accepted tests:

- **Standard:** Evaluations that are used to determine deficits.
- **Supplemental:** Evaluations that are used to identify deficits and support other results. Supplemental tests may not supplant standard tests.
- **Clinical observations:** Clinical observations always have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justification of medical necessity.

- 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 (CADeT)
  - 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)
  9. Kaufman Speech Praxis Test (KSPT)
- C. Literacy/Comprehension – Supplemental
1. The Clinical Assessment of Literacy and Language
  2. The Literacy Comprehension Test 2
  3. Test of Reading Comprehension 3 (TORC3)
- D. Written Language/Comprehension – Supplemental
1. Test of Written Language 3 (TWL3)
- E. Birth to Age 3:
1. (Negative) -1.5 SD (standard score of 77) below the mean in two areas (expressive, receptive) or a (negative) -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.
  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.

**F.** Ages 3 to 21:

1. **(Negative)** -1.5 SD (standard score of 77) below the mean in two areas (expressive, receptive, articulation) or a **(negative)** -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 child's functional hearing ability must be included as a part of the therapy evaluation report.
7. Non-school aged 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 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 on all children who are **10 years through 18 years of age and receiving language therapy. IQ scores are not required for children under ten (10) years of age.**

**220.220**

**Intelligence Quotient (IQ) Testing**

**9-1-08**

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 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 (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. 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
  - 1. Test of Phonological Awareness (TOPA)
- E. Apraxia

A provider who chooses to address Apraxia in treatment sessions must submit additional norm-referenced testing to support a coexisting deficit in articulation and/or language. Testing must be administered to examine the beneficiary's receptive and expressive language and articulation skills to determine if there is a coexisting problem. The Kaufman Speech Praxis Test (KSPT) can not stand alone to support the medical necessity of speech therapy. A functional communication profile including a detailed case history and description of the child's communicative abilities, including documentation of any neuromuscular deficits and assessments of the child's oral motor abilities must be included. For older children, literacy skills should also be addressed. If possible, a speech sample of the beneficiary's speech should be included. Recommendations and a plan of care for treatment should be included in the documentation submitted.

  - 1. Kaufman Speech Praxis Test – KSPT – Supplemental
- F. Voice/Fluency Assessments – Norm Reference

1. Stuttering Severity Instrument for Children and Adults (SSI-3)
- G.** Auditory Processing Assessments – Norm Reference
1. Goldman-Fristoe-Woodcock Test of Auditory Discrimination (G-F-WTAD)
- H.** Oral Motor – Supplemental – Norm Reference
1. 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)



Division of Medical Services
Program Planning & Development

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480



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

DATE: September 1, 2008

SUBJECT: Provider Manual Update Transmittal #96

Table with 4 columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Rows include updates for sections 214.310, 214.320, 214.410, and 214.420.

Explanation of Updates

Section 214.310 is updated to standardize wording of definitions of Standard, Supplemental, and Clinical Observations, as applied to each therapy discipline (Occupational).

Section 214.320 is updated to include standardized wording of definitions as applied to each therapy discipline (Physical). Additionally a test is added to subsection B "Physical Therapy – Supplemental" (Battelle Developmental Inventory (BDI)) for use in patient evaluation.

Section 214.410 is updated to include standardized wording of definitions as applied to each therapy discipline (Speech-Language). Additionally, Kaufman Speech Praxis Test (KSPT) is added under subsection B "Speech Language Tests – Supplemental" as an accepted supplemental patient evaluation test. New subsections C "Literacy/Comprehension –Supplemental" with patient evaluation tests (The Clinical Assessment of Literacy and Language, The Literacy Comprehension Test 2 and Test of Reading Comprehension 3 (TORC3) and D "Written Language/Comprehension – Supplemental" with a patient evaluation test (Test of Written Language 3 (TWL3)) are added. Former subsections C and D are re-lettered as E and F. Minor wording changes have also been made to better clarify the written material.

Section 214.420 is updated to add additional patient evaluation tests to subsection D "Articulation/Phonological Assessments – Supplemental – Norm-Reference" (Clinical Assessment of Articulation and Phonology (CAAP) and Phonology Awareness Test (PAT)). An additional Subsection E "Apraxia" has been added along with a narrative of policy and the listing of an acceptable supplemental test (Kaufman Speech Praxis Test - (KSPT)). Existing Subsections E through H have been re-lettered as F through I.

