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## **TAR Criteria for NF Authorization (Valdivia v. Coye)**

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Page updated: August 2020

As the result of a court order in Valdivia v. Coye issued in April 1993, Medi-Cal is required to approve *Treatment Authorization Requests* (TARs) for Medi-Cal covered therapy services when necessary for a Nursing Facility (NF) resident to attain or maintain the highest practicable physical, mental or psychosocial functioning in accordance with the comprehensive resident assessment and individualized plan of care.

This section specifies the TAR requirements for providers who render medical necessity services or to attain or maintain a patient's plan of care. This section also describes the TAR requirements for exclusive services not covered under the long-term care facility's inclusive per diem rate. The "Inclusive and Exclusive Services Chart" and "Medical Necessity and Attain or Maintain Therapy Services Chart" at the end of this section illustrate specific therapy service examples when a request for additional authorization should be submitted.

### **Authorization Requirements**

Occupational, physical, speech and psychiatric therapy rendered to NF Level A or B recipients require authorization. A TAR must be submitted for services that are not part of the Medi-Cal inclusive per diem rate for NFs.

### **Recipient Criteria**

The San Francisco Medi-Cal Field Office reviews therapy TARs for Medi-Cal recipients who meet the following criteria:

- The recipient must reside in a NF Level A or B.
- The recipient must require therapy services by a trained and licensed therapist.
- The therapy service(s) must be medically necessary and/or necessary to attain or maintain the highest practicable occupational, mental and psychosocial functioning.

The same recipient criteria applies to TARs submitted for psychiatric therapy.

## TAR Criteria

There are two standards of criteria for therapy TARs. Medi-Cal recipients must meet one of the following criteria:

1) *California Code of Regulations (CCR)*, Section 51303

“Medical necessity limits health care services to those reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury.”

If the therapy service does not meet the “medical necessity” regulatory standard of criteria, the San Francisco Medi-Cal Field Office (or local field office for psychiatric therapy requests) evaluates the TAR under the following criteria:

2) Valdivia Court Order and Stipulation, paragraph 2(f)(2)(ii).

“Each resident must receive, and the facility must provide, the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial functioning, in accordance with the comprehensive assessment and plan of care.”

For specific therapy examples, refer to the “Medical Necessity and Attain or Maintain Therapy Services Chart” at the end of this section.

## **Inclusive and Exclusive Services**

In many cases, therapy services needed to attain and/or maintain the highest practicable level of functioning can and should be performed as part of the Nursing Facility (NF) inclusive services rendered to the Medi-Cal resident in the NF.

For examples illustrating the relationship between therapy services that are covered in the inclusive services per diem rate and the exclusive therapy services, refer to the “Inclusive and Exclusive Services Chart” at the end of this section.

### **CCR, Title 22, Requirements: Sections 51510 and 51511**

*California Code of Regulations* (CCR), Title 22, Sections 51510 and 51511, state, with the exception of various services separately covered by Medi-Cal, services rendered to NF residents pursuant to Federal Medicaid laws and State licensing laws are reimbursed in the Medi-Cal inclusive per diem rate.

### **Sections 72315 and 73315**

CCR, Title 22, Section 72315, lists requirements for nursing services in a Nursing Facility providing NF Level B care. CCR, Title 22, Section 73315, lists the requirements for nursing services in a nursing facility providing NF Level A care.

**Note:** Occupational, physical and speech therapy services are included in the adult subacute care inclusive per diem rate. However, therapy services are not included in the pediatric subacute care inclusive per diem rate. These services must be authorized on a 50-1 TAR and billed separately.

Psychiatric therapy services are not included in the adult and pediatric subacute care inclusive per diem rate. These services must be authorized on a 50-1 TAR and billed separately.

For examples of therapy services covered under the Medi-Cal per diem rate, refer to the “Inclusive and Exclusive Services Chart” at the end of this section.

