

## **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, self-advocacy and rights.

#### **Provider Requirements**

Developmental Therapy must be delivered by staff employed by a developmental disability provider organization that meets the following requirements:

- A. Meet the provider qualification policies, procedures, and standards established by the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS);
- B. Fulfill the requirements of 10A NCAC 27G;
- C. Demonstrate that they meet these standards by being certified by the Local Management Entities Managed Care Organizations (LME-MCO); and
- D. Become established as a legally constituted entity capable of meeting all of the requirements of the Provider Certification, LME-MCO Enrollment Agreement, Communication Bulletins, and service implementation standards.
- E. Comply with all applicable federal and state requirements. This includes the North Carolina Department of Health and Human Services statutes, rules, policies, and implementation updates, Communication Bulletins, and other published instructions. Developmental Therapy providers must have the ability to deliver services in a variety of settings including the home and the community.

#### **Staffing Requirements**

Professional level services must be provided by a Qualified Professional and includes 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.

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 requirement 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 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.

The Person-Centered Plan must clearly demonstrate the need for one to one services in setting where two or more individuals receive the services at the same time of day.

### **Utilization Management:**

Authorization by the LME-MCO is required and is based on established authorization guidelines. The number hours of service an individual receives is based on the person-centered planning process, but cannot exceed a **maximum** of 4 hours per day without additional justification. An individual may need less than 4 hours per day. Utilization review must be conducted at least every 90 days. The following should be noted:

- A. 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, for example, attending a football game after school.
- B. 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.
- C. Additional supports and practice may be provided through state funded services such as Personal Care and Respite.
- D. Individuals in need of Developmental Therapy beyond the 4 hours per day must provide documentation to support the need for additional hours including:

- a. 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;
- b. Step down plan that includes timelines for moving the individual back to a maximum of 4 hours per day.

### **Entrance Criteria**

The individual is eligible for this service when:

- A. The person has a condition that is defined as a developmental disability according to GS 122C-3 (12a).
- B. Has an NCSNAP 1-5;
- 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.

**Note:** Providers using the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0–5) manual shall submit claims using the ICD-10 diagnosis code that corresponds to the chosen DC:0-5 diagnosis.

### **Continued Stay Criteria**

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

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

### **Discharge Criteria**

The individual'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 the individual no longer benefits from the service, or the individual has the ability to function at this level of care, and any of the following apply:

- A. The individual has achieved goals and is no longer eligible for Developmental Therapy.

- B. The individual is not making progress, or is regressing and all realistic treatment options have been exhausted.
- C. The individual/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**

Refer to DMA Clinical Coverage Policies and the DMH/DD/SAS Records Management and Documentation Manual for a complete listing of documentation requirements.

For this service the minimum standard documentation requirements is a full service note for each contact or intervention for each date of service, written and signed by the person(s) who provided the service that includes all of the following:

- A. Individual's name;
- B. Date of service provision;
- C. Name of service provided;
- D. Type of contact;
- E. Place of service;
- F. Purpose of the contact as it relates to the goal(s) on the PCP;
- G. Description of the intervention provided. Documentation of the intervention must accurately reflect treatment for the duration of time indicated;
- H. Duration of service: Amount of time spent performing the intervention;
- I. Assessment of the effectiveness of the intervention and the individual's progress towards the individual's goal;
- J. Signature and credentials or job title of the staff member who provided the service

Each service note page must be identified with the individual's name and record number.

### **Service Inclusions**

Developmental Therapy may be used to teach a recipient to access the community, including recreational activities. Children and youth, individuals under the age of 18 may learn to participate in developmentally appropriate inclusive activities that teach life and social skills, such as learning 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.

For adults, individuals 18 years of age and older who are or were not able to acquire these skills in an educational setting Developmental Therapy can include some functionally related skill 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.

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.

To be eligible for Developmental Therapy an individual must meet entrance criteria.

### **Service Exclusions**

Educational skills that are usually taught in primary or secondary school settings; e.g., reading, math, writing, etc. are not reimbursable. Developmental Therapy cannot be provided in the school setting as of the school year ending June 2006.

Vocational services directed toward assessing an individual's work skills or aptitudes, training in specific job skills directed toward employment, etc. is not reimbursable.

Recreational services related to participation in recreational or leisure activities or attendance at such activities for recreational or leisure purposes are not reimbursable.

This service cannot be delivered to individuals on the Innovations waiver.

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

Developmental Therapy can only be provided by one provider during the service authorization period.

**Note:** DMH/DD/SAS will not reimburse for conversion therapy.

**Policy Implementation and History**

**Original Effective Date:** February 23, 2006

**History:**

<b>Date</b>	<b>Section or subsection Revised</b>	<b>Change</b>
2/23/2016	Memorandum subject: Enhanced service implementation update #5	DT 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 DT. DT may be provided in the school setting until the end of the 2005-2006 school year ending June 2006.
7/1/2016	none	No changes made to content. Service definition put into current format for state definition.
12/15/19	Service Exclusions	Added Note: DMH/DD/SAS will not reimburse for conversion therapy.
12/15/19	Entrance Criteria	Added Note: Providers using the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0-5) manual shall submit claims using the ICD-10 diagnosis code that corresponds to the chosen DC:0-5 diagnosis.