

# DDSD Therapy Documentation Form Instructions 3/20/18

The new Therapy Documentation Form (TDF), dated 2/15/18, includes several changes from the previous form.

The DDSD Clinical Criteria V4 requires the TDF to be submitted for all requests for therapy units or revisions to units. This also includes requests for a **New Therapy Service**.

## To Request Units after Receiving a Secondary Freedom of Choice Form:

Whenever a therapy provider agency receives a Secondary Freedom of Choice Form the following steps should be completed to request units:

1. Case Manager will send the Therapy Provider Agency a Secondary Freedom of Choice Form indicating that an individual or guardian has selected the agency to provide the requested therapy service.
2. Agency fills out the TDF header.
3. To indicate that the agency understands what therapy service is being requested, the appropriate box in the center section of the row immediately below the header is checked.
  - a.  New Allocation: \_\_\_\_\_ units
  - b.  Initial CARMP Only Service: \_\_\_\_\_ units
  - c.  New to this Therapy Service: \_\_\_\_\_ units (this line is used to indicate the individual has not had this therapy service before or that a new therapy provider agency has been selected to provide the therapy)
  - d.  Specialized/Focused/Targeted Eval: \_\_\_\_\_ units
4. With each of these new service requests 180 units (45 hours) is entered on the line checked to indicate the service being requested. These units will be used to provide an evaluation, an initial Therapy Intervention Plan (TIP) and some amount of service, if the evaluation determines that services are needed.
5. The therapist assigned to complete the evaluation, write the TIP and provide services signs the TDF below the center section of the row below the header, provides credentials and dates the signature.
6. This partially completed first page of the TDF is returned to the Case Manager within 14 days after the therapy agency receives the Secondary Freedom of Choice Form.
7. The case manager will create a budget and submit it to the Outside Reviewer (OR) along with the partially completed Page 1 of the TDF, and the ISP.
8. When 180 units appear in the therapy agency's Prior Authorization Report for the individual, initial therapy services may begin.

Within 44-days after prior authorization, DDSD requires the evaluation report, the completed TIP and Budget Development Worksheet for Therapists (on the TDF) to be distributed to the IDT. (CARMP-Only services do not require that an evaluation be submitted to IDT members until the next annual report or semi-annual review is due.)

When filling out the Budget Development Worksheet for Therapists on the TDF, the therapist must identify how many units are needed for the stage of therapy (new allocation or core or fading services) and for each needed deliverable (WDSIs, Daily Routines, Focused Evaluation with Ongoing Therapy, Collaboration with Other Therapists and IDT members, AT/Environmental Mods/Personal Support Technology, and/or CARMP). Billing notes should be completed for all billable services associated with assessment/evaluation and TIP development.

The therapist will complete the first box in the **bolded** row on Page 1, labeled "Therapist's Request for Units Based on Therapy Intervention Plan" after the evaluation and TIP are finished and the actual number of needed units is known. The therapist will enter the number of units more (+) or less (-) than 180 under the Revision header. This amount will supersede the original award of 180 units. This amount includes units already used for the evaluation

and TIP + the total units identified as needed to implement the TIP. OTs and PTs using assistants must divide the total amount between assistant and therapist units using the COTA/PTA Calculator. This becomes the therapist's annual request. If the total request remains at 180 units, nothing should be entered in this box. The case manager will make any needed adjustment to the budget after receiving the TDF. The therapist may continue to provide services after completing the evaluation and developing the TIP without waiting for a new budget.

\*Any unit amounts requested for deliverables that are above the proposed amounts may require additional clinical justification to the OR.

V. 6-14-18