

**Recurring Utilization Rehabilitation Review Deficiency Areas
For Part C Providers**

- 1) *Plan of Care/IFSP: Use of the IFSP – providers are not including all required components in the IFSP, and as a result, outpatient rehabilitation agencies that some Part C agencies contract with are completing their own plans of care in addition to the IFSP, in order to be in compliance with Medicaid requirements.
- 2) *Physician Order for Evaluation: Physician orders are required prior to the evaluation being completed by the licensed therapist. The physician orders for the evaluation may be a script or the Part C form titled “Physician Referral and Input”, which includes a section for the physician signature and date.
- 3) *Physician Order for IFSP (initial and renewal): Physician orders are required within 21 days of the initial IFSP or the annual IFSP renewal. The Part C form titled “Physician Certification” is available for use and typically is not being utilized, resulting in no physician review/approval of services.
- 4) Physician Discharge Order: Discharge orders are required when a child no longer requires the skills of a licensed therapist. The order demonstrates that the physician agrees with the discontinuation of services and that the services are no longer medically necessary.
- 5) *Signature: Licensed therapist signature/title/full date and physician signature/full date approval is sometimes missing on the IFSP. All signatures, both therapist and physician, must be signed and fully dated by those individuals.
- 6) Goals: Long-term goals do not consistently include realistic time frames for goal achievement or there is no time frame (month/day/year) identified when using the IFSP.
- 7) Goals: Short-term goals are not consistently measurable and lack realistic time frames when using the IFSP.
- 8) Supervision: The 30-day Medicaid supervisory requirement of therapy assistants is not consistently documented as done by the licensed therapist. The licensed therapist signature alone does not suffice for evidence of a supervisory visit. Documentation must demonstrate discussion of the treatment plan and goal revisions, if applicable, with the therapy assistant.
- 9) *Frequency: Frequency changes to the initial plan of care/IFSP must be done on the IFSP Review Record (page 9 of IFSP). A new plan of care/IFSP is not necessary to change frequency. This form is considered an addendum order to the IFSP.

10) Modalities: Therapists do not consistently identify modalities on the IFSP (page 5), or if listed, is identified as “tools/materials/toys” used, rather than specific therapy treatment interventions such as gait training, stretching exercises, fine motor skill hand activities, swallowing techniques, etc.

11) Response to Treatment: Documentation by speech therapists includes speech symbols that may not be familiar to the typical reader or to a parent who wants to see how their child has progressed. If using symbols, there must be a description of the child’s response to treatment included in the note to explain the results.

*** Retraction Issue**