

Prepared by the Workgroup of Pediatric Health Professions:

The Arkansas Department of Human Services (DHS)-Division of Developmental Disabilities Services is currently developing recommendations to present to the Health Reform Legislative Task Force to meet the cost saving goals set by Governor Hutchinson. In an effort to be proactive in developing cost saving recommendations that would not jeopardize access to or decrease the quality of services for children and adults with special needs, a Workgroup of Pediatric Health Professions was formed to work collaboratively with DDS. This Workgroup consists of representatives from ARPTA, AROTA, ArkSHA, CHMS, DDTCS, DDPA, and Early Intervention Providers.

If DHS-DDS is unable to develop sound cost saving recommendations, it is very likely that the state will move to managed care for the oversight and management of therapy for children and adults with special needs.

The Notice of Rule Making issued on September 15, 2016, refers to one of the recommendations made by the Workgroup in collaboration with DHS-DDS.

The following details the components of the recommendation in an effort to answer a number of questions and concerns that have been raised by therapists and families throughout the state:

- The effective date of this recommendation is July 1, 2017.
- Prior authorization would be required only for therapy recommended above 90 minutes per week per discipline (ST, PT, OT).
- Recommendation of any therapy at, below or above the 90 minutes per week per discipline would still have to be justified by the results of the evaluation and the therapist's clinical opinion as defined by Medicaid in the respective therapy provider manuals, which is current practice.
- The physician would still be required to review the evaluation report and recommendations for therapy and complete the DMS 640 (prescription for therapy services), which is current practice.
- A **pending** prior authorization for therapy above 90 minutes per week **would not** prevent the therapist from beginning treatment at the 90 minutes per week level as long as the therapist had the signed DMS 640 from the physician.
- The prior authorization process will be performed by a 3rd party vendor selected through the state's RFP process.
- It is not expected that any additional documents will be required for the prior authorization process except a cover form submitted with the signed DMS 640 from the physician and the evaluation report supporting the recommendation for therapy at a level above 90 minutes per week.
- It is expected that the reviewers for prior authorization will be credentialed pediatric therapists with experience both in years and in specialty areas.
- It is expected that the timeline for the reviewers to complete the prior authorization process will be quick so as not to create a delay in services.
- An appeal process will be in place with respect to prior authorization denials.

The Workgroup believes that this recommendation is responsive to the request of both the Governor and the Health Reform Legislative Task Force in providing cost saving measures that are not detrimental to providing access to and delivery of quality services for children and adults with special needs.