



Arkansas Department of Human Services



Division of Developmental Disabilities Services Director's Office

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To: Families, Beneficiaries, and Providers
From: Melissa Stone, Director
Subject: Changes to Therapy beginning July 1, 2017
Date: May 26, 2017

In the fall of 2016, DDS proposed changes in the Medicaid Provider Manuals and Medicaid State Plan for Occupational, Physical, and Speech Therapy, for clients with developmental disabilities or delays. The changes established the amount of therapy services that can be billed per week without an extension of benefits/prior authorization. Currently, therapy providers can bill up to four (4) units, or 60 minutes of each service per day and there is no prior authorization for these services.

Beginning July 1, 2017, the MMIS billing system will allow providers to bill up to six (6) units or 90 minutes per week of each service (occupational, physical, and speech therapy) without an extension of benefits/prior authorization. To exceed this amount, the provider will submit a request for an extension of benefits with supporting documentation. Throughout the promulgation process, DDS committed to utilizing a contracted vendor to review the request and approve or deny it within three (3) business days. DDS also committed to utilizing credentialed clinicians for the process.

We have worked with representatives from ArkSHA, AROTA, and ArPTA and with AFMC, our contracted Quality Improvement Organization (QIO)-like vendor, to come up with a plan for implementing the 90 minute per week, per discipline established therapy amounts in July of this year. The plan is as follows:

For any prescription that is 90 minutes or less per week (regardless of the prescription date): You can bill it in the MMIS system without taking any additional steps.

For any prescription that was valid before July 1, 2017, and is in excess of 90 minutes per week: We have worked with AFMC to develop a "validation process." Providers will submit a beneficiary's existing DMS-640 (completed, dated, and signed) to AFMC via the electronic portal. AFMC will do a quick validation review, just making sure that the DMS-640 is complete and dated prior to July 1, 2017, and then will enter an authorization for that beneficiary until the expiration of the prescription. Based on our current volume projections, AFMC estimates they can perform this validation review within 10 business days, assuming the DMS-640s are submitted timely and complete. You can also submit these requests via mail or facsimile, but that will delay the process. You can continue to provide the prescribed therapy, and can bill MMIS as soon as the DMS-640 is validated and authorized.

For any prescription that is written on July 1, 2017 or later that is in excess of 90 minutes per week: You will need to get prior approval for benefits by submitting the request to AFMC along with all supporting documentation (the evaluation, diagnosis, etc.). AFMC will review this request in accordance with the same standards used to conduct retrospective reviews of therapy, set forth in the Occupational Therapy, Physical Therapy and Speech Therapy Manuals, along with the current practice standards for that discipline. AFMC has committed to completing these reviews within three (3) business days and will use credentialed clinicians of the same discipline in their review process.

We encourage Providers to register for access to the electronic portal. The portal registration link and a registration instructional video can be accessed at:
<http://afmc.org/reviewpoint/>

Once you complete the Provider Portal Registration form, you will be instructed to verify/validate your email address. Upon completion of these two steps, you will receive a "Welcome" email from AFMC providing you with your user name and the link to set your password. The internal validation process may take from one to two weeks. For assistance, contact the ReviewPoint helpdesk at: (479) 573-7777.

Thank you for your patience as we have worked through this process with AFMC. We appreciate all of the feedback from families, beneficiaries, and providers. We believe this process will ensure that beneficiaries do not lose needed services as we continue to make transformation efforts.

A handwritten signature in black ink that reads "Meli Singh Stone". The signature is written in a cursive style with a large, prominent 'M' and 'S'.