WILL LIGHTBOURNE
*DIRECTOR*

State of California—Health and Human Services Agency
# Department of Health Care Services

GAVIN NEWSOM
*GOVERNOR*

**DATE:** November 19, 2020

N.L.: 14-1120
Index: Medical Therapy Program

**TO:** All California Children's Services County Administrators, Medical Directors, Supervising Therapists, Medical Therapy Units, State Children Medical Services Regional Office Administrators, Medical Directors and Therapy Consultants

**SUBJECT:** Documentation Standards for the California Children's Services Medical Therapy Program

## I. PURPOSE

The purpose of this Numbered Letter (N.L.) is to provide updated guidance for county California Children's Services (CCS) Medical Therapy Programs (MTP) on the completion of therapy service documentation. This updated guidance will help ensure program compliance with the California Physical Therapy (PT) and Occupational Therapy (OT) Practice Acts[1,2], Medi-Cal Outpatient Rehabilitation Center (OPRC) standards, and CCS policies and guidelines.

The CCS Program publishes this N.L. under the program's authority to authorize services that are medically necessary to treat CCS-eligible conditions.[3,4,5]

## II. BACKGROUND

The core mission of the CCS MTP is to provide medically necessary PT and/or OT services, maximize a child's function in activities of daily living and/or mobility skills, and enhance quality of life for the child and family.

In order to foster quality and continuity of care, the CCS MTP requires Medical Therapy Units (MTU) to monitor services to MTP clients by completing the treatment encounter note document "Reference for Recording, Patient Therapy Record (PTR)" (See Attachment 2), and to follow minimum care criteria identified in sources listed in the document "Sources for Determining Minimum Criteria" (See Attachment 1), including the PT and OT Practice Acts. The PTR currently functions as both evidence of a patient encounter, and billing support documentation.

Integrated Systems of Care Division
1501 Capitol Avenue, MS 4502
P.O. Box 997437 Sacramento, CA 95899-7437
(916) 552-9105
Internet Address: www.dhcs.ca.gov

In 2015, the Medical Therapy Program Advisory Committee (MTPAC) formed a workgroup of State and county CCS Program therapists that reviewed and developed these updated minimum requirements for therapy service documentation and guidelines, for documentation of treatment encounter notes, and progress notes in the MTP. Resources utilized by the workgroup can be found in Attachment 1.

## III. POLICY

A. Documentation requirements:

Licensed therapists/assistants working at CCS MTUs are expected to comply with current documentation standards as specified by all appropriate regulatory boards, including the State Department of Consumer Affairs, Board of Occupational Therapy, and the Physical Therapy Board of California. This includes any changes/updates to these standards that occur after the issuance of this N.L. Subjective, objective, assessment, and plan (SOAP) note format is a standardized method of clinical documentation of a treatment encounter note in the medical field. The PTR form is the Integrated Systems of Care Division's (ISCD) approved method of collecting both clinical services and billing data provided by physical therapists and occupational therapists in the MTUs utilizing the SOAP method to document a treatment encounter note. The PTR is the primary record of time spent and billed for each treatment intervention. County CCS Programs may add to, or modify, this format, but they must retain all of the elements included in the PTR document.

B. Treatment encounter notes (key elements to be included):

1. Date of service.

2. Total treatment time in minutes (converted to billing units):

   The PTR total treatment time (in units) per session should reflect the actual amount of time the therapist spent with the client providing direct services. It does not include indirect activities such as documentation and chart review.

3. The MTP SOAP note is a structured format which includes documentation of a client's/family member's subjective feeling toward treatment, services rendered, response to treatment, and how the day's treatment will affect the overall therapy plan. This simplification of the standard SOAP format captures the fact that clinical changes in children with chronic disabilities receiving therapy will be small and incremental. The traditional, more comprehensive, SOAP note format would create unnecessary redundancy in documentation.

4. The name and title of individual(s) who provided service and the signature of appropriate individual(s) who provided that service. Electronic signatures are acceptable.

5. A therapist, using their clinical judgement, may determine that greater detail is needed regarding a particular session and choose to employ a narrative style in completing the treatment encounter note.