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 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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](http://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**

9-1-08

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 that is not listed below, the provider must include 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 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. The following definitions of terms are applied to the lists of accepted tests:

- STANDARD: Evaluations that are used to determine deficits.
  - SUPPLEMENTAL: Evaluations that are used to identify deficits and support other results. Supplemental tests may not supplant standard tests.
  - CLINICAL OBSERVATIONS: Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justification of 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
  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

9-1-08

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 that is not listed below, the provider must include 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 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. The following definitions of terms are applied to the lists of accepted tests:

- **STANDARD:** Evaluations that are used to determine deficits.
- **SUPPLEMENTAL:** Evaluations that are used to justify deficits and support other results. Supplemental tests may not supplant standard tests.
- **CLINICAL OBSERVATIONS:** Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justifications of medical necessity.

## 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)
5. Battelle Developmental Inventory (BDI)

- 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

9-1-08

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 that is not listed below, the provider must include 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 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. The following definitions of terms are applied to the lists of accepted tests:

- **STANDARD:** Evaluations that are used to determine deficits.
- **SUPPLEMENTAL:** Evaluations that are used to justify deficits and support other results. Supplemental tests may not supplant standard tests.
- **CLINICAL OBSERVATIONS:** Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justification of medical necessity.

- 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)
  9. Kaufman Speech Praxis Test (KSPT)
- C. Literacy/Comprehension – Supplemental
1. The Clinical Assessment of Literacy and Language
  2. The Literacy Comprehension Test 2
  3. Test of Reading Comprehension 3 (TORC3)
- D. Written Language/Comprehension – Supplemental
1. Test of Written Language 3 (TWL3)
- E. Birth to Age 3:
1. (Negative) -1.5 SD (standard score of 77) below the mean in two areas (expressive, receptive) or a (negative) -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.
  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.

**F.** Ages 3 to 20:

1. **(Negative)** -1.5 SD (standard score of 77) below the mean in two areas (expressive, receptive, articulation) or **(negative)** -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 **10 years through 18 years of age** and receiving language therapy. **IQ scores are not required for children under ten (10) years of age.**

**214.420**

**Intelligence Quotient (IQ) Testing**

**9-1-08**

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-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 (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
  - 1. Test of Phonological Awareness (TOPA)
  - 2. Clinical Assessment of Articulation and Phonology (CAAP)
  - 3. Phonology Awareness Test (PAT)

E. Apraxia

A provider who chooses to address Apraxia in treatment sessions must submit additional norm-referenced testing to support a coexisting deficit in articulation and/or language. Testing must be administered to examine the beneficiary's receptive and expressive language and articulation skills to determine if there is a coexisting problem. The Kaufman Speech Praxis Test (KSPT) can not stand alone to support the medical necessity of speech therapy. A functional communication profile including a detailed case history and description of the child's communicative abilities, including documentation of any neuromuscular deficits and assessments of the child's oral motor abilities must be included. For older children, literacy skills should also be addressed. If possible, a speech sample of the beneficiary's speech should be included. Recommendations and a plan of care for treatment should be included in the documentation submitted.

1. Kaufman Speech Praxis Test – KSPT – Supplemental
- F.** Voice/Fluency Assessments – Norm-Reference
1. Stuttering Severity Instrument for Children and Adults (SSI-3)
- G.** Auditory Processing Assessments – Norm-Reference
1. Goldman-Fristoe-Woodcock Test of Auditory Discrimination (G-F-WTAD)
- H.** Oral Motor – Supplemental – Norm-Reference
1. 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)



Division of Medical Services
Program Planning & Development

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480



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

DATE: September 1, 2008

SUBJECT: Provider Manual Update Transmittal #155

Table with 4 columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Rows include updates for sections 227.210, 227.220, 227.310, and 227.320.

Explanation of Updates

Section 227.210 is updated to standardize wording of definitions of Standard, Supplemental, and Clinical Observations, as applied to each therapy discipline (Occupational).

Section 227.220 is updated to include standardized wording of definitions as applied to each therapy discipline (Physical). Additionally a test is added to subsection B "Physical Therapy – Supplemental" (Battelle Developmental Inventory (BDI)) for use in patient evaluation and numeration is added to the listed test in subsection E.

Section 227.310 is updated to include standardized wording of definitions as applied to each therapy discipline (Speech-Language). Additionally, Kaufman Speech Praxis Test (KSPT) is added under subsection B "Speech Language Tests – Supplemental" as an accepted supplemental patient evaluation test. New subsections C "Literacy/Comprehension –Supplemental" with patient evaluation tests (The Clinical Assessment of Literacy and Language, The Literacy Comprehension Test 2 and Test of Reading Comprehension 3 (TORC3)) and D "Written Language/Comprehension – Supplemental" with a patient evaluation test (Test of Written Language 3 (TWL3)) are added. Former subsections C and D are re-lettered as E and F. Minor wording changes have also been made to better clarify the written material.

