

Please review the important information below regarding Developmental Therapy:

Smoky Mountain Center LME Position Statement: Developmental Therapy

Developmental Therapy (DT) is a state-funded service that was implemented March 20, 2006 when the Medicaid service Community Based Service (CBS) was eliminated. DT was defined by DMHDDSAS as “a covered service funded exclusively with state funds for people with developmental disabilities whose CBS services are currently funded by state or Medicaid funds.” LMEs were allocated funds for DT based on the number of their DD consumers receiving CBS who were ineligible for CAP, Community Support Service or other replacement for CBS. Note that this allocation was a fixed amount with no provision for coverage for additional consumers not included in the March 2006 target group.

Developmental Therapy is a developmental disability service that includes individually designed instruction, training or functional developmental intervention activities based on the assessment of, and unique strengths and needs of the individual child or adult. It is designed to support the individual in acquisition of skills that the recipient has not gained during the developmental states of life, and is not likely to develop without additional training and supports. For children the focus is on strengthening skills in the major developmental domains and may include training and activities in areas such as self-help, language and cognitive development, and psychosocial skills. For adults, Developmental Therapy may include training in activities to strengthen appropriate developmental functioning in areas such as self-care, mobility, socialization, independent living, and self-advocacy and rights. Note that Developmental Therapy cannot be provided in school settings after June 2006.

Utilization management of Developmental Therapy is conducted by the LME at intervals of no more than 90 days. Initial authorization requires identification of functional impairments that can reasonably be addressed through **behavior change** or **skill building** activities. Continued authorization requires demonstration that the recipient is progressing toward Person Centered Plan goals or modifications to the plan are reasonably believed to accomplish those goals. Discharge from the service is to occur when the recipient fails to make progress or to continue progressing toward identified goals. Note that DT is not appropriate for the provision of basic support or monitoring needs, and is intended to be a time-limited intervention to help individuals increase their level of functioning.

With the recent audits and changes to the service definition for Community Support Service, the LME has received multiple requests to authorize increased amounts of Developmental Therapy and to authorize Developmental Therapy for new consumers. The LME will review and consider all authorization requests according to the following criteria:

1. DT is primarily intended for DD consumers who were receiving CBS in March 2006. Authorization requests for DT for other consumers (e.g., someone who has

moved to the area since March 2006 who would have been eligible for DT) will be approved only per available funding.

2. State funded DT will be authorized only after determination that the consumer is not eligible for an appropriate alternative Medicaid-funded service.
3. Reviews of DT authorization requests will adhere strictly to the DT service definition.
4. Person Centered Plans or PCP-Lites recommending DT must contain specific measurable goals for recipient behavior change or skill acquisition that can reasonably be achieved through DT. If a recipient is making little or no progress, the Person Centered Plan must be modified to identify more effective interventions. These plans must include “step-down” plans for reduction or discontinuation of DT upon achievement of the goals.
5. Requests for more than four hours of DT per day will be reviewed carefully and will be approved only with a valid plan with time-line for reduction of service intensity.

Priority will be given to consumers who reside at home and are at risk of being placed in a group home or ICF-MR facility, or who are at risk of losing their current placement due to their behavior problems or skill deficits.

The authorization request process for DT beginning immediately for anyone currently receiving DT or for new requests will be as follows:

1. Clinical Home (TCM/CS Provider) will need to revise/update the PCP/PCP-Lite to reflect above justification for service and step-down plan. The step-down plan should be included in each of the goal statements of the PCP/PCP-Lite which lists DT as an intervention to meet that goal. Revised PCP/PCP-Lites should be submitted to the LME via the Communication Center.
2. DT Provider will need to complete the authorization request in BUI. The Provider will need to complete all areas of the authorization request with as much specificity as possible. Please include in the “Justification for Requested Services” section the consumers current living situation (e.g. private residence, group home and level, etc.), most recent hospitalization(s) including reason for admission, and significant behavioral challenges and skill building needs.
3. There may be some information in the PCP/PCP-Lite that needs to also be included in the authorization request form. You may copy and paste such information from the PCP/PCP-Lite Word document directly into the BUI Authorization Request form by first using the copy function in the PCP document, then clicking in the cell in BUI where you want to paste the info, right click and choose paste. If you have difficulty performing this function, please contact the SMC Help Desk at 828-586-5501, ext. 1499 for assistance.

4. For consumers who were receiving DT prior to 7/1, please continue to provide the service at the same level as previously approved. After review, we will issue an authorization retro to 7/1 at the current level and a second authorization at the approved level. As always, please request only what you feel is appropriate to meet the consumers need and justified by your PCP/PCP-Lite. Any reduction, denial or suspension of state funded services initiated by the LME may be subject to appeal and both the provider and consumer will be notified should that become an issue during this review process.
5. Once the LME receives the revised PCP/PCP-Lite and the BUI authorization request, we will process the request as quickly as possible.

As always, thank you for your patience during this time of transition and procedural change. If you have additional questions, please feel free to contact the Access Center at 828-586-5501, Option 3 and request to speak to a Care Manager.