

Occupational Therapy

Revised May 2021

Definition

Occupational Therapy (OT) is treatment to develop, restore, or improve functional abilities related to self-help, adaptive behavior, and sensory, motor, postural, and emotional development that have been impaired by physical injury or illness. It uses purposeful activity interventions and adaptations to enhance functional performance. The service includes evaluation, therapy sessions, and consultation with caregivers or service providers.

Occupational Therapy funded by the HASCI Waiver is an Extended State Plan Service. Medicaid State Plan provides medically necessary Private Rehabilitative Therapy and Audiological Services to children under age 21 years. This includes Occupational Therapy. The HASCI Waiver makes the same benefits available to adults age 21 years and older.

See the SCDHHS *Provider Manual for Private Rehabilitative Therapy and Audiological Services* for additional information.

Can be accessed via the SCDHHS website: www.scdhhs.gov.

Service Unit

OT Evaluation	one unit equals one (1) evaluation
Therapy Session/Consultation	one unit equals fifteen (15) minutes

Refer to the current HASCI Waiver rate table for reimbursement amounts.

Can be accessed via the SCDDSN Application Portal >Business Tools >Forms >HASCI Waiver

Service Limit / Restrictions

Occupational Therapy funded by the HASCI Waiver may be provided only if an adult participant age 21 years or older is unable to access or has exhausted Medicaid State Plan benefits for Occupational Therapy under Hospital Services, Physician's Services, and Home Health Services. The participant must demonstrate progress/improvement to continue services.

The limit for combined total sessions of medically necessary Occupational Therapy, Physical Therapy, and Speech and Hearing Services funded by Medicaid State Plan is 420 units (105 hours) per State fiscal year. If additional units are medically necessary, the provider can request them through KePRO, the QIO contracted by SCDHHS. This must be pursued before a request can be made through the HASCI Waiver.

Providers

Occupational Therapy funded by the HASCI Waiver must be provided by an individual, agency, or company enrolled with SCDHHS as a provider of Occupational Therapy Services.

Conflict Free Case Management (effective June 1, 2021):

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

Arranging and Authorizing the Service

If a HASCI Waiver participant requests occupational therapy, the Waiver Case Manager must first assist him or her to access it from other available resources, including private insurance, Veterans Administration, Workers Compensation, SC Vocational Rehabilitation Department, and Medicaid State Plan (Hospital Services, Physician's Services, or Home Health Services).

The Waiver Case Manager must document in Case Notes efforts to obtain the needed services through other resources available to the participant. If not available from other sources, Occupational Therapy funded by HASCI Waiver can be pursued. The need must be clearly documented in the participants Support Plan, including the specific physical and motor difficulties the participant is experiencing.

Initially, an OT Evaluation must be arranged and authorized (unless not needed because there is already a current evaluation).

The participant's Support Plan must be updated to clearly reflect the name of the service and payer, the amount, frequency and duration of the service, and provider type(s). In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division.

Upon approval, service information must be entered into the Service Tracking System (STS) by the Waiver Case Manager.

Following Support Plan approval, the participant or representative must be offered choice of provider. Offering of provider choice and the provider selected must be clearly documented in a Case Note.

To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider.

When the OT Evaluation is completed, therapy sessions and/or consultation with caregivers or service providers may be recommended. If the participant wishes to pursue these, they must be authorized. The participant's Support Plan must be updated to clearly reflect the name of the service and payer, the amount, frequency and duration of the service, and provider type(s). In order to update the Support Plan, the Waiver Case Manager will request approval from the SCDDSN Waiver Administration Division.

Upon approval, service information must be entered into the Service Tracking System (STS) by the Waiver Case Manager.

To initiate the service following approval by the Waiver Administration, an electronic authorization must be completed and submitted to the chosen provider.

Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

If the OT Evaluation recommends specific equipment, assistive devices, or fabrication of splints, brace, or orthotics for the participant, these may be requested under Supplies, Equipment and Assistive Technology funded by HASCI Waiver if no other funding source is available.

Billing

Occupational Therapy must be Direct-billed to SCDHHS. This must be indicated on the authorization.

Monitorship

The Waiver Case Manager must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to

a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant polices and quality expectations;
- the participant/representative is satisfied with their chosen provider(s).

Some questions to consider during monitorship include:

- Is the service being provided as authorized?
- Is the participant satisfied with the service and with the chosen provider?
- Does the service need to continue at the level at which it has been authorized?

Monitoring contacts, face-to-face visits, and review of the participant's Support Plan must be documented in Case Notes.

Service Denial, Reduction, Suspension, and Termination

If a HASCI Waiver participant is denied a service that was requested or denied an increase in units of a service already authorized, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for denial. The Process for Reconsideration of SCDHHS Decisions must also be provided.

If a participant's authorized units of a HASCI Waiver service must be reduced, temporarily suspended, or indefinitely terminated, the Waiver Case Manager must provide written notification to the participant or legal guardian, including reason for the action. The Process for Reconsideration of SCDHHS Decisions must also be provided. The Waiver Case Manager will end the electronic authorization(s), sending notification to the affected service provider.

Except when the action was requested by the participant or legal guardian or if the action is due to the participant's death, admission to a hospital or nursing facility, or loss of Medicaid and/or HASCI Waiver eligibility, there must be at least 10 calendar days between the date of notification and effective date of the action.

Written notification to the participant or legal guardian is made using the following forms:

- *Notice of Denial of Service* (HASCI Form 11C)

- *Notice of Reduction of Service* (HASCI Form 11A)
- *Notice of Suspension of Service* (HASCI Form 11B)
- *Notice of Termination of Service* (HASCI Form 11)

Can be accessed via the SCDDSN Application Portal>Business Tools>Forms>HASCI Waiver.

When the action becomes effective, the participant's Support Plan must be updated. Budget information in the Waiver Tracking System (WTS) must be adjusted accordingly.

Service information in the Service Tracking System (STS) must be updated by the Waiver Case Manager as necessary.