



**STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

Medicaid Purchasing Administration
626 8th Avenue, S.E. • P.O. Box 45506
Olympia, Washington 98504-5506

March 21, 2011

Dear Medicaid Client:

The State Legislature has directed the Washington State Medicaid program to reduce its expenditures in order to help balance the budget. In response, the Medicaid program will reduce in amount physical, occupational and speech therapy services for clients 21 years of age and older, beginning for dates of service on or after April 1, 2011.

Changes in how the state will cover physical, occupational and speech therapy.

For dates of service on or after April 1, 2011,

DSHS will no longer be able to offer the same level of service for clients 21 years of age and older. This new limit is applicable to services received in the outpatient hospital setting, the free-standing therapy clinic, and the home health setting. The allowed benefit, without any form of authorization, will be:

- Physical therapy – 24 units (approximately 6 visits) per year
- Occupational therapy – 24 units (approximately 6 visits) per year
- Speech therapy - 6 units (6 visits) per year

How you use your allowed units will depend on the therapy plan your therapist develops to meet your healthcare needs. Some treatment procedures are measured as 1 unit regardless of how much time is devoted to that procedure on any given treatment day. However other treatment procedures are measured in increments of 15 minute segments, so every 15 minutes of therapy is 1 unit. Your therapist should explain to you what therapies they will be offering to you and how your units will be used.

You can't combine the allowed amounts in each therapy type to receive additional services of one therapy type.

However, up to an additional 24 units (approximately 6 visits) of physical and occupational therapy and 6 units (approximately 6 visits) of speech therapy may be available if you have a qualifying condition. Examples include major joint replacement surgery, a stroke, or traumatic brain injury. Your therapy provider will have the necessary information to decide whether you qualify and how to bill for these additional services. All services still must be ordered by a physician.

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Even after you receive these additional services, your therapist can request authorization to exceed these limits per WAC 388-501-0169, Limitation Extensions. For example, you had hip joint replacement in the beginning of the year and used your allowed 24 units and the additional 24 physical therapy units for a qualifying condition, but at the end of the year, you suffer a stroke and need physical therapy to recover. We would consider authorizing additional services for this new condition.

If you have already been receiving therapy services, these services will **not** count towards the new benefit. Starting April 1, you may receive services with the option for additional services for the rest of the year based on this new benefit as described above.

You are receiving this letter because you were identified as a client who used these types of services at the end of 2010. Because these changes affect all Medicaid recipients, there is no right for an evidentiary hearing to challenge these reductions, and therefore there will be no continuation of the affected services at their previous level on or after the effective date. If you have questions about your coverage, please contact us by webform: <http://hrsa.dshs.wa.gov/contact/default.aspx>.

Also our FY2011 Medicaid Budget website <http://hrsa.dshs.wa.gov/News/Budget.htm> is a good resource to keep informed about changes we are making in response to the changing budget.

Sincerely,

A handwritten signature in black ink, appearing to read "Preston Cody", written over a horizontal line.

Preston Cody, Director
Medicaid Purchasing Administration
Health Care Authority