

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

PHYSICAL THERAPY

Effective October 1, 2018

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

I. SCOPE OF SERVICE

A. Initiation of Physical Therapy Services:

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

B. Physical Therapy Services Include:

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

C. Comprehensive Assessment Guidelines:

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

1. Review of pertinent medical history;
2. Musculoskeletal, Neuromuscular, Cardiovascular/Pulmonary and Integumentary systems;
3. Environment for needed adaptations and safety of environment;
4. Sensory status/perceptual processing;
5. Positions to support health and safety;

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

II. AGENCY/INDIVIDUAL PROVIDER REQUIREMENTS

- A. All PTs who are working independently, or as subcontractors, or employees of a therapy provider agency shall meet all the requirements of the MFW Service Standards.
- B. The agency is required to maintain a current MFW provider status through the Department of Health (DOH) Provider Enrollment Unit policies. See Provider Enrollment Unit contract for details.
- C. The PT with a current and active license issued by the New Mexico Physical Therapy Board under the New Mexico Regulation and Licensing Department (NMRLD) may provide billable physical therapy services in accordance with the American Physical Therapy Association (APTA) scope of practice.

- D. A Physical Therapy Assistant (PTA) with a current and active license issued by the New Mexico Physical Therapy Board under the NMRLD may provide billable physical therapy services in accordance with the APTA scope of practice. The PTA shall meet supervision provisions of New Mexico's Physical Therapy licensure standards stipulated by New Mexico Administrative Code.
- E. Certified PTAs may perform physical therapy procedures and related tasks pursuant to a plan of care written by the supervising licensed PT. All related tasks and procedures performed by a PTA must be within a PTA scope of service following all APTA, Federal and State licensure requirements applicable to PTA services.
- F. Licensed PTs and certified PTAs must be culturally sensitive to the needs and preferences of medically fragile persons and their households. Arrangement of written or spoken communication in another language may be required.

III. AGENCY/INDIVIDUAL ADMINISTRATIVE REQUIREMENTS

- A. Training:
 - 1. Whenever possible, family members and/or DSPs are to be trained in therapeutic strategies designed by the therapist and directed toward assisting the participant in achieving his/her goals and outcomes.
 - 2. Training includes participant, family members/DSPs from all relevant settings.
- B. Monitoring and Revising:
 - 1. The PT is responsible for monitoring the progress of the participant toward the achievement of therapeutic goals and objectives, as well as progress toward desired outcomes in the ISP.
 - 2. The PT is responsible for monitoring the performance of strategies outlined in therapy plans.
 - 3. The PT monitors and revises assistive technology devices for proper function, appropriate settings, and needed updates.
- C. Documentation:
 - 1. Documentation must be completed in accordance with applicable MFW Standards and current guidelines established by the APTA.
 - 2. All documentation forms is required to contain at least: participant's name, date of birth, date of the report, name of the therapy provider agency, and the therapist's name, credentials, and contact information. All documentation must follow NMLRD requirements for the PT and PTA.
 - 3. Each entry must be signed with appropriate credential and name of person(s) making entry.

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

IV. REIMBURSEMENT

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

- A. Payment for physical therapy services through this Medicaid waiver is considered payment in full.
- B. Physical therapy services must abide by all Federal, State, and HSD and DOH policies and procedures regarding billable and non-billable items.

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