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Critical reminders for Rehabilitation Services:

- Rehab Services are an adjunct to psychotherapy and are designed to target specific problematic behaviors, **not** feelings or emotional states.
- Rehab Services **must** restore, maintain, and/or teach the client or parent/caregiver new skills that will help reduce the problematic behaviors and impairments.
- In order to provide Rehab Services, the rehab worker **should have** a "Rehab Order" from the primary therapist requesting rehabilitation services that <u>target specific and observable behaviors</u> <u>directly related to the client's diagnosis and mental health condition</u>. Completion of the Rehab Order is always coded and billed to Medi-Cal as **case management**.
- Clinicians have the <u>option</u> of using the current Rehab Order template to document the request for rehabilitation services. If using this template, be sure to select all of the <u>Behaviors</u>, <u>Impairments</u>, and suggested <u>Treatment Interventions</u> that apply from the corresponding drop-down menus.
 Remember to select the BLANK SPACE (the bottom choice) in any drop-down menu that you intend to clear as an unused box. **Do not leave "Select Behaviors" or "Select Impairments" as the chosen option.**
- Ongoing need for Rehab Services must always be reassessed when the client's 6-Month and Annual Assessments come due, and the corresponding conversation between the rehab worker and primary therapist needs to be suitably documented in the record.
- On the client's Master Treatment Plan (MTP), the "From Date" <u>must precede</u> the delivery of any
 Rehab or Case Mgmt Services provided and the Rehab Order should be present in the chart. In
 order to ensure coordination of care, any changes to diagnosis or the focus of Rehab Services must
 be communicated and documented in the record. (New Update information)
- For billing purposes, Rehab Services are coded on the Encounter Document (ED) as "Individual Therapy" or "Family Therapy," depending on the mode and focus of the interventions. However, the progress note must always document that the intervention was actually a rehabilitation service.
- Generally speaking, there should not be more than one rehab provider working with the client. If
 more than one rehab service is actually warranted, then the providers must be working on very
 different problem behaviors or working in different settings.



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- Whenever more than one rehabilitation provider is working with a client, the demonstrated need
 for both rehab workers to be involved in the case must be clearly documented and should be
 outlined in the Rehab Order.
- Finally, if Rehab Services are being provided in conjunction with TBS Services, the demonstrated need for both services **must** again be clearly and unambiguously documented by the primary therapist and should be in the Rehab Order. The TBS coach and rehab worker may be focusing on different problem behaviors, working with the client in different settings, or the rehab worker may be supporting TBS interventions.