

# Elizabeth Richardson Center

## CDC Out-Patient Therapy Service Provision Procedures

### Purpose

To define eligibility, enrollment, and service provision guidelines for Occupational, Speech, and Physical therapies on an out-patient only basis.

### Scope

- This procedure applies to persons served in the Children's Services Programs.
- All ERC employees and volunteers will be expected to comply with this procedure.

### Definitions

Outpatient therapy: a service that does not require a child to attend full-time childcare or day habilitation and the child attends the child development center only for the duration of a needed therapy service including occupational, physical, and/or speech therapies.

### Hours and Dates of Operation

- A. Out-patient therapy services are offered 8 a.m. to 4 p.m. on weekdays.
- B. The out-patient therapy year begins in July and continues until the last day of June the following year.
- C. In case of inclement weather, ERC Child Care & Out-patient therapy services will follow ERC closing public announcements.

### Eligibility

- A. Child must be six (6) weeks to 36 months of age and qualify for therapy through required evaluation(s).
- B. Children three to five years of age who qualify for therapy through evaluation(s) but test out of ERC DDTCS program, may continue to receive therapy on an OP basis for continuum of care if coordinated with Co-op and parent wishes to choose ERC to provide therapy.
- C. Out-patient Therapy is based on availability at all ERC Child Development Centers.
- D. Eligibility Criteria for occupational, physical, and speech therapy services are based on current Arkansas Medicaid requirements and are subject to change.
- E. Additionally, applicants must have:
  1. A funding source such as state funding Medicaid, TEFRA, SSI or private insurance that will pay for any and all needed services.
  2. Applicants must regularly attend scheduled therapy sessions; at least 80% of attendance is required.

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3. Applicants must have all the required medical inoculations or medical appointment scheduled prior to service.
4. Applicant must have an assigned Primary Care Physician (PCP) and have been seen by their doctor for the most recent required Early & Periodic Screening, Diagnostic, and Treatment (EPSDT)/well-child visit.
5. Applicant must be medically eligible (i.e. no medical needs that require skilled nursing care and/or pose a potential barrier to program participation).

### F. Evaluation

1. Parental consent and a DMS-640 signed by the Primary Care Physician must be received prior to ERC providing any therapy Evaluation.
2. Physical Therapy
  - a. To qualify for Physical Therapy, a -1.50 z-score is required on the primary standardized test. A child may qualify with an overall -1.50 z-score in one area on one test if there is a second test (may be criterion based) supporting the findings; the second test requires that there be a -1.50 standard deviation or a 25 percent or greater delay.
  - b. Physical Therapy tests are completed annually at minimum and may be completed due to parent request and for transition of the child from the birth to three program to the three to five year old program.
  - c. Adjusted age for prematurity to score the tests is required if the child is 12 months or younger and premature.
3. Occupational Therapy
  - a. To qualify for Occupational Therapy, a -1.50 z-score is required on the primary standardized test. A child may qualify with an overall -1.50 z-score in one area on one test if there is a second test (may be criterion based) supporting the findings; the second test requires that there be a -1.50 standard deviation or a 25 percent or greater delay.
  - b. Occupational Therapy evaluations are completed annually at minimum and may be completed due to parent request and for transition of the child from the birth to three program to the three to five year old program.
  - c. Adjusted age for prematurity to score the tests is required if the child is 12 months or younger and premature.
4. Speech Language Pathology
  - a. Qualification for Speech Therapy requires -1.50 z-score on two evaluations in Language (receptive or expressive) or articulation.
  - b. Qualification for feeding (oral motor) requires a comprehensive checklist that indicates a moderate or severe deficit as identified in

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age levels. The score must indicate 50% or greater deficit in oral motor skills.

- c. Adjusted age for prematurity to score the tests is required if the child is 12 months or younger and premature.

### Admissions

- A. Parental consent and a Treatment DMS-640 signed by the Primary Care Physician must be received prior to ERC providing any therapy service. Referral scripts on a DMS-640 must be obtained every 6 months from the PCP
- B. for continued therapy.
- C. For birth-3 yo program, an Individual Service Plan will be developed for any qualifying therapy and will be reviewed and approved by the interdisciplinary team, including the child's parent/guardian and the primary care physician. The child's record must contain documentation that developmental therapy evaluation was declined and only therapy evaluations accepted by the parent/guardian in order for the child to receive therapy services on an outpatient basis.
- D. For 3-5 year old program, no IPP will be developed in SEAS. Instead, therapists are to document treatment plan, long term goals, and short term objectives on their evaluation. The child MUST be referred to the Co-op and the child's parent may indicate to them they wish for ERC to provide the therapy services.
- E. If a 3-5 year old child tests out of the center, the NWA Co-op needs to be invited to the Discharge conference and the parent must sign a release of information form to allow ERC to send all evaluations ahead of time to the Co-op.
- F. The Co-op will determine if the child's scores meet their eligibility criteria and will review data & do their own IEP. If the Co-op has a therapist on staff to see the child, then they will see child for services. If the Co-op has no therapist available for that discipline, then they may contract with ERC to provide therapy for that child on a per child basis.
- G. Through the contract, ERC may elect to bill Medicaid for the outpatient therapy services provided but billing MUST enter the Co-op's LEA number each time the therapy is billed so that the Co-op can reimburse Medicaid for the state match funding they receive for providing services for the child per Medicaid Guidelines.
- H. The therapist must provide copies of monthly progress notes to the Co-op for their records to show that child has been receiving therapy. The progress note copies can be scanned to Coleen Mick's email.
- I. A hard chart labeled "Outpatient" will be kept on each child at the CDC location where child receives therapy.
- J. The Service Coordinator will keep updated records in the OP chart including contact information, referral & treatment scripts on DMS-640's, EPSDT's and, therapy evaluation(s). The therapist will file progress notes each month in the

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OP chart on all children birth-5 years old. Therapist will complete a quarterly report on children in the 0-3 year old program, filing original in chart and giving a copy to parent/guardian.

### Transition/Discharge/Exit Procedures

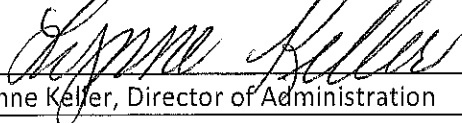
- A. Transitions, discharges, or exits from the program may be done on a voluntary or involuntary basis. An involuntary discharge requires an IDT meeting.
- B. Reasons for Discharge include but are not limited to:
  - a. Child no longer qualifies for therapy services as a result of testing
  - b. Non-payment of services
  - c. Attendance to therapy service falls below the required 80% attendance
- B. Before a child is dismissed from the ERC therapy services, a conference shall be held between the parents, therapist, and certified teacher to determine the best course of action for the child.

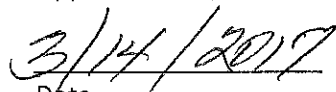
### Re-Admission Procedures

1. Guardian must re-initiate the application process.
2. Previous discharge issues must be resolved before re-admission will be considered.

### Reviewed / Approved by

- Program Directors and Director of Administration reviewed and approved procedure on 03/07/2017.
- Board of Directors reviewed in committee and the full Board approved on 5/4/2017.

  
Lynne Keller, Director of Administration

  
Date

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