Orientation and Mobility Training Protocol Checklist

Service Recipient's Name _____ **Date of Birth** _____
(Last, First)

Reviewer's Name _____ **Date Request Submitted** _____
(Last, First)

Technical Review

☐ **YES** ☐ **NO**	Is the correct funding source, site code, and service code used in Section C of the Individual Support Plan? If **YES**, continue to Question #1 in Section A, B, or C as applicable. If **NO** and the wrong funding source, site code and service code is due to a simple error, correct the error and continue to Question #1 in Section A, B, or C as applicable. If **NO** based on lack of a site code because the provider is not licensed or does not have an approved provider agreement, deny as non-covered due to failure to meet provider qualifications as specified in the waivers and in the TennCare rules applicable to the waivers.

A. Orientation and Mobility Training Assessment

1. ☐ **YES** ☐ **NO**	Is the request for an initial assessment after enrollment in the waiver or after an interval of *at least* 12 months since the last Orientation and Mobility Training assessment? If **YES**, skip to Question #3. If **NO**, proceed to Question #2.
2. ☐ **YES** ☐ **NO**	Is a new Orientation and Mobility Training assessment needed because the service recipient was discharged from services by an Orientation and Mobility Training provider who withdrew from participation as a waiver services provider? If **YES**, proceed to Question #3. If **NO**, skip to Question #4.
3. ☐ **YES** ☐ **NO**	Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient is legally blind or severely visually impaired and needs training in order to move more independently, safely, and purposefully in the home and community environment? If **YES**, skip to Question #5. If **NO**, stop and deny as **<u>not medically necessary</u>**.
4. ☐ **YES** ☐ **NO**	Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient is legally blind or severely visually impaired and that:

	a. The service recipient is legally blind or severely visually impaired and has recently developed a <u>new</u> medical diagnosis or functional deficit involving orientation and mobility for which the service recipient needs training in order to move more independently, safely, and purposefully in the home and community environment; **OR** b. The service recipient is legally blind or severely visually impaired and has experienced a significant exacerbation of the functional deficit involving orientation and mobility, after having been discharged from Orientation and Mobility Training by the Certified Orientation and Mobility Specialist; OR c. The service recipient has relocated to a different place of residence or has changed the place of employment and, as a result, needs reassessment and additional training in order to move independently, safely, and purposefully in the new environment? If **YES** to any of the criteria specified in "4.a" through "4.c" above , proceed to Question #5. If **NO** to all three of the criteria specified in "4.a" through "4.c" above, stop and deny as **<u>not medically necessary</u>**.
5. ☐ **YES** ☐ **NO**	Has the waiver limit of three (3) Orientation and Mobility Training assessments per waiver program year per provider been exceeded for the current program year? If **YES**, stop and deny as a **<u>non-covered service</u>** based on the waiver service limit of three (3) assessments per service recipient per provider per program year. If **NO**, stop and approve the Orientation and Mobility Training assessment.
☐ **Approved**	
☐ **Denied**	

B. Initial Orientation and Mobility Training (excluding assessment)

(<u>NOTE</u>: This section applies to service recipients who are **<u>not</u>** currently approved for Orientation and Mobility Training services through the waiver.)

1. ☐ **YES** ☐ **NO**	Medical necessity review questions: (B.1) a. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient is legally blind or severely visually impaired and needs training in order to move more independently, safely, and purposefully in the home and community environment; **AND** b. Is there sufficient information in the ISP and/or supporting documentation to conclude that the service recipient's functional limitations in orientation and mobility cannot be adequately met unless Orientation and Mobility Training is provided by a Certified Orientation and Mobility Specialist who is nationally certified through the Academy for Certification of Vision Rehabilitation and Education Professionals; **AND** c. Is there sufficient documentation in the ISP and/or supporting documentation to conclude that the provision of Orientation and Mobility Training can be reasonably expected to result in <u>measurable and sustained functional gains</u> for the service recipient; **AND**

	d. Are there clearly defined measurable Orientation and Mobility Training goals in the ISP and/or supporting documentation which are reasonable and appropriate given the person's current age and health status? If **YES to all four** of the criteria specified in "1.a" through "1.d" above, proceed to Question #2. If **NO to any** criterion specified in "1.a" through "1.d" above, stop and deny as **not medically necessary**. *In addition,* deny as a **non-covered service** any portion of the requested number of days of Orientation and Mobility Training requested which *exceeds* the waiver service limit of 52 hours per service recipient per program year.
2. ☐ **YES** ☐ **NO**	Is the frequency (# of times per week or month), amount (# of units) and duration (# of weeks or months) of Orientation and Mobility Training requested *consistent with* and not *in excess of* the amount of services needed to achieve measurable and sustained functional gains as specified in "1.c" above? (B.2) NOTE: To the maximum extent possible and appropriate, Orientation and Mobility Training by a Certified Orientation and Mobility Specialist should be utilized to develop a treatment plan that can be implemented by caregivers (including, but not limited to family members, paid personal assistants, and residential services staff), across activities and settings in order to achieve the maximum therapeutic benefit. Periodic services by the Certified Orientation and Mobility Specialist should be authorized *only* as necessary to support the ongoing implementation of the treatment plan, or to modify the treatment plan in response to the changing needs of the service recipient. If **YES**, stop and approve the amount of Orientation and Mobility Training requested (subject to the waiver service limit of 52 hours days per service recipient per program year). Such approval may specify that concurrent review will be conducted after a specified period of time, e.g., 90, 120, or 180 days to ensure that Orientation and Mobility Training continues to be medically necessary. Such determination shall be based on current medical records provided by the certified professional and/or physician, physician assistant, or nurse practitioner in response to the request for concurrent review. If **NO**, approve that portion of the total amount of Orientation and Mobility Training requested that is consistent with the amount of Orientation and Mobility Training needed to achieve measurable and sustained functional gains as specified in "1.c" above. Deny as **not medically necessary** that portion of the total amount of Orientation and Mobility Training requested that is in excess of the amount of services needed to achieve measurable and sustained functional gains; as specified in "1.c" above
☐ **Approved**	
☐ **Denied**	

