Department of Vermont Health Access (DVHA)

Agency of Human Services

Clinical Practice Guidelines: Re/habilitation Physical and Occupational Therapy and Speech Language Pathology Guidelines

Last Modified: December 31, 2024

PURPOSE

The purpose of these guidelines is to provide clinicians, patients, payers, and others with the components of re/habilitation therapy care, general treatment goals, and tools to evaluate the quality of care. This guidance is intended to help facilitate and assure quality, effective treatment and interventions related to re/habilitation therapy for Vermont Medicaid members.

DEFINITION

Re/habilitative Therapy Services include diagnostic evaluations and therapeutic interventions that are designed to improve, develop, correct, prevent the worsening of, or rehabilitate functions that affect the activities of daily living that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Rehabilitative Therapists include Occupational Therapy (OT), Physical Therapy (PT), and Speech Therapy (ST), also called Speech/Language Pathology (SLP). The definition and meanings of Occupational Therapy, Physical Therapy, and Speech Therapy can be found in the State Practice Acts at 26 V.S.A. 2081a, 3351, and 4451 (Medicaid Rule 7317).

Re/habilitation therapy services are of vital importance to the well-being of Vermonters. The services are in place to ensure that members improve, develop, correct, prevent the worsening of, or rehabilitate functions that affect the activities of daily living that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. These services will enable Vermonters to be functional members of the Vermont Community.

Medical complexity refers to the challenge of member health management due to the presence of chronic illnesses affecting multiple organ systems, comorbidities, and factors like social determinants of health. It involves complicated treatment regimens, psychosocial support, and functional limitations, requiring a coordinated, multidisciplinary approach to health management. Documentation must support medical complexity and therapy regimen will vary depending on the stability of the member’s condition.

GUIDELINES & RECOMMENDATIONS

Population	Rule and Recommendations
Birth to the date before the 21st birthday	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exception: Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21. Children's services that are evidence based and supported by current, peer-reviewed medical literature are recommended at the level required to meet the medical need. Care should be patient centered. Parent/guardian education and interdisciplinary care coordination should be a vital part of the care plan. Community resource planning should also be included in the care plan. Psychosocial issues should be assessed and addressed. Evidence based outcome measures should be utilized.
21st birthday and older	Diagnostic evaluations and therapeutic interventions that are designed to improve, develop, correct, or prevent the worsening of, or rehabilitation functions that affect the activities of daily living that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, or injuries. Care should be patient centered. Caregiver and member education and interdisciplinary care coordination should be a vital part of the care plan. Community resource planning should also be included in the care plan. Psychosocial issues should be assessed and addressed. Evidence based outcome measures should be utilized.

Magnitude of Net Benefit: Benefits of re/habilitation therapy include: less need for medication, less surgery, and less pain; decreased cost to the health care system and increased ability to return to a state of wellness. For example, early access to therapy services for individuals with back pain saves about $5000 in annual health care costs over the following two years. Early use of therapy has been shown to reduce the chance that the individual will take opioids for pain conditions.

Practice Considerations:

- Medical Necessity: Medical necessity is determined on a case-by-case basis. Decisions are based upon national and local clinical criteria, a preponderance of current peer reviewed medical literature, support from professional organizations, federal and state policies and laws, and generally accepted standards of practice.

- Person Centered Care and Service Planning**:** All care and care planning must be performed with the Medicaid member at the center of the care.

- Uniqueness: Every Medicaid member is unique and has a unique set of circumstances. Covered services require a comprehensive approach to understanding the member's unique medical condition and medical needs. A treatment plan must be established for every member based on their specific set of needs.

- Quality of Care: Every Medicaid member must receive high quality evidence-based care. High quality care also includes:

    - Care Coordination: For members undergoing prolonged non-episodic care where there is no substantial change, the referring provider must endorse continued care at least annually. Coordination with previous therapists of the same discipline is an expectation, to ensure that the treating therapist has a comprehensive understanding of the history of previous treatment. Coordination with concurrent medical professionals of all disciplines is an expectation to ensure that the member is receiving comprehensive, seamless, well-coordinated care. Coordination with community professionals who may need to know how to safely support the member's medical needs is an expectation, to ensure that the member will not be injured during community activities. Examples include: Athletic trainers, coaches, and instructors. Coordination with future therapists if the member plans to change therapy providers, is necessary to ensure that the next therapist has a comprehensive understanding of the treatment history.