## **Exclusive Services: TAR Required**

Occupational, physical, speech and psychiatric therapy may be performed as part of the exclusive services and are payable separately if a recipient needs licensed therapy intervention to meet his/her specific medically necessary needs and/or to attain or maintain the highest practicable level of functioning.

«Custom mobility devices may be provided as part of the exclusive services and are payable separately if a recipient needs a custom mobility device to meet his/her specific medically necessary needs and/or to attain or maintain the highest practicable physical, mental or psychosocial functioning.

In these cases, providers must obtain an approved TAR for therapy services or custom mobility services with the express purpose of assessing the needs of the recipient more thoroughly, providing direct therapy service(s), or evaluating effectiveness of the planned treatment delivered by the NF staff.»

For examples of services that may be authorized by completing a TAR, refer to the “Inclusive and Exclusive Services Chart” at the end of this section.

For a listing of subacute care inclusive and exclusive items, refer to the *Subacute Care Programs: Adult and Subacute Care Programs: Pediatric* sections in the appropriate Part 2 manual, and “TAR Criteria,” on a previous page in this section.

«Additional information about inclusive and exclusive item rates is also found in the *Rates: Facility Reimbursement – Miscellaneous Inclusive and Exclusive Items* section in the *Medi-Cal Long Term Care Provider Manual*.»

## **Medical Transportation**

In most cases, the TAR-authorized therapy services can be provided within the NF. However, where services are provided outside the Nursing Facility, a TAR requesting non-emergency medical transportation must be submitted to the TAR Processing Center. The non-emergency medical transportation TAR must include documentation that therapy services have been requested.

## **Occupational, Physical, Speech Therapy: TAR Documentation**

Providers must submit specific documentation when requesting authorization for recipients requiring either “medical necessity” or “attaining and maintaining” services.

### **Medical Necessity TAR**

If the *Treatment Authorization Request* (TAR) requesting therapy services meets the Medi-Cal definition of “medical necessity,” the following minimum documentation is needed:

- Minimum Data Set (MDS)
- Therapist’s plan of care \*\*
- Signed physician’s prescription/order \*\*

**Note:** The TAR must clearly identify the Medi-Cal recipient for whom services are requested as a “nursing facility resident” to assure that requests for authorization of the therapy services are evaluated consistently with the Federal and State regulatory requirements for certified nursing facilities.

- The *Medical Justification* area on the TAR (50-1) must indicate: “Request is for a resident of (Nursing Facility Name) nursing facility.” Be sure to attach all documentation and supporting medical information, the pertinent parts of the MDS, and the recipient’s comprehensive care plan (including frequency of services and probable length of treatment necessary to achieve measurable goals) to the TAR.

## Attain and Maintain TAR

If the TAR requesting therapy services does not meet the current Medi-Cal definition of “medical necessity” and the Valdivia Court Order and Stipulation is applied, the following documentation and supporting medical justification must include at a minimum:

- All documentation and supporting medical information that would normally accompany a TAR, including pertinent parts of the Medi-Cal recipient’s Minimum Data Set (MDS).  
Medi-Cal recipient’s Resident Assessment Protocol (RAP) summary sheet is part of the Federal Resident Assessment Instrument (RAI) that identifies the record location of various information, including nature of the condition, complications and risk factors, need for referrals to appropriate health professionals, or reasons for decisions to proceed or not proceed.
- Medi-Cal recipient’s comprehensive plan of care.
- Signed physician’s prescription/orders. \*\*
- Therapist’s evaluation. \*\*

**Note:** The TAR must clearly identify the Medi-Cal recipient for whom services are requested as a “nursing facility resident” to assure that requests for authorization of the therapy services are evaluated consistently with the Federal and State regulatory requirements for certified nursing facilities.

- The *Medical Justification* area on the TAR (50-1) must indicate: “Request is for a resident of (Nursing Facility Name) nursing facility.”

**Note:** If all of the “medical necessity” documentation and Valdivia standard documentation previously listed are submitted with the TAR, there will be less risk of TAR deferrals and denials.

