

GUIDANCE PAPER

SUPPLEMENTAL DATA COLLECTION FOR ADULT DAY HEALTH CARE COST ANALYSIS AND RATE DEVELOPMENT

Separately Billable Services Definitions and Service Log Requirements



Prepared by

California Association for Adult Day Services

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**SUPPLEMENTAL SEPARATELY BILLABLE SERVICES
DATA COLLECTION FOR
ADULT DAY HEALTH CARE COST ANALYSIS AND
RATE DEVELOPMENT**

BACKGROUND

Senate Bill (SB) 1755 (Chesbro, Chapter 691, Statutes of 2006) establishes a new prospective rate methodology for the Adult Day Health Care (ADHC) program to take effect in 2010. The rate methodology will use audited cost report data and service logs to determine costs of providing care under the adult day health care program.

Aggregate data will establish a “core” per-diem rate for a minimum of three peer groups; to be defined upon the collection of initial cost report data. The core rate is based on the reasonable cost of delivering services defined in W&I Code Section 14550.5 and will approximate the cost of services that must be provided each day to each participant, as well as overhead and professional services generally incurred to sustain an adult day health care program.

Separately billable rates for physical therapy (PT), occupational therapy (OT), speech and language pathology (SLP), mental health (MH), dietitian (RD) and transportation services will also be determined from ADHC cost report (CR) data and Medi-Cal rates on file for comparable services. Upon rate implementation, payment for separately billable services (SBS) will not exceed Medi-Cal rates on file at the time of service. Separately billable services are referenced in W&I Code Section 14571.2 and further defined in this document.

To ensure program costs are managed, the law mandates a reimbursement limit will be established for each ADHC peer group. The limit will take into account the average cost per day of attendance for providing both core and separately billable services to all participants. The reimbursement limit may be defined as a percentile of all direct patient care costs.

Billing and payment for core and separately billable services will not begin until August 1, 2010 at the earliest.

**YOUR CENTER’S FUTURE REIMBURSEMENT DEPENDS ON THE ACCURACY OF
THE DATA YOU PROVIDE IN YOUR COST REPORT AND SBS LOGS.**



Rate Development

Today, the ADHC billable unit of service is a four (4) hour minimum day of care excluding transportation time. There are no separately billable services; the ADHC program's comprehensive levels of services are all provided under a single per-diem rate. In order to establish a new rate methodology, the cost of providing core services and separately billable services must be reported to the Department of Health Care Services (DHCS) Financial Audits Branch by every ADHC center.

Calculating Core and Separately Billable Services Costs

The cost report will be the basis for determining core and separately billable services costs. This data, coupled with required separately billable service logs, will allow the Department of Health Care Services (DHCS) to allocate and calculate the cost of core and separately billable services.

In general, the cost of providing core services will be calculated by computing the total allowable costs of providing adult day health care services and *subtracting* the total cost of all SBS, after overhead has been spread across direct costs for SBS. The resulting number will yield the cost of providing core services for each center.

Under the new rate methodology, licensed, certified or registered practitioners, with the exception of transportation services, will provide separately billable services. To distinguish between the costs of those services, time and unit of service data must be captured daily by discipline (PT, OT, SLP, MH, RD).

Each center must count and record the skilled practitioner's time providing separately billable treatments and services and the associated unit of service.

The sum of each discipline's SBS hours and cost will be subtracted from the total hours and wage or contract cost of the discipline on the cost report.

The resulting separately billable cost will be divided by units of service for each discipline.

Transportation units of service will be counted as a one way trip to or from the center to the participant's place of residence.

Service Log Requirements

ADHC centers are required to count units of service provided and the associated time spent providing separately billable services defined in SB 1755. **Data must be recorded for Medi-Cal and non Medi-Cal participants alike.** The definitions for SBS and service logging requirements are included with these instructions and should be carefully reviewed by ADHC staff.



The separately billable service logs will be audited by DHCS. Auditors will compare separately billable service hours to the actual time sheets for staff or contractors performing these services to verify the time spent performing separately billable versus core services. ADHCs should ensure accurate timesheet records are kept for all employees and contracted services.

The State of California DHCS does not require a specific form or log to use for recording SBS. CAADS Clinical Work Group has designed sample forms to assist in quickly implementing the requirement to count separately billable services for the ADHC cost report.

Other approaches may certainly be used as long as units of service and time for each of the treatment modalities: individual (I), concurrent (C) and group (G) are correctly counted and recorded. If you choose to utilize your own form or log, please keep in mind that the format used will be an "audit trail" and should adequately document information required. These forms are to be used as documentation to support the information disclosed in the annual cost report required by DHCS and will be subject to review during the onsite audit.

Each ADHC with a fiscal year-end December 31, 2007 and later will submit a cost report for 2007 data beginning October 2, 2008. Although centers have not been required to maintain records of SBS showing units of service and time spent, service log data collected during a sample period of time in 2008 will be required to allocate costs between core services and SBS for each center.

Billing and payment for SBS will not begin until August 2010 but **recording of SBS data must begin as soon as possible** for cost report completion and rate development purposes.

DHCS will issue instructions on how to extrapolate partial year SBS log data to the cost report during this initial phase of implementation.

2008 Field Audits

DHCS audit staff will begin to conduct field audits of cost reports and separately billable service logs in late 2008. This will be first time that the DHCS field audit staff will have conducted audits of the new ADHC cost report. DHCS field audit staff will be trained in advance by headquarters' staff who has been working on this project since 2007.

Training

DHCS offered four trainings to ADHC providers on the new cost report in May through July 2008. All centers should assure that administrative staff and cost report preparers have a thorough understanding of the new cost report and how it relates to future reimbursement.



The California Association for Adult Day Services (CAADS) will also offer training and supplemental information. Visit the CAADS website at www.caads.org regularly for information on additional training opportunities.

Website and FAQs

The DHCS Financial Audits Branch has developed a website, including cost reports forms, a “Frequently Asked Questions” section and an email address for ADHC provider questions. The cost report will be revised periodically. Providers are advised to check the website regularly to obtain the most updated form and view FAQs.

Email: ADHC@dhcs.ca.gov

Website: <http://www.dhcs.ca.gov/provgovpart/pages/financialauditsbranch.aspx>

Website (FAQs): <http://www.dhcs.ca.gov/individuals/Pages/AdultDayHealthCare.aspx>

Conclusion

SB 1755 provides a high level framework for developing a cost-based rate methodology. DHCS, in consultation with CAADS, is defining the rate methodology and specific requirements of ADHC centers over the next year.

The ADHC cost data collected in 2007 and 2008 will be analyzed in 2009 and used to calculate core rates, assign peer groups and determine the percentile that will be applied to specific cost centers and define the reimbursement limit.

Separately billable services may be assigned current rates paid under Medi-Cal to other providers or programs or based on the actual cost. Therefore, it is imperative that costs for core and separately billable services be accurately identified and recorded in the cost report to determine the actual cost of providing ADHC services.

DHCS does not require providers to use the CAADS form, but locally designed forms should incorporate the separately billable services definitions and service log requirements.

CAADS has developed separately billable service log templates and instructions to link to the Individual Plan of Care flow sheets. Visit the CAADS website to download pdf versions of each log. CAADS Members may request electronic versions of the log forms and summary worksheets by emailing to CAADS. Be sure to include “SBS” in the subject line, and your Member ID number and facility name in the message.

Email: caads@caads.org

Website: www.caads.org



WHAT IS A SEPARATELY BILLABLE UNIT OF SERVICE?

What is a Separately Billable Unit of Service?

Separately billable services (SBS) for ADHCs are defined in Welfare & Institutions Code Section 14571.2 as physical therapy, occupational therapy, speech and language pathology, mental health, registered dietitian services, and transportation.

In general, SBS, with the exception of transportation require the skills and training of a qualified licensed or certified professional and

- 1) are necessary to restore function, when there is an expectation a participant's condition will improve in a reasonable period of time, or
- 2) are necessary for the establishment and treatment of a safe and effective program to maintain a level of functioning related to a specific disease state or medical condition.

Key Determining Factors

Billable Services

A key element in determining whether a service is to be counted as a separately billable unit of service (with the exception of transportation) is whether the service:

- 1) is considered a reasonable, effective treatment for the participant's condition, and
- 2) requires the skills of a State of California licensed, certified, or registered professional (hereafter abbreviated simply as "licensed professional").

If the treatment or service can be safely and effectively carried out by non-licensed personnel or without the supervision of a licensed professional, the service is not separately billable.

Not separately billable services

The fact that a licensed professional may be requested to perform a service or activity does not constitute a separately billable service.