Section 227.320 is updated to correctly relocate test listed as subsection E (Test of Phonological Awareness (TOPA)) under subsection D "Articulation/Phonological Assessments – Supplemental – Norm-Reference" and also add additional patient evaluation tests (Clinical Assessment of Articulation and Phonology (CAAP) and Phonology Awareness Test (PAT)). A replacement subsection (new guidelines) E "Apraxia" has been added along with a narrative of policy and the listing of an acceptable supplemental test (Kaufman Speech Praxis Test - (KSPT)).

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.

Arkansas Medicaid Health Care Providers – Physician/Independent Lab/CRNA/  
Radiation Therapy Center  
Provider Manual Update Transmittal #155  
Page 2

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

---

Roy Jeffus, Director

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

9-1-08

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 that is not listed below, the provider must include 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 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 *Mental Measurement Yearbook (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. The following definitions of terms are applied to the lists of accepted tests:

- STANDARD: Evaluations that are used to determine deficits.
  - SUPPLEMENTAL: Evaluations that are used to identify deficits and support other results. Supplemental tests may not supplant standard tests.
  - CLINICAL OBSERVATIONS: Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justifications of 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
  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. 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)
- 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

**227.220 Accepted Tests for Physical Therapy**

9-1-08

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 below, the provider must include 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 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 Mental Measurement Yearbook (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. The following definitions of terms are applied to the lists of accepted tests:

- **STANDARD:** Evaluations that are used to determine deficits.
- **SUPPLEMENTAL:** Evaluations that are used to identify deficits and support other results. Supplemental tests may not supplant standard tests.
- **CLINICAL OBSERVATIONS:** Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justifications of medical necessity.

## 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 (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)
5. Battelle Developmental Inventory (BDI)

- 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
  - 1. Assessment of Persons Profoundly or Severely Impaired

### 227.310 Accepted Tests for Speech-Language Therapy

9-1-08

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 that is not listed below, the provider must include 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 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 *Mental Measurement Yearbook (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. The following definitions of terms are applied to the lists of accepted tests:

- **STANDARD:** Evaluations that are used to determine deficits.
- **SUPPLEMENTAL:** Evaluations that are used to identify deficits and support other results. Supplemental tests may not supplant standard tests.
- **CLINICAL OBSERVATIONS:** Clinical observations have a supplemental role in the evaluation and should always be included. Detail, precision and comprehensiveness of clinical observations are especially important when standard scores do not qualify the patient for therapy and the clinical notes constitute the primary justifications of medical necessity.

- 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 (CADeT)
  - 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)
  9. Kaufman Speech Praxis Test (KSPT)
- C. Literacy/Comprehension – Supplemental
1. The Clinical Assessment of Literacy and Language
  2. The Literacy Comprehension Test 2
  3. Test of Reading Comprehension 3 (TORC3)
- D. Written Language/Comprehension – Supplemental
1. Test of Written Language 3 (TWL3)
- E. Birth to Age 3:
1. (Negative) -1.5 SD (standard score of 77) below the mean in two areas (expressive, receptive) or a (negative) -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/validity. The second test may be criterion referenced.
  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-aged children must be evaluated annually.

8. If the provider indicates 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. Child Health Management Services (CHMS) children (birth – 2) must be evaluated every 6 months.

**F.** Ages 3 – 21:

1. **(Negative)** -1.5 SD (standard score of 77) below the mean in two areas (expressive, receptive, articulation) or a **(negative)** -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/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 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 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 on all children who are **10 years through 18 years of age and receiving language therapy. IQ scores will not be required for children under ten (10) years of age.**

227.320

**Intelligence Quotient (IQ) Testing**

9-1-08

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
  - 1. Test of Phonological Awareness (TOPA)
  - 2. Clinical Assessment of Articulation and Phonology (CAAP)
  - 3. Phonology Awareness Test (PAT)

E. Apraxia

A provider who chooses to address Apraxia in treatment sessions must submit additional norm referenced testing to support a coexisting deficit in articulation and/or language. Testing must be administered to examine the beneficiary's receptive and expressive language and articulation skills to determine if there is a coexisting problem. The Kaufman Speech Praxis Test (KSPT) can not stand alone to support the medical necessity of speech therapy. A functional communication profile, including a detailed case history and description of the child's communicative abilities, including documentation of any neuromuscular deficits and assessments of the child's oral motor abilities must be included. For older children, literacy skills should also be addressed. If possible, a speech sample of the beneficiary's speech should be included. Recommendations and a plan of care for treatment should be included in the documentation submitted.

1. Kaufman Speech Praxis Test – KSPT – Supplemental
- F.** Voice/Fluency Assessments – Norm Reference
1. Stuttering Severity Instrument for Children and Adults (SSI-3)
- G.** Auditory Processing Assessments – Norm Reference
1. Goldman-Fristoe-Woodcock Test of Auditory Discrimination (G-F-WTAD)
- H.** Oral Motor – Supplemental – Norm Reference
1. 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)