## **Psychiatric Therapy: TAR Documentation**

Psychiatric services may be requested for therapy rendered to Nursing Facility patients on an inpatient or outpatient basis.

### **Nursing Facility Patient Receiving Therapy on an Inpatient Basis**

Additional authorization is required if acute psychiatric condition services exceed the following limits:

- Two hours per seven-day period during the first two months of treatment
- One hour per seven-day period for the third through seventh month of treatment
- One hour per 14-day period for each month after the seventh month of treatment
- One hour per seven-day period during the month prior to discharge

### **Nursing Facility Patient Receiving Therapy on an Outpatient Basis**

In some instances, an NF patient cannot receive therapy services within the Nursing Facility and the patient must be transported to the therapist. In these circumstances, prior authorization is required if the services rendered on an outpatient basis exceed eight sessions in 120 days.

## **Medical Necessity TAR**

If the TAR requesting therapy services meets the Medi-Cal definition of “medical necessity,” the following minimum documentation is needed:

- Minimum Data Set (MDS).
- Therapist’s plan of care.
- Signed physician’s order if the psychiatrist is not the attending physician.
- PASRR Level II determination that includes documentation that the second level screen of the PASRR was completed, the facility where the Medi-Cal recipient resides is the appropriate placement for the Medi-Cal recipient, and documentation of the need for mental health services.
- Documentation to substantiate the request for additional services.
- Claim showing the prior non-TAR authorized psychiatric visits and/or hours billed to the Medi-Cal program.

**Note:** The TAR must clearly identify the Medi-Cal recipient for whom services are requested as a “nursing facility resident” to assure that requests for authorization of the therapy services are evaluated consistently with the Federal and State regulatory requirements for certified nursing facilities.

- The Medical Justification area on the *Treatment Authorization Request* (50-1) must indicate: “Request is for a resident of (Nursing Facility Name) nursing facility.”

Attach all documentation and supporting medical information, the pertinent parts of the MDS, and the recipient’s comprehensive care plan (including frequency of services and probable length of treatment necessary to achieve measurable goals) to the TAR.

## Attain and Maintain TAR

If the TAR requesting therapy services does not meet the current Medi-Cal definition of “medical necessity” and the Valdivia Court Order and Stipulation is applied, the following documentation and supporting medical justification must include at a minimum:

- All documentation and supporting medical information that would normally accompany a TAR, including pertinent parts of the Medi-Cal recipient’s Minimum Data Set (MDS).
- Medi-Cal recipient’s Resident Assessment Protocol (RAP) summary sheet as part of the Federal Resident Assessment Instrument (RAI) that identifies the record location of various information including, nature of the condition, complications and risk factors, need for referrals to appropriate health professionals, or reasons for decisions to proceed or not proceed.
- Medi-Cal recipient’s comprehensive plan of care.
- Statement describing the Medi-Cal recipient’s progress toward achieving the therapeutic goals included in the Medi-Cal recipient’s treatment plan.
- Signed physician’s order if the psychiatrist is not the attending physician.
- Documentation to substantiate the additional TAR services and therapy needed.
- Therapist’s evaluation.
- PASRR Level II determination that includes documentation that the second level screen of the PASRR was completed, the facility where the Medi-Cal recipient resides is the appropriate placement for the Medi-Cal recipient, and documentation of the need for mental health services.
- A claim showing the prior non-TAR authorized psychiatric visits and/or hours billed to the Medi-Cal program.

## **Reauthorization Requests**

To request reauthorization of psychiatric therapy services, the psychiatrist must substantiate the need and include a statement describing the recipient's progress toward achieving the therapeutic goals included in the recipient's treatment plan. Outpatient reauthorization must be received prior to the expiration of the previously authorized TAR.

## **«Custom Mobility Devices: TAR Documentation**

Providers must submit specific documentation when requesting authorization for recipients requiring custom mobility devices based on either "medical necessity" or "to attain and maintain the highest practicable physical, mental or psychosocial functioning."