C. Continuation of Orientation and Mobility Training (excluding assessment)

(NOTE: This section applies to service recipients who are *currently* approved for Orientation and Mobility Training services through the waiver and who request *continuation* of services or an *increase* in services.)

1. ☐ **YES** ☐ **NO**	Medical necessity review questions for *continuation* of the *currently* approved level of Orientation and Mobility Training plus any requested *increase* in such services, as

	applicable: (C.1) a. Is there sufficient information in the Individual Support Plan (ISP) to document that the service recipient *continues* to have functional limitations in orientation and mobility; **AND** b. Is there sufficient information in the ISP and/or supporting documentation to demonstrate progress toward defined treatment goals in terms of <u>measurable and sustained functional gains</u> for the service recipient that can be generalized to settings outside the immediate treatment environment? If **YES *to both*** criteria specified in "1.a" and "1.b" above, proceed to question 2. If **NO to *either*** criterion specified in "1.a" or "1.b" above: • If the request for Orientation and Mobility Training was submitted as an ISP amendment or as an annual update of the ISP, stop and **deny** as **<u>not medically necessary</u>**; **OR** • If the protocol was used for a DMRS-initiated review of an ISP and cost plan (i.e., rather than review of an ISP amendment or annual ISP update), issue 20 days advance notice (inclusive of mail time) of reduction or termination of services, as applicable, indicating that the services will be reduced or terminated on the 21st day from the date of the notice. The previously approved Orientation and Mobility Training services shall continue to be authorized and reimbursed pending such advance notice period. *In addition,* deny as a **<u>non-covered service</u>** any portion of the requested number of days of Orientation and Mobility Training requested which *exceeds* the waiver service limit of 52 hours per service recipient per program year.
2. ☐ **YES** ☐ **NO**	Is the frequency (# of times per week or month), amount (# of units) and duration (# of weeks or months) of *continued* Orientation and Mobility Training requested plus any requested increase in such services, as applicable, *consistent with* and not *in excess of* the amount of services *still* needed to achieve measurable and sustained functional gains? (C.2) To the extent that the request includes any increase in the frequency, amount, or duration of Orientation and Mobility Training, is there sufficient information in the ISP and/or supporting documentation to demonstrate that the service recipient's needs have changed and/or the previously approved frequency, amount, or duration of Orientation and Mobility Training is no longer sufficient to achieve measurable and sustained functional gains for the service recipient that can be generalized to settings outside the immediate treatment environment? If **YES**, stop and approve the continuation of Orientation and Mobility Training and any increase as requested. Such approval may specify that concurrent review will be conducted after a specified period of time, e.g., 90, 120, or 180 days to ensure that Orientation and Mobility Training services continue to be medically necessary. Such determination shall be based on medical records provided by the certified professional and/or physician, physician assistant, or nurse practitioner in response to the request for concurrent review. If **NO**, <u>approve</u> that portion of the total amount of Orientation and Mobility Training requested that is consistent with the amount of Orientation and Mobility Training needed to achieve measurable and sustained functional gains. • If the request for Orientation and Mobility Training was submitted as an ISP

	amendment or as an annual update of the ISP, **deny** as **not medically necessary** that portion of the total amount of Orientation and Mobility Training requested that is *in excess of* the amount of Orientation and Mobility Training *still* needed to achieve measurable and sustained functional gains; **OR** • If the protocol was used for a DMRS-initiated review of a cost plan (i.e., rather than review of an ISP amendment or annual ISP update), issue 20 days advance notice (inclusive of mail time) of reduction or termination of services, as applicable, indicating that the services will be reduced or terminated on the 21st day from the date of the notice. The previously approved Orientation and Mobility Training services shall continue to be authorized and reimbursed pending such advance notice period. *In addition,* deny as a **non-covered service** any portion of the requested number of days of Orientation and Mobility Training requested which *exceeds* the waiver service limit of 52 hours per service recipient per program year.
☐ **Approved**	
☐ **Denied**	