



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

3001 Mail Service Center • Raleigh, North Carolina 27699-3001

Tel 919-733-7011 • Fax 919-508-0951

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Michael Moseley, Director

February 23, 2006

MEMORANDUM

TO: Legislative Oversight Committee Members
Commission for MH/DD/SAS
Consumer/Family Advisory Committee Chairs
State Consumer Family Advisory Committee Chairs
Advocacy Organizations and Groups
North Carolina Association of County Commissioners
County Managers
County Board Chairs
North Carolina Council of Community Programs
State Facility Directors
Area Program Directors
Area Program Board Chairs
DHHS Division Directors
Provider Organizations
MH/DD/SAS Professional Organizations and Groups
MH/DD/SAS Stakeholder Organizations and Groups
Other MH/DD/SAS Stakeholders

FROM: Mike Moseley *MM/w*

SUBJECT: Enhanced Services Implementation Update #5
Developmental Therapy

As has been previously noted in the Enhanced Services Implementation Update #2, although CMS did not approve Developmental Therapy as a Medicaid covered service, it will be a covered service funded exclusively with state funds for people with developmental disabilities whose CBS services are currently funded by state or Medicaid funds. Non-Medicaid eligible people with DD currently receiving CBS will automatically transition to Developmental Therapy.

Attached to this letter is the state funded Developmental Therapy service definition and accompanying utilization review guidelines. Authorization for this service should be based on these utilization review guidelines and the transitional service authorization process noted in the Enhanced Services Implementation Update #4. It should be noted that this service is not available to individuals on the CAP-MR/DD waiver or to individuals receiving Community Support. Developmental Therapy may be provided in the school setting until the end of the 2005-2006 school year ending in June, 2006. Providers are encouraged to consider the



total needs of individuals and take into consideration that Developmental Therapy is one component of a larger state-funded service array available to target population individuals. That broader array includes state-funded Personal Care and Respite Services.

If you have additional questions that are not addressed in this communication in regard to Developmental Therapy, please direct them to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services by e-mailing contactdmh@ncmail.net.

Attachments

cc: Secretary Carmen Hooker Odom
Allyn Guffey
Dan Stewart
Allen Dobson, MD
DMH/DD/SAS Executive Leadership Team
DMH/DD/SAS Staff
Rob Lamme
Rich Slipsky
Wayne Williams
Kaye Holder
Coalition 2001 Chair
Mark Benton
Dr. William Lawrence
Tara Larson
Carol Robertson
Angela Floyd



DEVELOPMENTAL DISABILITIES SERVICES

Developmental Therapy Service

Service Definition and Required Components:

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 the acquisition of skills that the recipient has not gained during the developmental stages 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.

Provider Requirements

The provider organization must be established as a legally recognized entity in the United States and qualified/registered to do business in the State of North Carolina. Developmental Therapy providers must have the ability to deliver services in a variety of settings including the home and the community.

Staffing Requirements

Persons who meet the requirements specified for QP or AP status according to 10A NCAC 27G.0104 and who have the knowledge, skills and abilities required by the population and age to be served may deliver Developmental Therapy. Supervision is provided according to supervision requirements specified in 10A NCAC 27G.0203. Paraprofessional level providers who meet the requirements specified for Paraprofessional status and who have the knowledge, skills and abilities required by the population and age to be served may deliver Developmental Therapy within the requirements of the staff definition specific in the above role. When a Paraprofessional provides Developmental Therapy services, they must be under the supervision of a QP or AP. Supervision of Paraprofessionals is also to be carried out according to 10A NCAC 27G.0204.

Service Type/Setting

Developmental Therapy is a direct periodic service that may be provided to an individual or group of individuals. It may take place in a range of settings, such as the individual's home, individual's family home, and community settings.

Professional level services must be provided by a Qualified Professional and include the following types of activities:

- development of outcomes and strategies;
 - provision of direct support to individuals with more intense needs;
- Paraprofessional staff activities focus on training and skill building.

The person centered plan must clearly demonstrate the need for one to one services in settings where two or more individuals receive the service at the same time of day.

Utilization Management:

Authorization by the statewide vendor or the LME is required and is based on established authorization guidelines. The number of hours of service an individual receives is based on the person centered planning process, but cannot exceed 4 hours per day without additional justification. Utilization review must be conducted at least every 90 days.