For example: A morning exercise group may be led by a physical therapist, but because it does not require the special skills and training of a physical therapist to lead a group, it would not be considered a separately billable service.

Time spent performing core related services, that is, services benefiting the centers' population or staff as a whole, non-participant related task such as charting and set up time, and time spent performing group services that do not require the services of a licensed professional are not to be recorded as separately billable.



Educate Staff

It is important to understand the goal of this task and educate staff on the importance of counting SBS correctly. Every SBS must be recorded daily by each ADHC center in a manner that records both units of service provided and duration of time spent providing each service.

It is imperative that the following SBS definitions are applied consistently to ensure the credibility of the units of service and time data collected.

YOUR CENTER'S FUTURE REIMBURSEMENT DEPENDS ON THE ACCURACY
OF THE UNITS OF SERVICE AND TIME DATA RECORDED FOR SEPARATELY
BILLABLE SERVICES THAT WILL BE INCLUDED IN YOUR ADHC COST REPORT.



PHYSICAL THERAPY DEFINITIONS

Physical therapy services and treatments must be provided by a California licensed physical therapist (PT) or by a licensed physical therapy assistant (PTA) under the appropriate supervision of the PT, in accordance with the PT scope of practice.

The California Legislature has defined the scope of practice for physical therapy in Chapter 5.7 of the BUSINESS AND PROFESSIONS CODE at:

http://www.leginfo.ca.gov/html/bpc_table_of_contents.html.

See also the Physical Therapy Board of California: http://www.ptbc.ca.gov/laws_regs/

A paper issued by the Physical Therapy Board describing the role of an aide in the ADHC setting may be accessed at http://www.ptb.ca.gov/forms_pubs/pta_adhc_settingq.pdf

Separately Billable ADHC Physical Therapy Service Defined.

A separately billable physical therapy service is a treatment or intervention that attempts to reduce impairments and improve function through the application of clinical skills and/or services. A PT's specialized skills, knowledge and judgment are required to safely and effectively furnish a recognized physical therapy service whose goal is improvement of an impairment or functional limitation.

Skilled physical therapy may also be medically necessary where a chronic or terminal condition exists if the skills and special training of the PT are necessary to treat the condition.

Note: *The fact that full or partial recovery is not possible does not mean that physical therapy is not medically necessary to improve a participant's condition or delay future decline.*

Physical Therapy includes modalities, therapeutic exercise, mobility training, and adaptive equipment to improve, restore, or maintain physical and functional abilities.

Physical therapy services provided by a PT or PTA are counted as separately billable only when furnished in accordance with the following conditions:

- the participant was assessed to need physical therapy services; and
- an Individual Plan of Care identifying the physical therapy treatments/interventions has been established; or
- a physical therapy intervention is necessary to support an unforeseen change in a participant's condition to maximize functional capacity; and
- such services may include individual participant or family education to support a safe and effective physical therapy treatment plan; and



- such services are not core services as defined in Welfare & Institutions Code Section 14550.5; and
- services must be furnished by a California licensed PT or a licensed PTA, under the supervision of the PT, in accordance with his/her scope of practice, and who is employed by or contracted with the ADHC center.



BEST PRACTICE:

The Individual Plan of Care establishes the planned separately billable services (SBS) for each participant. A center is responsible for coordinating program services and the PT must document ongoing treatments and observations in the participant's health record.

A variance from the Individual Plan of Care requires supporting documentation and justification in the participant's health record for counting additional SBS.

If there is a change in the physical health or cognitive condition of the participant requiring a physical therapy evaluation and intervention, the change, evaluation and the intervention should be noted in the participant's health record. This evaluation and associated intervention(s) may be counted as a SBS.

Not Counted as Separately Billable – Maintenance and Core Services.

Physical therapy treatments or services are not counted as separately billable when the participant has attained the therapy goals identified in the Individual Plan of Care and has been discharged from physical therapy services.

Physical therapy treatments or services are also not counted as separately billable if a treatment or service does not require the skill and training of a PT or PTA and can be safely and effectively carried out by personnel other than a PT or PTA.

The fact that a PT and/or PTA may be requested to perform a service or activity does not in and of itself constitute a separately billable service. To be counted as a SBS, the participant must require the skills and training of a PT and/or PTA to enhance their physical, cognitive, or mental well-being.

Note: *Therapeutic exercises may be performed for either restorative or maintenance purposes. Generally, when these exercises are routine and performed for maintenance of function and do not require the skills and knowledge of a licensed PT and/or PTA, they are not counted as a SBS.*

Not included as a Separately Billable Service

Do not count the following tasks or activities as separately billable. They will be accounted for as a core service in the cost report:

- Non-participant related tasks such as charting and administrative work
- Time spent setting up the treatment modality



- Time spent providing consulting services to the center staff
- Time spent teaching aides or nurses in how to carry out a maintenance exercise program
- Time spent performing non-skilled services such as leading an exercise class
- Services provided as part of the initial assessment days

Separately Billable Physical Therapy Treatments Defined (*Not All Inclusive*).

To be counted as separately billable the physical therapy treatments or exercises must be performed by a PT and/or a PTA, operating under the supervision of the licensed physical therapist within his/her scope of practice. Examples of physical therapy treatments or activities include, but are not limited to:

- Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
- Orthotic(s) management and training (including assessment and fitting when not otherwise reported)
- Prosthetic management and training (including assessment and fitting when not otherwise reported)
- Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction)
- Therapeutic activities or exercises to improve strength, endurance, flexibility or range in motion that due to the nature or condition of the participant must be performed by the PT or PTA.
- Wheelchair management including assessment, fitting and training
- Gait training to support neurological, muscular or skeletal abnormalities
- Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands

Note: DHCS will define and publish any and all Medi-Cal codes for separately billable services under physical therapy. This list will become available prior to the rate implementation.

Separately Billable Physical Therapy Modes.

To be counted as a separately billable service, physical therapy services may be provided directly to a participant on a one-to-one basis, concurrently to more than one (1) person, or in a group setting, consistent with each participant's Individual Plan of Care or modification as noted in the participant health record.

Concurrent Physical Therapy Definition

Concurrent PT is individualized therapeutic treatments provided by a PT and/or PTA, within their scope of practice, to more than one (1) person, not to exceed four (4) individuals during the same session.



A participant's cognitive status, understanding of therapeutic goals, coordination and tolerance of the therapy must be considered if treatment is performed concurrently.

A PT must direct the treatment or provide direct supervision under his/her scope of practice to assure adequate monitoring for quality and safety purposes.

Note: A PT performing concurrent therapy must use clinical judgment in determining appropriateness of mode and must not treat multiple participants merely as a convenience for the therapist.

Group Physical Therapy Definition

Group therapy is the same treatment provided simultaneously to a minimum of two (2), up to and including eight (8) participants, by one (1) or more licensed PTs and/or PTAs, operating within his/her scope of practice.

Maximum group size must follow usual standards of practice but must not exceed **eight (8)** participants in the ADHC setting to be counted as a separately billable service. The participants will generally be performing the same type of therapeutic modality.

The PT or PTA must provide constant attendance, within his/her scope of practice, but constant one-on-one participant contact is not required. Treatment in a group environment must support each participant's specialized needs as documented in an Individual Plan of Care or the participant's health record.

Unit of Service Defined.

A unit of service is equal to or greater than eight (8) minutes, up to and including fifteen (15) minutes of time.

8 to 15 minutes = 1 unit

16 to 30 minutes = 2 units

31 to 45 minutes = 3 units

46 to 60 minutes = 4 units

Separately billable services should not be counted for a participant if a treatment is performed less than eight (8) minutes total in one (1) day.

If the same participant receives multiple separately billable physical therapy services on the same day and the total time (sum of all treatments) is greater than or equal to eight (8) minutes, one (1) or more units of service, as appropriate, should be counted under the physical therapy treatment.



Counting Separately Billable Units of Service.

Each center must maintain a service log or other means of counting the provision of separately billable services and associated time spent providing the service. This information will be used to calculate SBS units of service and to allocate costs between core services and separately billable services in the cost report.

This may be done by maintaining a separate service log or the center may choose to modify existing flow sheets or other logs to incorporate the required time and unit of service data.

