

## **Contract Code 1731XP-12 Physical Therapy**

### **Statement of Work.**

The Contractor shall provide tests and measurements of neuromuscular function, and treatment of any bodily or mental condition of a client, by the use of physical, chemical or other properties of heat, cold, air, light, water, electricity, sound, massage and therapeutic exercise, including posture and rehabilitation procedures, after consultation with and periodic review by an authorized health care practitioner.

- a. The Contractor shall provide Physical Therapy services for clients which include one or more of the following services, as requested by DSHS:
  - (1) Assess and evaluate individuals for treatment;
  - (2) Design a therapeutic treatment plan that includes time-limited goals and objectives based on assessment data;
  - (3) Provide direct individual treatment to a client in accordance with the therapeutic plan;
  - (4) Provide training and instruction to clients, family, significant others or paid providers;
  - (5) Provide consultation and instruction in the use of adaptive equipment and assistive technology;
  - (6) Arrange for the purchase and effective use of equipment; and/or
  - (7) Attend Service Plan meetings or Interdisciplinary Team meetings.
  
- b. The Contractor shall also do the following:
  - (1) Maintain a record of all service authorization forms;
  - (2) Maintain a record of all specific dates and times of all services provided; and
  - (3) Submit a written report of any unusual incident to the Case Manager within seventy-two (72) hours.

### **Reports.**

The Contractor shall:

- a. Provide to DSHS reports, at regular intervals as requested by the Case Manager, using agreed-upon criteria of progress in implementing therapeutic services, or progress toward outcomes.
  
- b. Submit a progress report that measures the treatment outcomes against the therapeutic plan.
  
- c. Submit a written assessment and evaluation to the client's Case Manager within thirty (30) calendar days of completion of the assessment and evaluation unless instructed otherwise in writing by DSHS. Such report shall include at least the following:
  - (1) The assessment and evaluation process used;
  - (2) A summary of presenting problems;
  - (3) Recommendations for treatment or therapy if indicated; and
  - (4) Other information as requested by the Case Manager.
  
- d. Cooperate with DSHS in the evaluation of his/her performance under the terms of this Contract including the following:

- (1) Follow-up contact with clients their families, guardians or primary caregivers regarding their satisfaction with the services provided;
- (2) Investigation and documentation of all complaints about the service provided; and
- (3) Periodic monitoring of service documentation records and of billing and payment data on SSPS.

**Consideration.**

Total consideration payable to Contractor for satisfactory performance of the work under this Contract shall be based on the following:

a. Medical services authorized by DSHS covered by the Medicaid State Plan through the Health Care Authority (HCA) must be billed following the HCA billing instructions and will be paid in accordance with the HCA published rates. HCA rates are located at <http://www.hca.wa.gov/medicaid/billing/pages/bi.aspx>

b. The fee for training, instruction and consultation in the use of adaptive equipment or assistive technology shall not exceed the maximum rate of \$ hour.

c. Travel. Reimburse travel time at  $\frac{1}{4}$  the hourly rate, or 'event' rate, for every thirty (30) minute unit after the first thirty (30) minutes of travel time, up to a maximum of three (3) hours.

(1) Allowable travel time is portal to portal:

(a) Portal to portal is defined as:

- i. the distance traveled by the contractor from the contractor's residence or office, whichever is closer, to the address of an appointment (appointment is defined as scheduled time with a person receiving services);
- ii. the distance from the address of an appointment to another appointment;
- iii. the distance from an appointment to the contractor's residence or office, whichever is closer.

(b) Calculate travel time from the contractor's residence or office to the client's location (to whom services are being provided), whichever is closer.

(c) The Contractor is to specify travel time on the invoice [example for a psychiatrist: Total travel time = thirty (30) minutes (after the first thirty (30) min.) = one thirty (30) minute unit X \$50.75 ( $\frac{1}{4}$  the psychiatrist rate) = \$50.75 for travel time].

(d) If the Contractor travels to multiple Physical Therapy events in a given area, the contractor can bill travel only once. The Contractor cannot submit a separate travel billing for each client.

d. Mileage may be reimbursed as pre-authorized at an amount not to exceed current State of Washington rates, as published by the Office of Financial Management.

e. Contractor out-of-pocket expenses may be reimbursed as pre-authorized.