C. Monthly progress notes (Attachment 3) (key elements to be included):

1. Statement of progress toward goal(s).

   If a goal was not addressed during a patient encounter, the therapist should document the reason why it was not addressed.

2. Justification/medical necessity for ongoing treatment and/or recommendation for the change in plan or discharge from service. A significant change in treatment plan requires new physician's orders.

3. Any change in clinical status.

4. A monthly progress note may be embedded into the treatment encounter note (narrative-style), if identified as a statement of progress toward a client's goal(s), and distinguished from daily treatment encounter note in some manner (e.g. label the section "Progress Toward Goal(s)" or "monthly progress note").

D. Recommended frequency of documentation:

1. MTUs should attempt to complete the above documentation on the same day that a client receives PT or OT services. However, treatment encounter note entries may be completed within two working days after the date of services, or of the cancellation/failure of a scheduled appointment.

2. In the event that PT or OT services are provided by a professional student or an aide:

   a. The appropriate therapist should document services provided by the professional student or aide in the manner described in Section E of this N.L., on the same day that a client receives the services.

   b. The treatment encounter note must also be counter-signed by the clinical instructor or supervising therapist on the same day that the client-related tasks were provided by professional student or aide.

3. A comprehensive monthly progress note and treatment encounter notes (after each service) are required for clients receiving services more than once during a 30 day period. Clients receiving services on a monitor basis (once or less during a 30 day period) require a comprehensive progress note after

each service

E. Documentation of services provided by assistants, professional students, and aides:

1. Physical Therapist Assistants/Occupational Therapy Assistants (PTA/OTA):

   a. If services are provided by a PTA/OTA, then the assistant may complete the treatment encounter note. Assistants may not enter a monthly progress note, but may consult with the supervising therapist and provide input.

   b. Treatment encounter notes entered by a PTA/OTA do not need to be co-signed by a therapist.

2. Professional Students:

   a. If a professional Occupational Therapist/Physical Therapist/OTA/PTA student provides services, the student must complete the treatment encounter note. All documentation for services provided by a professional student must be completed by the end of the day on which the client received OT or PT services.

   b. The clinical supervisor/supervising therapist must co-sign the notes on the same day that the notes are completed.

3. Therapy aides:

   a. Before an aide performs any client related task, the licensed occupational therapist or physical therapist shall evaluate and document the aide's competency for performing client related task(s) in that setting. The aide's record of competencies does not need to be in the client record, but must be made available upon request to the licensing board or any therapist utilizing that aide.

   b. If an aide provides client-related services, the supervising therapist must enter the treatment encounter note or monthly progress note by the end of the day on the date of service.

   c. Therapists will be responsible for meeting all statutory and regulatory guidelines pertaining to the use of an aide, including Title 16 of the California Code of Regulations, sections 1399 and 4184.

F. Records retention:

The OT and PT Practice Acts require all MTU client documentation to be retained

in client charts for at least ten years following discharge of the client. MTUs must also retain records for all clients who are un-emancipated minors until the client turns 19 years old, regardless of when the client was discharged. For example:

1. An MTP client who is an un-emancipated minor is discharged at age 10. The MTU must retain records until the client turns 19 years old.

2. An MTP client is discharged at age 15. The MTU must retain the client's records for ten years after the date of discharge.

## IV. POLICY IMPLEMENTATION

All county CCS MTPs must comply with these revised documentation standards as of the date of this letter. Counties may employ either written or electronic documentation methods.

If you have any questions regarding this N.L., please contact the ISCD Medical Director or designee, via email at ISCD-MedicalPolicy@dhcs.ca.gov.

Sincerely,

**ORIGINAL SIGNED BY**

Roy Schutzengel
Medical Director
Integrated Systems of Care Division

Attachment(s):
Attachment 1: Sources for Determining Minimum Criteria
Attachment 2: Patient Therapy Record
Attachment 3: Monthly Progress Note

---

[1] Bus. & Prof. Code section 2620.7, available at:
http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=2620.7.&lawCode=BPC.