The documentation or service log must include:

- the date of service
- participant name
- description of treatment
- the time (minutes) spent performing the treatment
- the number of separately billable units of service
- the PT or PTA total treatment time (day's sum of minutes divided by 60)
- total units for the day
- signature of the licensed PT attesting to the provision of the physical therapy services

If concurrent or group services are performed by the PT or PTA, it is recommended that a separate service log be kept to track group and concurrent session times and units of service. This log must include:

- the date of service
- each participant's name
- description of treatment
- each individual participant's time (minutes) spent performing the treatment
- the duration of the concurrent or group therapy (the physical therapy time, not the sum of participant minutes)
- the number of separately billable units of service, by participant
- the PT's or PTA's total treatment time (day's sum of minutes divided by 60)
- total units for the day
- signature of the licensed PT attesting to the provision of the physical therapy services

Scheduled physical therapy treatments not performed with a participant, for any reason, are not to be counted as separately billable.





BEST PRACTICE:

The reason why the physical therapy was not performed should be document in the individual health record.

If the participant has achieved the physical therapy treatment goals sooner than expected, the participant health record should be updated to reflect the revised health status and whether:

- 1) the participant is discharged from physical therapy, or
- 2) a new physical therapy goal is established

Note: CAADS has developed and recommends the use of the sample service log forms available at www.caads.org. DHCS does not mandate any particular form but the information must be collected in a manner that provides the required information and provides an “audit trail.”

Separately Billable Examples for Physical Therapy.

Example 1 (individual therapy): Jane Smith, a PT, provides skilled treatments to regain muscle strength after suffering a fractured shoulder, using pulley and theraband equipment, to one individual, Mr. Jones, on August 1, 2008 from 10:00 am to 10:25 am (a total of 25 minutes).

Date = August 1, 2008

Name = Mr. Jones

Treatment(s) = pulley and theraband

Time = 25 minutes (actual treatment time)

Units = 2

PT Name/signature = *Jane Smith*



Example 2 (concurrent therapy): Jane Smith, a PT, provides concurrent skilled physical therapy treatments to Mr. Thompson, Mr. Smith, Mr. Davis, and Ms. Jones. Mr. Thompson performed sensory integration activities for 18 minutes, Mr. Smith performed his neuro re-education and ther-ex program for 45 minutes, Mr. Davis practiced gait training for 35 minutes and Ms. Jones practiced transfers for 8 minutes. The treatment was from 10:00 am to 10:45 am on August 1, 2008.

Date = August 1, 2008

Name = Mr. Thompson

Treatment(s) = sensory integration activities

Time = 18 minutes (actual treatment time)

Units = 2

Name = Mr. Smith

Treatment(s) = neuro re-education and ther-ex

Time = 45 minutes (actual treatment time)

Units = 3

Name = Mr. Davis

Treatment(s) = gait training

Time = 35 minutes (actual treatment time)

Units = 3

Name = Ms. Person

Treatment(s) = transfer training

Time = 8 minutes (actual treatment time)

Units = 1

Total Units = 9 units

Therapist Time Per Concurrent Session (Subtotal): 45 minutes (greatest length of time a participant performed treatment during each session)

PT Name/signature = *Jane Smith*



Example 3 (group therapy): Jane Smith, a PT, provides a group skilled physical therapy treatment to Mrs. Wick, Mrs. Jones, Mrs. Bell, Mr. Candle, Mr. Smith, Mrs. Tate and Mr. Wright. Each person is on skilled physical therapy with individual goals. The above individuals all have history of falls with strong predictors for recurrent falls. The skilled therapy treatment was a fall prevention group. The group was from 10:00 am to 10:30 am on August 1, 2008.

Date = August 1, 2008

Name = Mrs. Wick

Treatment(s) = fall prevention/patient education

Time = 30 minutes (actual treatment time)

Units = 2

Name = Mr. Jones

Treatment(s) = fall prevention/patient education

Time = 30 minutes (actual treatment time)

Units = 2

Name = Mrs. Bell

Treatment(s) = fall prevention/patient education

Time = 30 minutes (actual treatment time)

Units = 2

Name = Mr. Candle

Treatment(s) = fall prevention/patient education

Time = 30 minutes (actual treatment time)

Units = 2

Name = Mr. Lee

Treatment(s) = fall prevention/patient education

Time = 30 minutes (actual treatment time)

Units = 2

Name = Mrs. Tate

Treatment(s) = fall prevention/patient education

Time = 30 minutes (actual treatment time)

Units = 2

Name = Mr. Wright

Treatment(s) = fall prevention/patient education

Time = 30 minutes (actual treatment time)

Units = 2

Total Units = 14 units

Therapist Time Per Group Session (Subtotal): 30 minutes (greatest length of time participants performed group treatment during the session)

PT Name/signature = *Jane Smith*



Example of a Daily Summary of Units and Time for Physical Therapy Services Provided on August 1, 2008		
<u>Mode</u>	<u>Units</u>	<u>Minutes</u>
Individual Tx	2	25
Concurrent Tx	9	45 (greatest time spent)
Group Tx	14	30
Physical Therapy Daily Total	25	100

Note: Sample forms, examples and instructions are available at www.caads.org



OCCUPATIONAL THERAPY DEFINITIONS

Occupational therapy services and treatments must be provided by a California licensed occupational therapist (OT) or by a certified occupational therapy assistant (COTA) under the appropriate supervision of the OT, in accordance with his/her scope of practice.

The California Legislature has defined the scope of practice for occupational therapy in Chapter 5.6 of the BUSINESS AND PROFESSIONS CODE at http://www.leginfo.ca.gov/html/bpc_table_of_contents.html.

See also the Occupational Therapy Board of California web site <http://www.bot.ca.gov/>

Separately Billable ADHC Occupational Therapy Service Defined.

A separately billable occupational therapy service is a treatment or intervention that attempts to reduce impairments and improve function through the application of clinical skills and/or services. An OT's specialized skills, knowledge and judgment are required to safely and effectively furnish a recognized occupational therapy service whose goal is improvement of an impairment or functional limitation.

Skilled occupational therapy may also be medically necessary where a chronic or terminal condition exists if the skills and special training of the OT are necessary to treat the condition.

Note: *The fact that full or partial recovery is not possible does not mean that occupational therapy is not medically necessary to improve a participant's condition or delay future decline.*

Occupational therapy includes the selection and teaching of task-oriented therapeutic activities to restore sensory-integrative functions, teaching of compensatory techniques to permit a participant with a physical or cognitive impairment or limitation to engage in daily activities.

Occupational therapy services provided by an OT or COTA are counted as separately billable only when furnished in accordance with the following conditions:

- the participant was assessed to need occupational therapy services; and
- an Individual Plan of Care identifying the occupational therapy treatments/interventions has been established; or
- an occupational therapy intervention is necessary to support an unforeseen change in a participant's condition to maximize functional capacity; and
- such services may include individual participant or family education to support a safe and effective therapeutic treatment plan; and



- services are not core services as defined in Welfare & Institutions Code Section 14550.5; and
- services must be furnished by a California licensed OT or COTA, under the supervision of the OT in accordance with his/her scope of practice, and who is employed by or contracted with the ADHC center.



BEST PRACTICE:

The Individual Plan of Care establishes the planned separately billable services (SBS) for each participant. A center is responsible for coordinating program services and the OT must document ongoing treatments and observations in the participant's health record.

A variance from the Individual Plan of Care requires supporting documentation and justification in the participant's health record for counting additional SBS.

If there is a change in the physical health, mental health, or cognitive condition of the participant requiring an occupational therapy evaluation and intervention, the change, evaluation and the intervention should be noted in the participant's health record. This evaluation and associated intervention may be counted as a SBS.

Not Counted as Separately Billable - Maintenance and Core Services.

Occupational therapy treatments or services are not counted as separately billable when the participant has attained the therapy goals identified in the Individual Plan of Care and has been discharged from occupational therapy services.

Occupational therapy treatments or services are also not counted as separately billable if a treatment or service does not require the skill and training of an OT or COTA and can be safely and effectively carried out by personnel other than an OT or COTA.

The fact that an OT and/or COTA may be requested to perform a service or activity does not in and of itself constitute a separately billable service. To be counted as a SBS, the participant must require the skills and training of an OT and/or COTA to enhance their physical, cognitive or mental well-being.

Note: *Therapeutic exercises may be performed for either restorative or maintenance purposes. Generally, when the exercises are routine and performed for maintenance of function and do not require the skills and knowledge of a licensed OT and/or COTA, they are not counted as a SBS.*



Not included as a Separately Billable Service:

Do not count the following tasks or activities as separately billable. They will be accounted for as a core service in the cost report:

- Non-participant related tasks such as charting and administrative work
- Time spent setting up the treatment modality
- Time spent providing consulting services to the center staff
- Time spent teaching aides or nurses in how to carry out a maintenance exercise program
- Time spent performing non-skilled services such as leading an exercise class
- Services provided as part of the initial assessment days

Separately Billable Occupational Therapy Treatments Defined (*Not All Inclusive*).