Entrance Criteria

- A. The individual is eligible for this service when:
- B. The person has a condition that is defined as a developmental disability according to GS 122C-3 (12a),

AND

NCSNAP 1-5;

AND

- C. The recipient is experiencing difficulties that include:
Functional impairments reflecting the need for instruction, training, or functional developmental intervention activities that include:
 - a.) addressing behavioral challenges
 - b.) skill building in areas such as self-care, socialization, independent living, etc.

Continued Stay Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's Person Centered Plan or the recipient continues to be at risk for regression based on history or the tenuous nature of the functional gains or any one of the following apply:

- A. Recipient has achieved initial Person Centered Plan goals and services are needed to achieve additional goals.
- B. Recipient is making satisfactory progress toward meeting goals.
- C. Recipient is making some progress, but the Person Centered Plan (specific interventions) needs to be modified so that greater gains can be achieved.
- D. Recipient is not making progress; the Person Centered Plan must be modified to identify more effective interventions.
- E. Recipient is regressing; the Person Centered Plan must be modified to identify more effective interventions.

Discharge Criteria

Recipient's level of functioning has improved with respect to the goals outlined in the Person Centered Plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

- A. Recipient has achieved goals and is no longer eligible for Developmental Therapy.
- B. Recipient is not making progress, or is regressing and all realistic treatment options have been exhausted.
- C. Recipient/family no longer wants Developmental Therapy.

Expected Outcomes

Developmental Therapy is directed toward improving or increasing functional development in areas such as self help, language and cognitive development, and psychosocial skills for children and youth with developmental disabilities. For adults with developmental disabilities it is directed toward skill development in areas such as self-care, mobility, socialization, independent living, self-advocacy and rights.

Documentation Requirements

Minimum standard is a daily full service note that includes the recipient's name, date of service, purpose of contact, describes the provider's interventions, the time spent performing the intervention, the effectiveness of interventions, and the signature of the staff providing the service.

Service Exclusions

Educational skills that are usually taught in primary or secondary school settings; e.g., reading math, writing, etc. are not reimbursable. The service can include some functionally related skills development in areas such as recognizing familiar people, street signs, knowing how to get help in emergency or related developmentally appropriate self care, making a mark for a signature, or using a calculator to balance a checkbook, for adults who are or were not able to acquire these skills in an educational setting.

Vocational services directed toward assessing a recipient's work skills or aptitudes, training in specific job skills directed toward employment, etc. is not reimbursable. The service can provide training in prevocational areas such as staying on task, safety, being on time, etc. These skills can be taught in other functional settings or simulated work settings as long as the primary purpose of the training is not to train the recipient in a specific job skill.

Recreational services related to participation in recreational or leisure activities or attendance at such activities for recreational or leisure purposes are not reimbursable. Developmental Therapy may be used to teach a recipient to access the community, including recreational activities; (e.g., for children and youth learn to participate in developmentally appropriate inclusive activities that teach life and social skills, learn to ride the bus to a fitness center). It is expected that this type of training is time limited. The service must focus on the primary goals of the recipient. It is not acceptable to fill a need for training in recreational or leisure activities by developing goals not needed by the recipient to cover the recreational/leisure goal.

This service cannot be delivered to individuals on the CAP-MR/DD waiver or to individuals receiving Community Support.

This service cannot be provided in the school setting after the 2005-2006 school year ending by June 2006.

An individual is eligible for Developmental Therapy when they meet the entrance criteria as defined in the service definition.

Authorization Guidelines:

- Individuals eligible for Developmental Therapy are limited to a **maximum** of 4 hours per day. Based on the needs of the individual identified in the person centered plan, an individual may need less than 4 hours per day. The following should be noted:
 - Developmental Therapy is one component of a larger IPRS service array available to eligible individuals, including Personal Care and Respite.
 - Developmental Therapy is strictly a habilitative service requiring ongoing training and skill building during service delivery. Support and supervision are not components of the definition. In order to promote independence, skill building and training is not expected to continue for a period of longer than 4 hours per day; especially with younger children. As noted above, additional supports and practice may be provided through state funded services such as Personal Care and Respite.
 - Individuals in need of Developmental Therapy beyond the 4 hours per day must provide documentation to support the need for additional hours including:
 - Evidence that additional hours are substantially more effective and that clearly supports the ability of the individual to tolerate sustained training and skill building beyond 4 hours per day;
 - Step down plan that includes timelines for moving the individual back to a maximum of 4 hours per day.

This service cannot be delivered to individuals on the CAP-MR/DD waiver or to individuals receiving Community Support.

This service cannot be provided in the school setting after the 2005-2006 school year ending by June, 2006.

Note: Parents, guardians or other family members may not provide this service to children or adults.