    - Equity: Every Medicaid member must receive fair and equitable treatment and fair and equitable review. Medicaid members are expected to receive the same quality of care as all other patients served by the practice. Information about assistance for members with language barriers can be found in the General Provider Manual: http://www.vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf section 4.8.4 and 4.8.5.

- Preventive Services: are covered when they are directly related to an active treatment regimen designed by the physician, and of such a level of complexity and sophistication that the judgment, knowledge, and skills of a qualified therapist are

required, and reasonable and necessary under accepted standards of medical practice to the treatment of the patient's condition (Medicaid Rule 7317). For EPSDT eligible beneficiaries, services are covered to correct or ameliorate a diagnosis or health condition or achieve proper growth and development or prevent the onset or worsening of a health condition (HCAR Rule 4.101.2).

Research needs and gaps: Current medical literature is reviewed at least annually to ensure that Vermont Medicaid decision-making is based on up-to-date information.

Recommendations of others: Providers are welcome to submit current peer reviewed medical literature for the edification of DVHA Clinical Operations Unit staff.

Assessment of Risk: The risk of not having robust re/habilitation therapy services is high in terms of quality of life and ability to return to/achieve well-being and function.

Treatment Intervals: Depending upon the medical condition, treatment can be episodic or ongoing. Certain members with chronic conditions may benefit from annual evaluations to upgrade the member's therapy regime.

Treatment or Interventions: Covered treatment includes interventions that are within the therapist's scope of practice and are supported by a preponderance of current, peer reviewed medical literature.

Implementation: Therapy services that are covered by VT Medicaid are implemented by therapists who are licensed by the State of Vermont after referral by a physician, physician assistant, or nurse practitioner. The plan of care is created by the evaluating therapist.

Resources: Providers are expected as part of their contract with VT Medicaid to understand VT Medicaid Rules, the aspects of the Provider Manuals that are applicable to their discipline, and any criteria and guidelines that are applicable to their discipline. It is vital that providers review section 5 of the Provider Manual.

Member's first line of communication regarding re/habilitation therapy services is the Vermont Medicaid Customer Support Center 1-800-250-8427. Providers can also learn more about Medicaid coverage through the Gainwell VT Medicaid Website Provider Education Files at: https://www.vtmedicaid.com/#/providerEducation. In-services are available to help providers with clinical issues. Contact: AHS - DVHA Clinical Unit AHS.DVHAClinicalUnit@vermont.gov.

Complete clinical practice guidelines and further information on standards of care for re/habilitation therapy can be found at the following links:

1.American Physical Therapy Association Guide to Physical Therapist Practice. https://guide.apta.org/
2. American Physical Therapy Association. Scope of Practice. https://www.apta.org/apta-and-you/leadership-and-governance/policies/position-scope-of-practice
3. American Physical Therapy Association. Standards of Practice and the Criteria. American Physical Therapy Association. *Guide to Physical Therapy Practice*. Third Edition. http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Practice/Standards.pdf.
4. American Speech-Language-Hearing Association. *Speech-Language Pathology Medical Review Guidelines*. 2011. Available at http://www.asha.org/Practice/reimbursement/SLP-medical-review-guidelines/.
5. American Occupational Therapy Association, Inc. *Occupational Therapy Guidelines*. Available at http://www.guideline.gov/search/search.aspx?term=occupational+therapy.
6. Agency for Healthcare Research and Quality practice guidelines: https://www.ahrq.gov/gam/index.html
7. Bright Futures, 4th edition. American Academy of Pediatricians https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_POCKETGUIDE.pdf

REGULATORY BACKGROUND, MEDICAID RULE & MEDICAID POLICY, and STATE RESOURCES:

Providers are expected as part of their contract with VT Medicaid to understand VT Medicaid Rules, the aspects of the Provider Manuals that are applicable to their discipline, and any criteria and guidelines that are applicable to their discipline. Providers are encouraged to review section 5 of the DVHA Provider Manual, and the other State of Vermont resources documented below.