To be counted as separately billable, the occupational therapy treatments or exercises must be performed by a licensed OT and/or a COTA, operating under the supervision of the licensed OT, within his/her scope of practice. Examples of occupational therapy treatments or activities include, but are not limited to:

- Community/work reintegration training (e.g., shopping, transportation, money management, vocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment)
- Development of cognitive skills to improve attention memory, problem solving (includes compensatory training)
- Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
- Orthotic(s) management and training (including assessment and fitting when not otherwise reported)
- Prosthetic management and training (including assessment and fitting when not otherwise reported)
- Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction)
- Therapeutic activities or exercises to improve strength, endurance, flexibility or range in motion that due to the nature or condition of the participant must be performed by the OT or COTA
- Wheelchair management including assessment, fitting and training
- Activities of daily living training (e.g., hygiene, feeding, dressing)
- Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands

Note: DHCS will define and publish any and all Medi-Cal codes for separately billable services under occupational therapy. This list will become available prior to the rate implementation.



Separately Billable Occupational Therapy Modes.

To be counted as a separately billable service, occupational therapy services may be provided directly to a participant on a one-to-one basis, concurrently to more than one person, or in a group setting, consistent with each participant's Individual Plan of Care or modification as noted in the participant health record.

Concurrent Occupational Therapy Definition

Concurrent OT is individualized therapeutic treatments provided by an OT and/ or COTA, within their scope of practice, to more than one (1) person, not to exceed four (4) individuals during the same session.

A participant's cognitive status, understanding of therapeutic goals, coordination and tolerance of the therapy must be considered if treatment is performed concurrently.

An OT must direct the treatment or provide direct supervision under his/her scope of practice to assure adequate monitoring for quality and safety purposes.

Note: An OT performing concurrent therapy must use clinical judgment in determining appropriateness of mode and must not treat multiple participants merely as a convenience for the therapist.

Group Occupational Therapy Definition

Group therapy is the same treatment provided simultaneously to a minimum of two (2), up to and including eight (8) participants, by one (1) or more OTs and/or COTAs operating within his/her scope of practice.

Maximum group size must follow usual standards of practice but must not exceed eight (8) participants in the ADHC setting to be counted as a separately billable service. The participants will generally be performing the same type of therapeutic modality.

The OT or COTA must provide constant attendance, within his/her scope of practice, but constant one-on-one participant contact is not required. Treatment in a group environment must support each participant's specialized needs as documented in an Individual Plan of Care or the participant's health record.

Unit of Service Defined.

A unit of service is equal to or greater than eight (8) minutes, up to and including fifteen (15) minutes of time.

8 to 15 minutes = 1 unit

16 to 30 minutes = 2 units

31 to 45 minutes = 3 units

46 to 60 minutes = 4 units



Separately billable services should not be counted for a participant if a treatment is performed less than eight (8) minutes total in one (1) day.

If the same participant receives multiple separately billable occupational therapy services on the same day and the total time (sum of all treatments) is greater than or equal to eight (8) minutes, one (1) or more units of service, as appropriate, should be counted under the occupational therapy treatment.

Counting Separately Billable Units of Service.

Each center must maintain a service log or other means of counting the provision of separately billable services and time spent providing the service. This information will be used to calculate the SBS units of service and to allocate costs between core services and separately billable services in the cost report.

This may be done by maintaining a separate service log or the center may choose to modify existing flow sheets or other logs to incorporate the required time and unit of service data.

The documentation or log must include:

- the date of service
- participant name
- description of treatment
- the time (minutes) spent performing the treatment
- the number of separately billable units of service
- the OT's or COTA's total treatment time (day's sum of minutes divided by 60)
- total units for the day
- signature of the licensed OT attesting to the provision of the occupational therapy services

If concurrent or group services are performed by the licensed OT and/or COTA, it is recommended that a separate service log be kept to track group and concurrent time and units of service. This log must include:

- the date of service
- each participant's name
- description of treatment
- each individual participant's time (minutes) spent performing the treatment
- the duration of the concurrent or group therapy (the occupational therapy time, not the sum of participant minutes)
- the number of separately billable units of service, by participant
- the OT's or COTA's total treatment time (day's sum of minutes divided by 60)
- total units for the day
- signature of the licensed OT attesting to provision of the occupational therapy services



Scheduled occupational therapy treatments not performed with a participant, for any reason, are not to be counted as separately billable.



BEST PRACTICE:

The reason why the occupational therapy was not performed should be documented in the individual health record.

If the participant has achieved the occupational therapy treatment goals sooner than expected, the participant health record should be updated to reflect the revised health status and whether:

- 1) the participant is discharged from occupational therapy, or
- 2) a new occupational therapy goal is established

Note: CAADS has developed and recommends the use of the sample service log forms available at www.caads.org. DHCS does not mandate any particular form but the information must be collected in a manner that provides the required information and provides an “audit trail”.

Separately Billable Examples for Occupational Therapy.

Example 1 (individual therapy): Katie Atkins, OT, provides a skilled occupational therapy treatment to compensate for disorientation and short term memory deficit to one individual, Mr. Campbell, on July 29, 2008 from 10:00 am to 10:25 am (a total of 25 minutes).

Date = July 29, 2008

Name = Mr. Campbell

Treatment(s) = cognitive treatment

Time = 25 minutes (total time spent performing treatment)

Units = 2

OT Name/signature = *Katie Atkins*

Example 2 (concurrent therapy): Katie Atkins, OT, provides concurrent skilled occupational therapy treatments to Mr. Garcia, Mr. Campbell, Mrs. Neil, and Ms. Wong. Mr. Garcia performed his ther-ex program and demonstrated understanding of his home exercise program for 18 minutes, Mrs. Neil performed her fine motor task and hand strengthening ex for 45 minutes, Mr. Campbell practiced upper extremity dressing for 35 minutes and Ms. Wong is practiced transfers and trunk strengthening in preparation for lower extremity dressing for 25 minutes. The treatment was from 10:00 am to 10:45 am on July 29, 2008.

Date = July 29, 2008

Name = Mr. Garcia

Treatment(s) = ther-ex and HEP

Time = 18 minutes (actual treatment time)

Units = 2



GUIDANCE PAPER - Separately Billable Services Definitions and Service Log Requirements

Name = Mrs. Neil
Treatment(s) = fine motor ther-ex
Time = 45 minutes (actual treatment time)
Units = 3

Name = Mr. Campbell
Treatment(s) = upper extremity dressing training
Time = 35 minutes (actual treatment time)
Units = 3

Name = Ms. Wong
Treatment(s) = trunk strengthening and transfers
Time = 25 minutes (actual treatment time)
Units = 2

Total Units = 10 units

Therapist Time Per Concurrent Session (Subtotal): 45 minutes (greatest length of time a participant performed treatment during each session)

OT Name/signature = *Katie Atkins*

Example 3 (group therapy): Katie Atkins, OT, provides a group skilled occupational therapy treatment to Mrs. Wick, Mrs. Jones, Mrs. Bell, Mr. Candle and Mr. Wong. Each person is on skilled occupational therapy with individual goals and each has a history of poor grooming and hygiene. The skilled therapy treatment was “Good Grooming Group.” The group was from 11:00 am to 11:30 am on July 29, 2008.

Date = July 29, 2008
Name = Mrs. Wick
Treatment(s) = grooming group/patient education
Time = 30 minutes (actual treatment time)
Units = 2

Name = Mrs. Jones
Treatment(s) = grooming group/patient education
Time = 30 minutes (actual treatment time)
Units = 2

Name = Mrs. Bell
Treatment(s) = grooming group/patient education
Time = 30 minutes (actual treatment time)
Units = 2

Name = Mr. Candle
Treatment(s) = grooming group/patient education
Time = 30 minutes (actual treatment time)
Units = 2



Name = Mr. Wong
 Treatment(s) = grooming group/patient education
 Time = 30 minutes (actual treatment time)
 Units = 2

Total Units = 10 units.

Therapist Time Per Group Session (Subtotal): 30 minutes (greatest length of time participants performed treatment during the group session)

OT Name/signature = *Katie Atkins*

Example of a Daily Summary of Units and Time for Occupational Therapy Services Provided on July 29, 2008		
<u>Mode</u>	<u>Units</u>	<u>Minutes</u>
Individual Tx	2	25
Concurrent Tx	10	45 (greatest time spent)
Group Tx	10	30
Occupational Therapy Daily Total	22	100

Note: Sample forms, examples and instructions are available at www.caads.org

SPEECH-LANGUAGE PATHOLOGY DEFINITIONS

Speech-language pathology services and treatments must be provided by a California licensed speech-language pathologist (SLP) or by a certified speech-language pathology assistant (SLPA) under the appropriate supervision of a licensed SLP, in accordance with his/her scope of practice.

