

DIVISION OF DEVELOPMENTAL DISABILITIES DBHDD FACT SHEET

SERVICE: Adult Physical Therapy Services

CHECK ALL THAT APPLY:	X	<p>SERVICE DESCRIPTION: Physical Therapy Services cover evaluation and therapeutic services that are not otherwise covered by Medicaid State Plan services. These services address the physical therapy needs of an adult that result from his or her developmental disability. Physical Therapy Services include evaluation, education for the person and his/her family, and therapeutic exercises to develop sitting and standing balance, strength and endurance, and range of motion and flexibility. Physical Therapy Services also consist of muscle strengthening and endurance to assist in transfers from wheelchairs and the use of other equipment.</p> <p>PT services may be provided in a person's own or family home, the Physical Therapist's office, outpatient clinics, facilities in which Community Access or Prevocational Services are provided, Supported Employment work sites, or other community settings specific to community-based therapy goals specified in the Individual Service Plan.</p>
NOW	X	
COMP	X	
Self Direct	X	

SPECIAL ELIGIBILITY CONDITIONS

- A. Physical Therapy Services are not available until the person's 21st birthday.
- B. The need for Physical Therapy Services must be reflected in the Individual Service Plan that is approved by the Regional Office
- C. There is a reasonable expectation by the licensed physical therapist that the person can achieve the goals in the necessary time frame.
- D. All services must be ordered by a physician.

ITEMS COVERED:

1. Physical therapy evaluation
2. Therapeutic procedures
3. Therapeutic exercises to develop strength and endurance, and range of motion and flexibility
4. Education of person and his/her family
5. Therapeutic exercise programs including muscle strengthening, neuromuscular facilitation, sitting and standing balance and endurance and increased range of motion
6. Muscle strengthening and endurance to facilitate transfers from wheelchairs and the use of other equipment

ITEMS NOT COVERED:

1. Services for children under the age of 21
2. Group therapy activities
3. Transportation to and from these activities is not included in the rate
4. Services that have not been ordered by a physician
5. Services provided in a hospital
6. Services that are provided for the treatment of an illness or injury that are covered in Home Health Services under regular Medicaid State Plan
7. Under the NOW a) services cannot duplicate any family education or training provided through Natural Support Training, b) cannot occur at the same time or on the same day as NST services
8. A person cannot receive Community Residential Alternative Services