Criteria: Change Health Criteria: Vermont Medicaid secure provider web portal. After log-in, look for the link Change Healthcare Smart Sheets on the left window. InterQual® Guidelines are updated annually.

Scope of practice: https://legislature.vermont.gov/statutes.

Vermont Medicaid Manuals

Vermont Medicaid General Provider Manual (vtmedicaid.com)
Vermont Medicaid General Billing and Forms Manual (vtmedicaid.com)
Vermont Medicaid Physical Therapy/Occupational Therapy/Speech Language Pathology Supplement

REFERENCES

American Physical Therapy Association Guide to Physical Therapist Practice. https://guide.apta.org/

American Physical Therapy Association. Scope of Practice. https://www.apta.org/apta-and-you/leadership-and-governance/policies/position-scope-of-practice

American Physical Therapy Association. Standards of Practice and the Criteria. American Physical Therapy Association. *Guide to Physical Therapy Practice*. Third Edition.
http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/HOD/Practice/Standards.pdf

American Speech-Language-Hearing Association. *Speech-Language Pathology Medical Review Guidelines*. 2011. Available at http://www.asha.org/Practice/reimbursement/SLP-medical-review-guidelines/

American Occupational Therapy Association, Inc. *Occupational Therapy Guidelines*. Available at http://www.guideline.gov/search/search.aspx?term=occupational+therapy

Agency for Healthcare Research and Quality practice guidelines: https://www.ahrq.gov/gam/index.html
7. Bright Futures, 4th edition. American Academy of Pediatricians https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_POCKETGUIDE.pdf

Further Supporting Evidence:

AOTA (2021): Standards of Practice for Occupational Therapy. AJOT 2021, Vol 75 (suppl_3). https://doi.org/10.5014/ajot.2021.75S3004.

Childs J., Fritz J., Wu S., Flynn T., Wainner R., Robertson E., Kim F., George S.. Implications of early and guideline adherent physical therapy for low back pain on utilization and costs. BMC Health Serv Res. 2015; 15: 150. Implications of early and guideline adherent physical therapy for low back pain on utilization and costs | BMC Health Services Research | Full Text (biomedcentral.com)

Criss M., et al. (2022). APTA Geriatric's Guiding Principles or Best Practices in Geriatric Physical Therapy: An Executive Summary. J Geriatr Phys Therapy 2022; 00(0): 1-6.

Kuo K. et al. (2018). Care Coordination for Children with Medical Complexity: Whose Care is It, Anyway? Pediatrics Vol 141, #s3, March 2018. https: doi.org/10.1542/peds2017-1284G.
Lin I, Wiles L, Waller R, Gouke R, Nagree Y (2020). What Does Best Practice Care for Musculoskeletal Pain Look Like? Eleven Consistent Recommendations from High-

Quality Clinical Practice guidelines: Systematic Review. British J of Sports Medicine 2020l 79-86. Doi: 10.1136/bjsports-2018-099878. https://bjsm.bmj.com/content/bjsports/54/2/79.full.pdf?fbclid=IwAR2LOQ_3Z5AUrfhplVb48PkIqxUd-VXHXhmA62iBZ6j70qZaG0uJSFybtUY

MacKay-Lyons M.; Billinger S.; Unsworth K. Aerobic Exercise Recommendations to Optimize Best Practice in Care After Stroke: AEROBICS 2019 Update. Phys Ther 2020 Jan; 100(1) 149-156. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8204880/

Mandak K., Light J. (2018). Family-Centered Services for Children with ASD and Limited Speech…" J Autism Dev Disord (2018) 48:1311-1324. https://link.springer.com/content/pdf/10.1007/s10803-017-3241-y.pdf. Doi: 10.1007/210803-017-3241-y.

Sun, E., et al. Association of Early Physical Therapy with Long-term Opioid Use Among Opioid-Naive Patients With Musculoskeletal Pain. JAMA Network Open. Dec. 14, 2018. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2718095.