The California Legislature has defined the scope of practice for speech and language pathology and audiology services in Chapter 5.3 of the BUSINESS AND PROFESSIONS CODE at: http://www.leginfo.ca.gov/.html/bpc_table_of_contents.html.

See also the [California Speech-Language Pathology and Audiology Bureau web site](http://www.slpab.ca.gov/)
<http://www.slpab.ca.gov/>

Separately Billable ADHC Speech-Language Pathology Service Defined.

A separately billable speech-language pathology service is a treatment or intervention that attempts to reduce impairments and improve function through the application of clinical skills and/or services. A licensed SLP's specialized skills, knowledge and judgment are required to safely and effectively furnish a recognized speech-language pathology service whose goal is improvement of an impairment or functional limitation.

Skilled speech-language pathology services may also be medically necessary where a chronic or terminal condition exists if the skills and special training of a licensed SLP are necessary to treat the condition.

Note: *The fact that full or partial recovery is not possible does not mean that speech-language pathology services are not medically necessary to improve a participant's condition or delay future decline.*

Speech and language pathology services are provided to restore, improve or maintain the level of functioning for a disorder of speech, voice, language, cognition, and/or swallowing.

Speech-language pathology services provided by a licensed SLP or a certified SLPA are counted as separately billable only when furnished in accordance with the following conditions:

- the participant was assessed to need speech-language pathology services; and
- an Individual Plan of Care identifying the speech-language pathology treatments/interventions has been established; or
- a speech-language pathology treatment/intervention is necessary to support an unforeseen change in a participant's condition to maximize functional capacity; and



- such services may include individual participant or family education to support a safe and effective speech-language pathology treatment plan; and
- services are not core services as defined in Welfare & Institutions Code Section 14550.5; and
- services must be furnished by a California licensed SLP or SLPA, under the supervision of the SLP in accordance with his/her scope of practice, and is employed by or contracted with the ADHC center.



BEST PRACTICE:

The Individual Plan of Care establishes the planned separately billable services (SBS) for each participant. A center is responsible for coordinating program services and the SLP must document ongoing treatments and observations in the participant's health record.

A variance from the Individual Plan of Care requires supporting documentation and justification in the participant's health record for counting additional SBS.

If there is a change in the physical health, mental health, or cognitive condition of the participant requiring speech-language pathology evaluation and intervention, the change, evaluation and the intervention should be noted in the participant's health record. This evaluation and associated intervention(s) may be counted as a SBS.

Not Counted as Separately Billable - Maintenance and Core Services.

Speech-language pathology treatments or services are not counted as separately billable when the participant has attained the therapy goals identified in the Individual Plan of Care and has been discharged from the speech-language therapy services.

Speech-language pathology treatments or services are also not counted as separately billable if a treatment or service does not require the skills and training of a SLP or SLPA and can be safely and effectively carried out by personnel other than a licensed SLP or SLPA.

The fact that a licensed SLP and/or SLPA may be requested to perform a service or activity does not in and of itself constitute a separately billable service. To be counted as a SBS, the participant must require the skills and training of the SLP and/or SLPA to enhance their cognitive, physical or mental well-being.

Not included as a Separately Billable Service.

Do not count the following tasks or activities as separately billable. They will be accounted for as a core service in the cost report:

- Non-participant related tasks such as charting and administrative work
- Time spent setting up the treatment modality
- Time spent providing consulting services to the center staff
- Services provided as part of the initial assessment days



Separately Billable Speech-Language Pathology Treatments Defined (*Not All Inclusive*).

To be counted as separately billable, speech-language pathology treatments or interventions must be performed by a licensed SLP and/or a certified SLPA, operating under the supervision of the licensed SLP, within his/her scope of practice. Examples of speech- language pathology treatments or interventions include, but are not limited to:

- Treatment of expressive and receptive language function, language comprehension, speech production ability, reading, spelling and writing
- Treatment of cognitive-linguistic skills to improve attention, language, memory, problem solving, thinking, reasoning, judgment, planning, sequencing and visual spatial abilities
- Treatment of swallowing dysfunction and/or oral function for feeding
- Speech/language treatment for dysarthria, voice disorders, and aural rehabilitation

Note: DHCS will define and publish any and all Medi-Cal codes for separately billable services under speech-language pathology. This list will become available prior to the rate implementation.

Separately Billable Speech-Language Pathology Modes.

To be counted as separately billable, speech-language pathology services may be provided directly to a participant on a one-to-one basis, concurrently to more than one (1) person under limited circumstances, or in a small group setting and must be consistent with each participant's Individual Plan of Care or modification as noted in the participant health record.

Group Therapy Definition

Group therapy is the same treatment provided simultaneously to a minimum of two (2) or up to and including eight (8) participants, by one (1) or more SLPs or SLPAs, within his/her scope of practice.

Maximum group size must follow usual standards of practice but must not exceed **eight (8)** individuals in the ADHC setting to be counted as a separately billable service. The participants will generally be performing the same type of therapeutic modality.

The SLP or SLPA must provide constant attendance, within his/her scope of practice, but constant one-on-one participant contact is not required. Treatment in a group environment must support each participant's specialized needs as documented in an Individual Plan of Care or participant's health record.



Unit of Service Defined.

A unit of service is equal to or greater than eight (8) minutes, up to and including fifteen (15) minutes of time.

8 to 15 minutes = 1 unit
16 to 30 minutes = 2 units
31 to 45 minutes = 3 units
46 to 60 minutes = 4 units

Separately billable services should not be counted for a participant if a treatment is performed less than eight (8) minutes total in one (1) day.

If the same participant receives multiple separately billable SLP services on the same day and the total time (sum of all treatments) is greater than or equal to eight (8) minutes, one (1) or more units of service, as appropriate, should be counted under the speech-language pathology treatment.

Counting Separately Billable Units of Service.

Each center must maintain a service log or other means of counting the provision of separately billable services and associated time spent providing the service. This information will be used to calculate SBS units of service and to allocate costs between core services and separately billable services in the cost report.

This may be done by maintaining a separate service log or the center may choose to modify existing flow sheets or other logs to incorporate the required time and unit of service data.

The documentation or service log must include:

- the date of service
- participant name
- description of treatment
- the time (minutes) spent performing the treatment
- the number of separately billable units of service
- the SLP's or SLPA's total treatment time (day's sum of minutes divided by 60)
- total units for the day
- signature of the licensed SLP attesting to the provision of the speech-language pathology services

If group services are performed by the licensed SLP and/or SLPA, it is recommended that a separate daily service log be kept to track group session times and units of service.



This log must include:

- the date of service
- each participant's name
- description of treatment
- the individual participant's time (minutes) spent performing the treatment
- the duration of the concurrent therapy (the length of speech-language pathology time, not the sum of participant minutes)
- the number of separately billable units of service, by participant
- the SLP's or SLPAs total treatment time (day sum of minutes divided by 60)
- total units for the day
- signature of the licensed SLP attesting to the provision of the speech-language pathology services

Scheduled speech-language pathology treatments not performed with a participant, for any reason, are not counted as separately billable.



BEST PRACTICE:

The reason why the speech-language pathology treatment was not performed should be documented in the individual health record.

If the participant has achieved the speech-language pathology treatment goals earlier than expected, the participant health record should be updated to reflect the revised health status and whether:

- 1) the participant is discharged from speech-language pathology, or
- 2) a new speech-language pathology goal is established.

Note: CAADS has developed and recommends the use of the sample service log forms available at www.caads.org. DHCS does not mandate any particular form but the information must be collected in a manner that provides the required information and provides an "audit trail."

Separately Billable Examples for Speech-Language Pathology Services.

Example 1 (individual therapy): Jenny Jones, SLP, provides a swallow/feed treatment to one individual, Mr. Kimble, on August 12, 2008 from 11:00 am to 11:40 am (a total of 40 minutes).

Date = August 12, 2008

Name = Mr. Kimble

Treatment(s) = swallow/feed treatment

Time = 40 minutes (actual treatment time)

Units = 3

SLP Name/signature = Jenny Jones



Example 2 (group therapy): Jenny Jones, a SLP, provides group training to Mrs. Wick, Mrs. Jones, Mrs. Bell, Mr. Candle and Mr. Wong from 11:00 am to 11:25 am on August 12, 2008. All participants were performing higher level cognitive-linguistics training that involved memory, problem solving, and sequencing.

