

Community Living Assistance and Support Services (CLASS) or Deaf-Blind Multiple Disabilities (DBMD)
Justification for Exceeding Service Threshold

Name of Individual		Medicaid No.	Age
Enrollment/Renewal/Revision (check one) <input type="checkbox"/> Enrollment <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Revision		Program (check one) <input checked="" type="checkbox"/> CLASS <input type="checkbox"/> DBMD	Requested IPC Effective Date

Description of Service Need

Service Category (Only one service category per form)	Service Code	Total Units or Amount Requested	Total Units or Amount Increased, if Applicable	Annual Cost of Service
Specialized Therapy-Music Therapy				\$

Reason for Request Medical Condition Functional Ability Environmental Conditions Caregiver Support

Service Justification

Describe why the service is necessary to protect the individual's health and welfare in the community:
 Due to multiple challenges associated with her medical diagnosis of Cerebral Palsy, marked by gait and balance difficulties, in addition to a lack of independence in Activities of Daily Living (ADLs), Music Therapy services are required to provide ----- with support and skills development in multiple domains of health and wellness functioning including: Physical, Cognitive, Social and Behavioral.

Describe how the service addresses the individual's related condition:
 -----s identified needs include: Increased physical functioning, increased daily lifestyle choices, increased gait and balance control for safety, and positive social opportunities in which she is able to succeed, which active music making provides for her. Music Therapy interventions and strategies are implemented based on research based best practices in regard to her diagnosis of Cerebral Palsy and mobility impairments, in conjunction with developmentally appropriate social opportunities and goal creation. ----- will be given the opportunity to set goals to increase physical functioning during Music Therapy sessions and select activities to increase independence in daily activities. During Music Therapy sessions, she processes independence strategies and identifies skills to increase decision making with peers and family independently through music interventions.

Describe how this service prevents the individual's admission to an institution:
 By increasing her overall functioning and addressing physical health and ADL skills through Music Therapy interventions, ----- is able to increase independence and monitor health needs while continuing to reside in her family's home. Ongoing access to Music Therapy services provides individualized care and ongoing assessment of needs, as well as flexibility in service provision. Therapeutic supports provided through participation in Music Therapy increase physical functioning, safety in the community and home, and future focus thereby decreasing -----'s need for hospitalization or institutionalization

Describe how this service is the most appropriate type and amount of CLASS/DBMD Program service to meet the individual's needs:
 A Board-Certified Music Therapist is qualified to provide a continuum of therapeutic services to meet -----'s needs across multiple domains of function including physical, cognitive, behavioral and social. Music Therapy interventions are specifically targeted to meet her medical needs. Because Music Therapy is able to meet and address needs in all domains, ----- is able to receive ongoing supports to meet her needs, which are unable to be met through any other service available.

Describe how this service is cost effective:

Music Therapy is a comprehensive Specialized Therapeutic Service which includes professional liability insurance for all Music Therapy interventions, in addition to facilitation of the acquisition of structured skills sets across multiple health domains. Music Therapy also provides family members with caregiver support, in-home strategies, and decreases out of pocket expenses. As goals and objectives are met through participation in Music Therapy, ----- is able to develop physical abilities and cognitive skills to become more independent and participate as a contributing member of her community. Music Therapy services fosters collaborations between -----'s school, other professionals with which she is working, and the family.

Describe why this service is not available to the individual through any other source, including the Medicaid State Plan, other governmental programs, private insurance or the individual's natural supports:

In 1999, the United States Supreme Court issued a decision in the case of Olmstead v L.C., finding that the unjustified institutional isolation of people with disabilities is a violation of the Americans with Disabilities Act of 1990 (ADA). The Medicaid CLASS waiver program, which provides community based services as a direct alternative to unlawful institutionalization for individuals with disabilities, has been adopted as a Texas legislative mandate out of compliance with the Supreme Court ruling. Gov. Perry issued Executive Order RP13 on April 18, 2002, calling on state housing and health and human services agencies to continue developing and strengthening community-based services for Texans with disabilities. The major component of the CLASS program is to provide cost effective alternatives to institutionalization. Music Therapy has been identified as an effective, research-based community support service, as opposed to the daily rate and cost for an individual to be hospitalized or institutionalized. ----- has a fixed income with limited funds available to pay out of pocket costs incurred through participation in CLASS services and does not qualify for private insurance, due to the nature and scope of her diagnosis.

List non-waiver resources contacted/accessed:

Family
Medicaid
ISD

The CLASS or DBMD individual's Service Planning Team has determined that the individual's needs cannot be met within the utilization review thresholds. There are no alternative resources to meet the individual's needs, and this service is necessary to support the individual to reside successfully in the community.

Signature – Individual/LAR

Date

Signature – Provider Agency

Date

Signature – Case Manager

Date

Signature – Other

Date