## **Medical Necessity and Attain and Maintain Mobility TAR**

The following documentation is required:

- All documentation requirements specified in the *Durable Medical Equipment (DME): Medical Equipment (DME): Bill for Wheelchairs and Wheelchair Accessories* in the appropriate Part 2 Medi-Cal provider manual).
- Medi-Cal recipient's comprehensive plan of care.
- All documentation and supporting medical information that would normally accompany a TAR, including pertinent parts of the Medi-Cal recipient's Minimum Data Set (MDS).
- Medi-Cal recipient's Resident Assessment Protocol (RAP) summary sheet is part of the Federal Resident Assessment Instrument (RAI) that identifies the record location of various information, including nature of the condition, complications and risk factors, need for referrals to appropriate health professionals or reasons for decisions to proceed or not proceed.>>

- «Documentation from the physician that a face-to-face encounter was performed with the recipient and certifying the below bulleted item.

(For more information about the face-to-face requirements, refer to the *Durable Medical Equipment (DME): An Overview* section in the appropriate Part 2 Medi-Cal provider manual).

- Verification of recipient’s willingness to utilize custom mobility device.
- Verification of recipient’s physical and mental ability to safely utilize the custom mobility device, including all of the following:
  - ❖ Cognitive capability
  - ❖ Behavioral adaptability
  - ❖ Physical capacity for safe and effective use of DME»

## **Key Questions: When to Submit a TAR**

Individual differences of recipients need to be taken into account in deciding whether a TAR is required for therapy services. Recipients may respond to therapy differently depending on such factors as other illnesses, complications and/or psychosocial needs. Key questions to ask to determine when a TAR is required are included in the chart below:

**When a TAR is Required Table**

<b>Type of Service Requested</b>	<b>If the Answer is No</b>	<b>If the Answer is Yes</b>
Are the therapy services requested beyond what is expected to be provided within the NF per diem rate?	A TAR is not required because the services are covered under the NF per diem rate.	A TAR is required because the services are not included in the NF per diem rate.
Are the therapy services patient specific?	A TAR is not required because the services are covered under the NF per diem rate.	A TAR is required because the services are not included in the NF per diem rate.
Do therapy services that are requested need to be delivered by a licensed therapist?	A TAR is not required because the services are covered under the NF per diem rate.	A TAR is required because the services are not included in the NF per diem rate.

## **Inclusive and Exclusive Services Chart**

This chart illustrates the relationship between therapy services that are covered in the inclusive services per diem rate and the exclusive services rate. This chart is not meant to be an all-inclusive list of when a TAR for additional therapy should be submitted, but lists a range of possibilities.

**Occupational Therapy Services Table**

<b>Inclusive Service</b>	<b>Exclusive Service</b>
<p>The nursing staff supports and encourages the Medi-Cal recipient at group activities program.</p> <p>The nursing staff encourages the Medi-Cal recipient at homemaking tasks and dressing skills.</p>	<p>Ongoing occupational therapist involvement would be necessary to conduct periodic assessments of the patient and evaluation of the patient specific treatment plan.</p> <p>A patient's plan of care calls for an occupational therapist to evaluate the patient's compensatory techniques and safety with regard to lower extremity dressing, hygiene, toileting and bathing.</p> <p>A Medi-Cal recipient's plan of care requires the occupational therapist to construct a device that would enable a post-stroke recipient with one-sided weakness to hold a utensil in his/her hand and feed himself/herself independently.</p>

**Physical Therapy Services Table**

<b>Inclusive Service</b>	<b>Exclusive Service</b>
<p>Repetitive exercises, commonly a part of status post cerebral vascular accident plan of care, are rendered to improve gait or strength and endurance.</p> <p>The Medi-Cal recipient's plan of care calls for the application of foot, hand and arm splints to prevent contractures and allows range of motion exercises. The nursing staff applies the splints consistently and appropriately.</p> <p>The nursing staff encourages the Medi-Cal recipient's self-feeding at meals and his/her participation in NF activity programs.</p>	<p>Based on the initial assessment, the therapist would develop a patient specific plan of care that would require the continued intervention of the physical therapist to either perform the therapy or periodically assess the patient's progress.</p> <p>A physical therapist trains NF staff on a Medi-Cal recipient plan of care that states the recipient (who has suffered a stroke) needs hemislings to prevent shoulder subluxation and a hand splint to prevent muscle contracture and deformity in the hand.</p>