Date = August 12, 2008

Name = Mrs. Wick

Treatment(s) = memory, problem solving, and sequencing

Time = 25 minutes (actual treatment time)

Units = 2

Name = Mrs. Jones

Treatment(s) = memory, problem solving, and sequencing

Time = 15 minutes (actual treatment time)

Units = 1

Name = Mrs. Bell

Treatment(s) = memory, problem solving, and sequencing

Time = 25 minutes (actual treatment time)

Units = 2

Name = Mr. Candle

Treatment(s) = memory, problem solving, and sequencing

Time = 25 minutes (actual treatment time)

Units = 2

Name = Mr. Wong

Treatment(s) = memory, problem solving, and sequencing

Time = 25 minutes (actual treatment time)

Units = 2

Total Units = 9 units

Therapist Time Per Group Session (Subtotal): 25 minutes (greatest length of time participants performed treatment during the group session)

SLP Name/signature = *Jenny Jones*

Example of a Daily Summary of Units and Time for Speech-Language Pathology Provided on August 12, 2008		
<u>Mode</u>	<u>Units</u>	<u>Minutes</u>
Individual Tx	3	40
Group Tx	9	25
Speech-Language Pathology Daily Total	12	65

Note: Sample forms, examples and instructions are available at www.caads.org



MENTAL HEALTH SERVICE DEFINITIONS

Mental health services and treatments must be provided by one of the following licensed professionals (herein referred to as a mental health professional) in accordance with his/her respective scope of practice:

- Psychiatrist
- Clinical (Licensed) Psychologist
- Licensed Clinical Social Worker
- Advanced Practice Mental Health Nurse

The California Legislature has defined the scope of practice for these mental health professionals in the BUSINESS AND PROFESSIONS CODE at:

http://www.leginfo.ca.gov/html/bpc_table_of_contents.html

Psychiatrist - Chapter 5

Licensed Psychologist - Chapter 6.6

Licensed Clinical Social Worker - Chapter 14

Advanced Practice Mental Health Nurse - Chapter 6

These licensed professionals provide mental health services for the prevention, diagnosis and treatment of mental, behavioral and emotional disorders. The interventions are grounded in theory and appropriate in reaching specific goals and objectives of a participant according to their Individual Plan of Care. Services include but are not limited to:

- support and relief of emotional pain;
- identifying, managing and reducing symptoms of a mental illness to reduce the rate of relapse;
- developing skills to create and maintain healthy relationships;
- facilitating acquisitions of new and more effective strategies and behaviors to restore and/or maintain the participant at the best possible emotional, social and cognitive functional level; and
- providing psychotherapeutic techniques to address affective, cognitive, and behavioral changes as well as influence a participant's social environment.

Additionally, the following practitioners may provide mental health services in consultation with one of the above listed mental health professionals, according to his/her scope of practice:

- Registered Psychological/Psychiatric Assistant
- Licensed Marriage Family and Child Counselor
- Licensed Marriage Family Therapist
- Certified Rehabilitation Counselor
- Associate Clinical Social Worker



Separately Billable ADHC Mental Health Service Defined.

A separately billable mental health service is a treatment or intervention that attempts to reduce impairments and improve function through the application of clinical skills and/or services. A mental health professional's specialized skills, knowledge and judgment are required to safely and effectively furnish a recognized mental health service whose goal is improvement of an impairment or functional limitation.

Mental health services may also be medically necessary where a chronic or terminal condition exists if the skills of the mental health professional are necessary to treat the condition.

Note: *The fact that full or partial recovery is not possible does not mean that mental health services are not medically necessary to improve a participant's condition or delay future decline.*

Mental health services provided by a mental health professional are counted as separately billable only when furnished in accordance with the following conditions:

- the participant was assessed and determined to need mental health services; and
- an Individual Plan of Care identifying the mental health treatment/intervention has been established; or
- a mental health evaluation and intervention is necessary to support an unforeseen change in a participant's condition to maximize functional capacity; and
- such services may include individual participant or family education to support a safe and effective mental health treatment plan; and
- services are not core services as defined in Welfare & Institutions Code Section 14550.5; and
- services must be furnished by a mental health professional, or a qualified practitioner in consultation with a licensed professional, as defined in this document, and be employed by or contracted with the ADHC center.



BEST PRACTICE:

The Individual Plan of Care establishes the planned separately billable services (SBS) for each participant. A center is responsible for coordinating program services and the mental health professional must document ongoing treatments and observations in the participant's health record.

A variance from the Individual Plan of Care requires supporting documentation and justification for counting additional SBS.



If there is a change in the mental health or cognitive condition of the participant requiring mental a health evaluation and intervention, the change, evaluation and mental health intervention should be noted in the participant's health record. This evaluation and associated intervention(s) may be counted as a SBS.

Not Counted as Separately Billable - Maintenance and Core Services.

Mental health treatments or services are no longer recorded as separately billable when the participant has attained the therapy goals identified on the Individual Plan of Care and has been discharged from mental health services.

Mental health treatments or services are also not counted as separately billable if a treatment or service does not require the skills and training of a mental health professional and can be safely and effectively carried out by personnel other than a licensed mental health professional, as defined in this document.

The fact that a psychiatrist, clinical psychologist, clinical social worker, advanced practice mental health nurse and/or a qualified practitioner in consultation with a licensed mental health professional, as defined in this document, may be requested to perform a service or activity does not constitute a separately billable service.

To be counted as separately billable, the participant must require the skills and training of a qualified mental health professional to enhance their physical, cognitive or mental well-being.

Not included as a Separately Billable Service.

Do not count the following tasks or activities as separately billable. They will be accounted for as a core service in the cost report:

- Non-participant related tasks such as charting and administrative work
- Time spent setting up the treatment modality
- Time spent providing consulting services to the center staff
- Time spent performing non-skilled services
- Services provided as part of the initial assessment days

Separately Billable Mental Health Treatments Defined (*Not All Inclusive*).

To be counted as separately billable, mental health interventions or techniques must be performed by a mental health professional or other qualified practitioner, as defined in this document.

Licensed mental health professionals utilize a variety of therapeutic techniques, alone or in combination, to improve, modify and/or maintain a participant's affective, behavioral, cognitive and social functionality.



Psychological techniques fall into the following four (4) broad categories and include, but are not limited to the following:

- **Affective Interventions:** used to help participants express, identify, discriminate between, alter or accept feelings or feeling states. Examples: affect focusing techniques and empty chair are used to develop expressive skills.
- **Cognitive Interventions:** used to diminish emotional pain and corresponding maladaptive behavior patterns by changing/correcting problems in thoughts, perceptions and beliefs. Examples: Albert Ellis's A-B-C-D-E analysis, thought stopping, cognitive restructuring to reframe negative self talk.
- **Behavioral Interventions:** used to help participants weaken or remove behavior that interferes with specific goals/outcomes such as, to stop eating snacks between meals if the goal is to lose weight. Examples: Role-playing and rehearsal; systematic desensitization; relaxation training, self-contracting and self-monitoring, skills training, behavior modification.
- **Systemic Interventions:** used to change the participant's social environment/system which in turn, changes the patterns of interrelationships that supported the participant's dysfunctional responses. Examples: altering communication patterns through role-play; establishing new boundaries; family genogram and family structure.

Note: DHCS will define and publish any and all Medi-Cal codes for separately billable services under mental health services. This list will become available prior to the rate implementation.

Separately Billable Mental Health Therapy Modes.

To be counted as separately billable, mental health services may be provided directly to a participant on a one-to-one basis or provided in a group setting. Treatment in a group setting must support each participant's specific needs as documented in an Individual Plan of Care or modification as noted in the participant health record.

Group Mental Health Therapy Definition

Group therapy is the same treatment provided simultaneously to more than one (1) up to and up to and including eight (8) individual participants by one (1) or more mental health professionals operating within his/her scope of practice.

Maximum group size must follow usual standards of practice but must not exceed **eight (8)** individuals in the ADHC setting to be counted as a separately billable unit of service. Treatment in a group environment must support each participant's specialized needs as documented in an Individual Plan of Care or participant's health record.



Unit of Service Defined.

A unit of service is equal to or greater than eight (8) minutes, up to and including fifteen (15) minutes of time.

8 to 15 minutes = 1 unit
16 to 30 minutes = 2 units
31 to 45 minutes = 3 units
46 to 60 minutes = 4 units

Separately billable services should not be counted for a participant if a treatment is performed less than eight (8) minutes total in one (1) day.