[2] Bus. & Prof. Code section 2570 et seq., available at:
https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=5.6.&article=

[3] 22 Cal. Code Regs. § 41515.1 et. seq. Determination of Medical Eligibility
https://govt.westlaw.com/calregs/Document/I28E30090D4B811DE8879F88E8B0DAAAE?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=%28sc.Default%29

[4] 22 Cal. Code Regs. § 41700 Availability
https://govt.westlaw.com/calregs/Document/I2F1A7E70D4B811DE8879F88E8B0DAAAE?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1&ignorebhwarn=IgnoreWarns

[5] 22 Cal. Code Regs. § 41740 Eligibility for Treatment Services
https://govt.westlaw.com/calregs/Document/I2FDD8050D4B811DE8879F88E8B0DAAAE?viewType=FullText&originationContext=documenttoc&transitionType=StatuteNavigator&contextData=%28sc.Default%29

**Sources for Determining Minimum Criteria**

- American Occupational Therapy Association Documentation Guidelines.
- American Physical Therapy Association Defensible Documentation Elements.
- California Code of Regulations, Title 16, Article 1, Section 1398.13. Patient Records.
- California Business and Professions Code, Section 2570.185 (Occupational Therapy Practice Act).
- California Business and Professions Code, Section 2620.7 (Physical Therapy Practice Act).
- California Department of Health Care Services, Numbered Letter (N.L.): 43-1194 Utilization Review for Outpatient Rehabilitation Center Certification.
- CCS Procedure Manual, Chapter 4 (Attachment): Reference for Recording.

# PATIENT THERAPY RECORD

1-15 minutes = 1 unit
16-37 minutes = 2 units
38-52 minutes = 3 units
53-67 minutes = 4 units
68-82 minutes = 5 units
83-97 minutes = 6 units
98-112 minutes = 7 units
113-120 minutes = 8 units

"T" – Therapist not available:
(1) Ill
(2) Medical appointment with another child
(3) Meeting
(4) Other

"P" – Patient not available:
(1) Ill
(2) School cancelled
(3) Parent cancelled
(4) Failed appointment
(5) Holiday
(6) Other

S – Patient cooperation was:
(A) Good
(B) Fair
(C) Poor

O – Direct/Indirect

A – Response to treatment:
(A) Good
(B) Fair
(C) Poor

P – Plan:
(A) Continue
(B) Modify
(C) Re-evaluate

(1) MTU conference
(2) Private
(3) CCS special center

| | Jul | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | S: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIRECT | O: Treatment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | A |
| | Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | B |
| | Case Conference | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | C |
| | Field Visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D |
| | Mileage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E |
| INDIRECT | Consultation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | F |
| | Documentation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | G |
| | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | H |
| | A: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | P: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | Aug | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | S: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIRECT | Treatment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | A |
| | Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | B |
| | Case Conference | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | C |
| | Field Visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D |
| | Mileage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E |
| INDIRECT | Consultation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | F |
| | Documentation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | G |
| | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | H |
| | A: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | P: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | Sep | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | S: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIRECT | O: Treatment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | A |
| | Evaluation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | B |
| | Case Conference | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | C |
| | Field Visit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | D |
| | Mileage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | E |
| INDIRECT | Consultation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | F |
| | Documentation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | G |
| | Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | H |
| | A: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | P: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Signature(s) | | | | | Date |
|---|---|---|---|---|---|
| ☐ Physical Therapy<br>☐ Occupational Therapy | | Treatment diagnosis | | Primary diagnosis | |
| Patient Name | | | Date of birth | CIN | CCS number |
| Year | Quarter | Medical direction | County of legal residence | MTU and county number | |
| Therapist : | | | | | |

**Monthly Progress Note:**

1) **Current Goals/Progress Towards Achievement:**

| |
|---|
| |
| |
| |
| |

2) **Client/Family Report:**

| |
|---|
| |
| |
| |
| |

3) **Modifications to Plan/Goals:**

| |
|---|
| |
| |
| |

4) **Justification for Continuation/Termination of Plan:**

| |
|---|
| |
| |