

Therapists: Linchpins of Strong Fee-For-Service Programs



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Speakers:

Lauren Holahan has 17 years of experience in different levels of school-based occupational therapy practice and administration in North Carolina. As Occupational Therapy and Medicaid Consultant for North Carolina Department of Public Instruction (since 2007), she provides technical assistance, guidance, professional development, policy analysis/development, and workforce development services to occupational therapy practitioners and administrators in NC public schools. She recently completed a four-year term, including service as chair, on the North Carolina Board of Occupational Therapy. Lauren is pursuing a doctorate in Occupational Science through the UNC School of Medicine, Division of Occupational Science and Occupational Therapy. Her teaching and practice interests include: school-based occupational therapy; related services under IDEA legislation; inclusive practice in schools; administration/management of related service personnel; ethics in occupational therapy practice; and school-based Medicaid cost recovery.

Laurie Ray has served 17 years in school-based practice in North Carolina; working as the only physical therapist serving a small, underserved, rural county and as a contracted team member serving a larger, more urban county. She graduated from UNC-Chapel Hill three times (3-hecked!): 1990 BS in Interdisciplinary Studies, 1999 Master's in Physical Therapy, 2011 PhD in Special Education. Laurie currently serves as the Physical Therapy Consultant for NC Department of Public Instruction (since 2005), Medicaid consultant (since 2006) and Adapted Physical Education liaison (since 2010) and as an Associate Professor, Division of Physical Therapy, UNC-Chapel Hill. Laurie serves NAME as the Chair of the Research Committee. She is the Chair of the School Special Interest Group (School SIG) for American Physical Therapy Association's Academy of Pediatric Physical Therapy (APPT). Laurie also serves on several committees within the School SIG. She reviews for the Pediatric Physical Therapy Journal and Physical and Occupational Therapy in Pediatrics. Laurie was appointed to represent NC DPI on the NC Vocational Rehabilitation State Council.

Therapists: Linchpins of Strong Fee-For-Service Programs

1. Understand clinical and ethical reasoning challenges faced by therapists participating school-based Medicaid reimbursement.
2. Understand how educational relevance can be aligned with medical necessity for school-based services.
3. Identify at least one program-level strategy for improving therapy documentation compliance.

Medical Necessity	Ethics, Anyone?	Educational Relevance	Incentives	POC, Please
<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
<u>200</u>	<u>200</u>	<u>200</u>	<u>200</u>	<u>200</u>
<u>300</u>	<u>300</u>	<u>300</u>	<u>300</u>	<u>300</u>
<u>400</u>	<u>400</u>	<u>400</u>	<u>400</u>	<u>400</u>
<u>500</u>	<u>500</u>	<u>500</u>	<u>500</u>	<u>500</u>

Tensions rise when therapists try to embed medical necessity in this student-focused document which describes the student's special education program.

What is the Individualized Education Program (IEP)?



Medically necessary interventions are required to address limitations resulting from this.

(Hint: it is also the first question asked when considering special education eligibility...)

What is the student's disability?



These discipline-specific 'tricks of the trade,' or provisions of licensed expertise, must be documented to demonstrate medical necessity.

What are skilled interventions?



Medically necessary interventions must enable the student to attain, maintain, or regain this.

What is function or functional capacity?



Medical necessity, like beauty, is often located here.

What is “in the eye of the beholder”?



When participating in Medicaid cost recovery, therapists can stumble over the first letter of this acronym that describes IDEA’s aim for every student.

What is a FREE, appropriate public education (FAPE)?



Conflicts of interest arise when this influences any aspect of IEP development or implementation, especially service delivery.

What is the student's Medicaid eligibility status?



In almost all cases, it is best to have this entity as the Medicaid provider submitting claims for services provided at school.

What is the Local Education Agency (LEA)?



Sometimes therapists feel this is threatened if Medicaid only reimburses for direct, one-on-one services.

What is Least Restrictive Environment (LRE)?



DAILY DOUBLE

Doing this with all therapists' caseloads may limit ethical issues related to Medicaid.

What is:

- distribute Medicaid-enrolled students across therapists?
- keep therapists blind to student Medicaid status?



If the specialized skills and knowledge of a therapist are required for a student to benefit from his/her educational program, then the therapy is included on the IEP as this.

What is a *related* service?



To ensure therapies are truly connected to the educational program, this type of evaluation approach is recommended.

What is contextual or ecological?



To ensure therapies are connected to the educational program, this type of IEP goal development is recommended.

(Hint: it's not solo...)

What is integrated or collaborative?



To ensure therapies are connected to the educational program, these should be central to therapy intervention planning.

(Hint: successive educational expectations...)

What are age-/grade-level standards?



To ensure therapies are connected to the educational program, this type of service delivery is recommended.

What is embedded or inclusive?



When this human resources (HR) document includes data submission for Medicaid cost recovery, it sets a clear expectation for therapists.

What is the therapist's job description?



Therapists tend to be more motivated to submit timely claims when funds recovered from Medicaid are directed (spent) here.

What are special education programs?



Therapist buy-in is improved when this is reduced or eliminated from documentation processes.

What is redundancy or duplicated effort?



Instead of policing and punishing non-compliance, this is a positive replacement management strategy.

What is reward and celebrate compliance?



Provision of these to each therapist tends to enhance timely data submission.

What are (portable devices) laptops, iPads, and internet access?



Lesson plan, intervention plan, and treatment plan are all names for this Medicaid requirement.

What is “plan of care”?



Therapists collaborate with teachers on this aspect of creating the plan of care.

(Hint: successive educational expectations...)

What is: aligning interventions with age-/grade-level standards?



DAILY DOUBLE

The IEP should not contain this critical element of a plan of care.

What are therapy-specific, skilled interventions?



A plan of care shares these elements with an IEP.

What are goals, frequency, and duration of services?



A plan of care is developed at this time in school-based practice

When is *after* the IEP is developed?