If the same participant receives multiple separately billable mental health services on the same day and the total time (sum of all treatments) is greater than or equal to eight (8) minutes, one (1) or more units of service, as appropriate, should be counted under the mental health treatment.

Counting Separately Billable Units of Service.

Each center must maintain a service log or other means of counting the provision of separately billable services. This information will be used to calculate SBS units of service and to allocate costs between core services and separately billable services in the cost report.

This may be done by maintaining a separate service log or the center may choose to modify existing flow sheets or logs to incorporate the required time and unit of service data.

The documentation or service log must include:

- the date of service
- participant name
- description of treatment
- the time (minutes) spent in the group
- the number of separately billable units of service
- the therapist's total treatment time (day's sum of minutes divided by 60)
- total units for the day
- signature of the licensed mental health professional attesting to the provision of the mental health services



If group services are performed by the mental health professional, a separate service log must be kept. This log must include:

- the date of service
- each participant's name
- description of treatment
- each individual participant's time (minutes) spent receiving the treatment
- duration of the group treatment (the mental health treatment time, not the sum of participant minutes)
- the number of separately billable units of service, by participant
- the mental health professional's total treatment time (day's sum of minutes divided by 60)
- total units for the day
- signature of the licensed mental health professional attesting to the provision of the mental health services

Scheduled mental health treatments not performed with a participant, for any reason, are not to be counted as separately billable.



BEST PRACTICE:

The reason why the mental health treatment was not performed should be documented in the individual health record.

If the participant has achieved the treatment goals of the mental health service earlier than expected, the participant health record should be updated to reflect the revised health status and whether:

- 1) the participant is discharged from mental health services, or
- 2) a new mental health goal is established.

Note: CAADS has developed and recommends the use of the sample service log forms available at www.caads.org. DHCS does not mandate any particular form but the information must be collected in a manner that provides the required information and provides an "audit trail."

Separately Billable Examples for Mental Health Services.

Example 1 (individual psychotherapy): Kim Ames, CP, provides mental health therapy, using supportive psychotherapy, to one individual, Mr. Anderson, on August 18, 2008 from 1:15 pm to 1:45 pm for a total of 30 minutes.

Date = August 18, 2008

Name = Mr. Anderson

Treatment(s) = supportive psychotherapy

Time = 30 minutes (actual treatment time)

Units = 2

Therapist Name/signature = *Kim Ames*



Example 2 (group psychotherapy): Kim Ames, CP, provides group psychotherapy to identify negative thoughts and behaviors in the treatment of depression to Mrs. Wick, Mr. Bell, Mrs. Smith and Mr. Wong from 10:00 am to 10:40 am on August 18, 2008.

Date = August 18, 2008
 Name = Mrs. Wick
 Treatment(s) = group psychotherapy
 Time = 40 minutes (actual treatment time)
 Units = 3

Name = Mr. Bell
 Treatment(s) = group psychotherapy
 Time = 40 minutes (actual treatment time)
 Units = 3

Name = Mrs. Smith
 Treatment(s) = group psychotherapy
 Time = 40 minutes (actual treatment time)
 Units = 3

Name = Mr. Wong
 Treatment(s) = group psychotherapy
 Time = 40 minutes (actual treatment time)
 Units = 3

Total Units = 12 units

Therapist Time Per Group Session (Subtotal): 40 minutes (greatest length of time participants performed treatment during the group session)

Therapist Name/signature = *Kim Ames*

Example of a Daily Summary of Units and Time for Mental Health Services Provided on August 18, 2008		
<u>Mode</u>	<u>Units</u>	<u>Minutes</u>
Individual Tx	2	30
Group Tx	12	40
Mental Health Daily Total	14	70

Note: Sample forms, examples and instructions are available at www.caads.org

REGISTERED DIETITIAN SERVICE DEFINITIONS

Registered Dietitian services must be provided by a California registered dietitian (RD) in accordance with his/her scope of practice.

The California Legislature has defined the scope of practice for registered dietitians in Chapter 5.65 of the BUSINESS AND PROFESSIONS CODE at:
http://www.leginfo.ca.gov/.html/bpc_table_of_contents.html.

Separately Billable Registered Dietitian ADHC Service Defined.

A separately billable registered dietitian service is a treatment or intervention that attempts to reduce impairments and improve function through the application of clinical skills and/or services. An RD's specialized skills, knowledge and judgment are required to safely and effectively furnish a recognized registered dietitian service whose goal is improvement of a chronic condition or nutritional deficiency through skilled dietary services.

Improvement is evidenced by successive objective measurements whenever possible. Registered dietitian services may also be medically necessary where a chronic or terminal condition exists if the skills of the RD operating within his/her scope of practice are necessary to treat the condition.

Note: *The fact that full or partial recovery is not possible does not mean that skilled registered dietitian services are not medically necessary to improve a participant's condition or delay future decline.*

Registered dietitian services are for the purpose of assisting the participant and his/her family or caregivers with providing the participant foods and guidance to maximize his/her response to medical and remedial services. Services may include RD counseling and nutrition education, and oversight of therapeutic diets ordered by the personal health care provider. The dietary regimen is documented in the Individual Plan of Care.

Registered dietitian services provided by a RD are counted as separately billable only when furnished in accordance with the following conditions:

- the individual was assessed to need registered dietitian services; and
- an Individual Plan of Care identifying the registered dietitian services has been established; and
- such services may include individual participant or family education to support a safe and effective diet or nutritional plan; and
- services are not core services as defined in Welfare & Institutions Code Section 14550.5; and
- services must be furnished by a RD employed or contracted with the ADHC center.





BEST PRACTICE:

The Individual Plan of Care establishes the planned separately billable services (SBS) for each participant. A center is responsible for coordinating program services and the RD must document ongoing treatments and observations in the participant's health record.

A variance from the Individual Plan of Care requires supporting documentation and justification in the health record for recording additional SBS.

If there is a change in the physical health, mental health, or cognitive condition of the participant requiring a RD evaluation and intervention, the change, evaluation and the intervention should be noted in the participant health record. This evaluation and intervention may be recorded as a SBS.

Not Counted as Separately Billable - Maintenance and Core Services.

Registered dietitian services are not counted as separately billable when the participant has attained the registered dietitian service goals identified in the Individual Plan of Care and has been discharged from registered dietitian services.

Registered dietitian services are also not counted as separately billable if a treatment or service does not require the skills and training of a RD and can be safely and effectively carried out by personnel other than the RD.

The fact that a RD may be requested to perform a service or activity does not constitute a separately billable service.

To be counted as a SBS, the participant must require the skills and training of the RD to enhance their physical or mental well-being.

Not included as a Separately Billable Service.

Do not count the following tasks or activities as separately billable. They will be accounted for as a core service in the cost report:

- Non-participant related tasks such as charting and administrative work
- Time spent setting up meal service or the treatment modality
- Time spent providing consulting services to the center staff
- Time spent performing non-participant services such as setting up monthly menus or inspecting outside food vendor services
- Services provided as part of the initial assessment days



Separately Billable Registered Dietitian Services Defined (*Not All Inclusive*).

To be counted as separately billable, registered dietitian services must be performed by a licensed RD, operating within his/her scope of practice. Examples of separately billable registered dietitian services include, but are not limited to:

- Assessment of dietary intake for factors that affect health and conditions including nutrition risk:
 - Evaluation of adequacy and appropriateness of current diet prescription
 - Assessment of adequacy and appropriateness of food, beverage and nutrient intake (e.g., macro and micro nutrients; meal patterns; food allergies)
 - Evaluation of health and disease condition(s) for nutrition related consequences
 - Evaluation of psychosocial, socioeconomic, functional and behavioral factors related to food access, selection, preparation, and understanding of health condition
- Implementation of the nutrition intervention to change nutrition-related behavior, risk factor, environmental condition, or an aspect of health status for the participant
- Monitoring and evaluation of the participant's progress related to the nutrition intervention.

Note: DHCS will define and publish any and all Medi-Cal codes for separately billable registered dietitian services. This list will become available prior to the rate implementation.

Registered Dietitian Services Modes.

To be counted as a separately billable service, registered dietitian services may be provided directly to a participant on a one-to-one basis or provided in a group setting consistent with each participant's Individual Plan of Care or modification as noted in the participant health record.

Group Registered Dietitian Definition

Group service is the same service/intervention provided simultaneously to more than one (1), up to and including eight (8) participants, by one (1) or more licensed RDs, operating within his/her scope of practice.

Maximum group size must follow usual standards of practice but must not exceed **eight (8)** individuals in the ADHC setting to be counted as a separately billable service. The participants will generally be requiring the same type of service modality.