### Speech Therapy Services Table

Inclusive Service	Exclusive Service
<p>Repetitive exercises, commonly a part of status post cerebral vascular accident plan of care, are rendered to improve gait or maintain strength and endurance.</p> <p>In accordance with recommendations and the speech therapist's plan of care for a patient with swallowing impairment, the staff will consistently provide direct observation and assistance with all oral intake of thickened fluids and pureed foods, at least six times a day.</p>	<p>Ongoing occupational therapist involvement would be necessary to conduct periodic assessments of the patient and evaluation of the patient specific treatment plan.</p> <p>The speech therapist's plan of care calls for speech therapy for a post-stroke patient who is dysphasic.</p> <p>A speech therapist is asked to evaluate the potential swallowing ability of a Medi-Cal recipient who is being weaned from tube feeding. The speech therapist would also assess the maintenance program regularly to promote swallowing, resume self-feeding and measure speech status.</p>

### Psychiatric Therapy Services Table

Inclusive Service	Exclusive Service
<p>The Medi-Cal recipient's plan of care calls for the monitoring of the patient to determine how the patient is coping with depression.</p> <p>The Medi-Cal recipient's plan of care calls for the depressed patient to receive spiritual counseling from religious professionals.</p> <p>Plan of care provides for monitoring patient to determine how the patient is with coping his/her grief.</p>	<p>The Medi-Cal recipient's plan of care calls for weekly individual bereavement therapy sessions provided by psychiatrist to address and resolve grief, loss and identity issues.</p> <p>The psychiatrist writes therapy orders for individual therapy once a week for 12 weeks.</p>

## **Medical Necessity and Attain or Maintain Therapy Services Chart**

Below is a chart illustrating therapy services needs that may be authorized on a TAR. This chart is not meant to be an all-inclusive list of when a TAR for additional therapy should be submitted, but lists a range of possibilities. This chart includes specific problems requiring therapy that would meet the current medical necessity criteria or the standard to attain or maintain.

**Therapy Services TAR Authorization Table**

<b>Therapy Service Requiring a TAR</b>	<b>Medical Necessity</b>	<b>Attaining or Maintaining</b>
Occupational	A Medi-Cal patient's plan of care requires the occupational therapist to construct a device that would enable a post-stroke recipient with one-sided weakness to hold a utensil in his/her hand and feed himself/herself independently.	On a periodic basis, the occupational therapist reviews and evaluates the continuous appropriateness of adaptive equipment to maintain a patient with cerebral palsy.
Physical	Physical therapist orders chest percussion therapy in addition to respiratory therapy regimen for NF patient with diagnosis of chronic obstructive pulmonary disease.	A physical therapist conducts a monthly evaluation on a post-stroke patient who has reached his maximum level of mobility and evaluates whether the patient's maximum level of mobility is being maintained.
Speech	Plan of care calls for speech therapy for a post-stroke patient who is dysphasic to determine the presence of a gag reflex and to determine the plan of care.	A patient's plan of care calls for speech therapy for a Parkinson's disease recipient to maintain vocal control.
Psychiatric	A psychiatrist may complete the following assessment and evaluation for a patient diagnosed with major depression (more than six months) and recommends individual visits for a specific period of time.	Patient's plan of care offers participation in weekly bereavement therapy sessions rendered by a psychiatrist to maintain the resolution of loss and identity issues.

## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
**	The signed physician's order and the therapist's evaluation may be combined on a DHCS form 6183 ( <i>Medical Justification for Therapy Treatment Plan</i> ) and attached to the TAR.