Services in a group environment must support each participant's specialized needs as documented in an Individual Plan of Care or the participant's health record.



Unit of Service Defined.

A unit of service is equal to or greater than eight (8) minutes, up to and including fifteen (15) minutes of time.

8 to 15 minutes = 1 unit

16 to 30 minutes = 2 units

31 to 45 minutes = 3 units

46 to 60 minutes = 4 units

Separately billable services should not be counted for a participant if a treatment or service is performed less than eight (8) minutes total in one (1) day.

If the same participant receives multiple separately billable services on the same day and the total time (sum of all treatments) is greater than or equal to than eight (8) minutes, one (1) or more units of service, as appropriate, should be counted under the registered dietitian service.

Counting Separately Billable Units of Service.

Each center must maintain a service log or other means of counting the provision of separately billable services and associated time spent providing the service. This information will be used to calculate SBS units of service and to allocate costs between core services and separately billable services in the cost report.

This may be done by maintaining a separate service log or the center may choose to modify existing flow sheets or other logs to incorporate the required time and unit of service data.

The documentation or service log must include:

- the date of service
- participant name
- description of treatment or service
- the time (minutes) spent performing the service
- the number of separately billable units of service
- the RD's total time (day's sum of minutes divided by 60)
- total units for the day
- signature of the licensed RD attesting to the provision of the registered dietitian services

If group services are performed by the RD, it is recommended that a separate service log must be kept to track group and concurrent session times and units of service.



The documentation or service log must include:

- the date of service
- each participant's name
- description of service
- each individual participant's time (minutes) spent receiving education or service
- duration of the group service (the registered dietitian time, not the sum of participant minutes)
- the number of separately billable units of service, by participant
- the RD's total services time (day's sum of minutes divided by 60)
- total units for the day
- signature of licensee RD attesting to the provision of the registered dietitian services

Scheduled registered dietitian services not performed with a participant, for any reason, are not to be counted as separately billable.



BEST PRACTICE:

The reason why the registered dietitian service was not performed should be documented in the individual health record.

If the participant has achieved the registered dietitian treatment goals sooner than expected, the participant health record should be updated to reflect the revised health status and whether:

- 1) the participant is discharged from registered dietitian services, or
- 2) a new registered dietitian goal is established.

Note: CAADS has developed and recommends the use of the sample service log forms available at www.caads.org. DHCS does not mandate any particular form but the information must be collected in a manner that provides the required information and provides an "audit trail."

Separately Billable Examples for Registered Dietitian.

Example 1 (individual services):

Ginger Graham, an RD, provides written and verbal education diabetic meal planning education to teach one individual, Mr. Casper, carbohydrate counting guidelines due to a new diagnosis of diabetes on September 4, 2008 from 10:00 am to 10:25 am (a total of 25 minutes). Food model demonstrations were provided to increase understanding.

Date = September 4, 2008

Name = Mr. Casper

Treatment(s) = nutritional counseling for diabetic management

Time = 25 minutes (actual treatment time)

Units = 2

RD Name/signature = *Ginger Graham*



Example 2 (group services): Ginger Graham, RD, provides a group dietary education counseling class on special dietary needs of renal patients for Mrs. Wick, Mr. Bell, Mrs. Smith and Mr. Wong, each of whom have a history of non-compliance with their special diets. Grocery shopping, foods to add or avoid and compliant strategies were discussed, from 10:00 am to 10:45 am on September 4, 2008.

Date = September 4, 2008

Name = Mrs. Wick

Treatment(s) = renal diet mgmt/dietary education

Time = 45 minutes (actual treatment time in educational training session)

Units =3

Name = Mr. Bell

Treatment(s) = diabetes mgmt/dietary education

Time = 45 minutes (actual treatment time in educational training session)

Units = 3

Name = Mrs. Smith

Treatment(s) = diabetes mgmt/dietary education

Time = 45 minutes (actual treatment time in educational training session)

Units = 3

Name = Mr. Wong

Treatment(s) = diabetes mgmt/dietary education

Time = 45 minutes (actual treatment time in educational training session)

Units = 3

Total Units = 12 units

RD Time Per Group Session (Subtotal): 45 minutes (greatest length of time participants performed treatment during the group session)

RD Name/signature = *Ginger Graham*

Example of a Daily Summary of Units and Time for Registered Dietitian Services Provided on September 4, 2008		
<u>Mode</u>	<u>Units</u>	<u>Minutes</u>
Individual Tx	2	25
Group Tx	12	45
Registered Dietitian Daily Total	14	70

Note: Sample forms, examples and instructions are available at www.caads.org

TRANSPORTATION SERVICE DEFINITIONS

A center must provide or arrange for non-emergency transportation services for participants, if necessary, each day the center is open.

Separately Billable ADHC Transportation Service Defined.

A separately billable unit of transportation service is a one-way trip either from the participant's residence to the center or from the center to the participant's residence, regardless of distance, and for which the center incurs a cost. Each participant transported from origin to destination is counted as one (1) unit.

The coordination of the participant's pick up and return to their residence are considered administrative tasks and are not separately billable services. Only the transport of the participant is counted as a unit and separately billable if the ADHC pays for the participant's transportation.

Transportation Modes.

Transportation may be provided by the center's vehicle (owned or leased), public transportation, or under arrangement with one or more transportation service providers.

Not included as a Separately Billable Unit of Service:

Do not count the following tasks or activities as separately billable. They will be accounted for as a core service in the cost report:

- Coordination of transportation service
- Administrative time
- Non-participant related trips such as using the vehicle for errands
- Transportation of a participant to a destination for purposes other than return to place of residence or to the center (example, transportation to go shopping or to a medical appointment)
- Transportation services provided by emergency vehicles as those services are separately paid for through DHCS or Medicare
- Transportation provided by a family member or through other means where the ADHC center is not paying for the cost of the transport

Unit of Service Time Defined.

One way trip = 1 unit per person transported from origin to destination regardless of distance.



Counting Separately Billable Units of Service.

Each center must maintain a service log or other means of counting the provision of separately billable transportation services. This information will be used to calculate SBS units of service and to allocate costs between core services and separately billable services in the cost report.

Centers who employ drivers who also perform other functions besides driving will need to record and report actual driving time related to ADHC transportation services to correctly allocate wages between core and separately billable services. Centers using contracted services will count trips, but not driving time.

The transportation log must include:

- the date of service
- each participant's name
- description of transport (center to home or home to center)
- mode of transportation, e.g., walk-in, taxi, center van, public transportation, family
- the unit of service (1 unit per participant per one way trip)
- driver's transport time (if center vans are used). Time begins when driver leaves the center to pick up participant(s) and stops when the driver returns to the center.
- total units of service

Note: *Scheduled transportation services not provided, for any reason, to a participant or paid for by the center, are not to be counted as separately billable.*

CAADS has developed sample service log forms and instructions available upon request. DHCS does not mandate any particular form as long as the information is collected in a manner that provides the necessary information and is auditable.

Separately Billable Transportation Examples.

Example 1 (ADHC employed driver): Tom Cleary, employed ADHC driver, leaves the center at 9:00 am, picks up eight participants from their residences and returns to the center at 10:00 am on May 16, 2008. Between 10:00 am and 3:00 pm Tom Cleary serves as a program aide and then goes home. [Another employee drives in the afternoon]

Date = May 16, 2008

Names = Mr. Jones, Mrs. Wick, Mrs. Bell, Mr. Candle, Mr. Smith, Mr. Wong, Mrs. Tate, Mr. Wright

Service(s) = home to center

Time = 60 minutes (total time driver spent in route)

Total Units = 8 (pick up from home and drop off at center)

Time allocated to SBS = 1/6 hours = .17 hours counted toward to SBS

Driver Name/signature = Tom Cleary



Example 2 (contracted service): ABC Transportation Services driver Mario Smith transports four individuals, Mr. Jones, Mr. Casey, Mrs. Bell and Mrs. Campbell on May 23, 2008 from each participant's home to the center in the morning arriving at 9:30 am and takes each to their home in the afternoon at 2:00 pm.

Date = May 23, 2008

Name = Mr. Jones

Service(s) = contracted transportation to center and return home

Units = 2

Date = May 23, 2008

Name = Mr. Casey

Service(s) = contracted transportation to center and return home

Units = 2

Date = May 23, 2008

Name = Mrs. Bell

Service(s) = contracted transportation to center and return home

Units = 2

Date = May 23, 2008

Name = Mrs. Campbell

Service(s) = contracted transportation to center and return home

Units = 2

Total Units = 8 units (each person transported round trip)

Driver Name/signature = *Mario Smith*

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