



NEUROLOGICAL COGNITIVE DAY PROGRAMS

A CLINICAL DESCRIPTION

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Neurological Cognitive Day Treatment Program: A Clinical Explanation



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This presentation has been developed as an informational piece about Neurological Cognitive Day Treatment Programs for:

1. Physicians
2. Insurance Personnel
3. Catastrophic Claims Association Evaluators
4. Medical Case Managers

It has been broken down into specific categories that allow everyone to understand both the clinical value and the various approaches to executing the program's activities.

Subjects include:

1. Introduction
2. History
3. Programmatic Components and Comparisons
4. Essential Personnel
5. Billing

The goal of this presentation is to explain the value, mechanics, and outcome goals of this therapeutic initiative. **Fast Facts:**

1. Enrollment requires a medical necessity opinion by a physician, preferably a neurologist or psychiatrist. This is accompanied by an order for enrollment.
2. Patients must be able to safely participate.
3. Every enrollee is subject to pre-participation evaluation which results in the development of an individualized Treatment Plan with measurable goals.
4. Personal Attendants may accompany participants in the program if deemed medically appropriate.





1. Introduction:

The **Neurological Cognitive Day Program** is an important element for rehabilitation among those who have suffered serious physical and cognitive injury. It also has value and application for those who have suffered various types of strokes.

As these programs gain traction around the world - with Care First Rehabilitation leading the way in programmatic formatting - it is imperative that those involved in long-term care planning, reimbursement and evaluation come to understand the program's elements and the roles of essential program personnel. This is because a variety of credentialed professionals contribute to the success of these initiatives. They include:

Profession	Post Illness or Accident Focus
Licensed Professional Counselor	<ol style="list-style-type: none"> 1. Challenging Post-Accident Life Adjustment 2. Lingering Depression 3. Memory Failure
Occupational Therapist and Certified OT Assistants	<ol style="list-style-type: none"> 1. Adapting the environment and/or task to fit the person. 2. Learning capabilities via evaluation and ongoing assessment to ensure the program helps the party to function better at home and in the community.
Physical Therapist and Certified PT Assistants	<ol style="list-style-type: none"> 1. Restoring function to the musculoskeletal system, including joints, tendons, ligaments, and bones. 2. Using the Neurological Cognitive Day Treatment approach combines group and singular activity to prompt improved physical function. 3. Evaluates regularly to ascertain in cooperation with other program professionals how any Treatment Plan can be adjusted.
Nurse Assistants, Direct Care Workers, Paraprofessionals	<p>These care warriors take the lead in:</p> <ol style="list-style-type: none"> 1. Assistance with personal care 2. Program Transportation 3. Activity Organization

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While the term or designation “adult day care” is not a new one, its misuse can be problematic. How so? When its traditional usage is used to define the Neurological Cognitive Day Treatment initiative, the line of effective rehabilitation can be blurred, and reimbursement deficiencies can put program users at risk. For these reasons, Program Descriptions such as this one that provide meaningful and accurate descriptions and comparisons are of extreme importance. (See Essential Personnel Section for more)

2. History:

In the mid 1970’s Adult Day Care Centers, also known as Adult Day Health Programs, began to take shape. The initial focus was on dementia sufferers. There was special attention paid to wanderers.

After all, with grandma wandering out of the house into traffic, a public health emergency had been created. These programs catered to:

1. Those with dementia and/or Alzheimer’s disease
2. The elderly who had suffered strokes and other ailments that limited physical ability and independent ambulation

Soon, these programs expanded to include those with mental illness and intellectual disorders. Some were living in group homes while others were living with and being cared for by family members. Both the group home and the family home enjoyed a respite or relief from caregiving because of these programs.



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The general program descriptions have been the same for decades. As an example: “Adult day care provides families and caregivers a respite during the day to work, run errands, meet friends, or rest while their family member is in a safe and secure environment. Adult day care is divided into two types: Adult day services and adult day health services. Adult day services include supervised activities, meals, socialization, and limited health services. Adult day health services provide structured therapeutic health services and supervised activities for persons with physical, mental, intellectual disabilities, or the aged who meet nursing facility level-of-care requirements.”

Soon came Medicaid waivers a/k/a Home & Community Based Services Authorities. Home and Community Based Services (**HCBS**) first became available in 1983 when Congress added section 1915 (c) to the Social Security Act, giving States the option to receive a **waiver** of **Medicaid** rules governing institutional care. In 2005, HCBS became a formal Medicaid State plan option. Several States include HCBS services in their Medicaid State plans. Forty-seven states and Washington DC are operating at least one 1915 (c) waiver.

Adult Day Care is among the services reimbursed via these waivers. On the following pages, there is a recent example of how these traditional adult day care services are billed and reimbursed.



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The following is presented for information purposes and speaks to how traditional Medicaid reimbursed adult day care is billed and paid. Please note the National Code, unit definitions and rates per unit.

Medicaid Waiver Services, Codes, and Rates, Effective July 1, 2016 For Family Supports (FSW) Waiver and Community Integration and Habilitation (CIH) Waiver And Money Follows the Person – Community Integration and Habilitation (MFP-CIH) Grant												
Waiver Type			INsite Code	Service Description	NatL. Code	Modifiers				Rate	Unit/ Size	Unit/\$ Limit
FSW	CIH	MFP-CIH				1	2	3	4			
■	■	■	AD51	Adult Day Services, Level 1	S5101	U7	U5	U1		\$21.95	.50/Day	2 Units/ Day
■	■	■	AD52	Adult Day Services, Level 2	S5101	U7	U5	U2		\$28.80	.50/Day	2 Units/ Day
■	■	■	AD53	Adult Day Services, Level 3	S5101	U7	U5	U3		\$34.29	.50/Day	2 Units/ Day
■	■	■	A514	Adult Day Services, ¼ Hour, Level 1	S5100	U7	U5	U1		\$1.38	.25/Hour	12 Units/Day
■	■	■	A524	Adult Day Services, ¼ Hour, Level 2	S5100	U7	U5	U2		\$1.80	.25/Hour	12 Units/Day
■	■	■	A534	Adult Day Services, ¼ Hour, Level 3	S5100	U7	U5	U3		\$2.14	.25/Hour	12 Units/Day
■	■	■	BMGO	Behavior Management, Basic	H0004	U7	U5	U2		\$18.20	.25/Hour	
■	■	■	BG10	Behavior Management, Level 1	H0004	U7	U5	U1		\$18.20	.25/Hour	
	■	■	CMGT	Case Management	T2022	U7	U5			\$131.25	1.00/Month	1 Unit/Month
■			CMGT	Case Management	T2022	U7	U5			\$125.00	1.00/Month	1 Unit/Month
■	■	■	CH10	Community Habilitation, Individual	T2020	U7	U5			\$23.67	1.00/Hour	
■	■	■	CHG2	Community Habilitation, Group (2:1)	T2020	U7	U5	U2		\$8.48	1.00/Hour	
■	■	■	CHG3	Community Habilitation, Group (3:1)	T2020	U7	U5	U3		\$8.48	1.00/Hour	
■	■	■	CHG4	Community Habilitation, Group (4:1)	T2020	U7	U5	U4		\$8.48	1.00/Hour	
■	■	■	CHG6	Community Habilitation, Group (6:1)	T2020	U7	U5	U6		\$4.72	1.00/Hour	
■	■	■	CHG8	Community Habilitation, Group (8:1)	T2020	U7	U5	U8		\$4.72	1.00/Hour	
■	■	■	CHGB	Community Habilitation, Group (10:1)	T2020	U7	U5	U8		\$4.72	1.00/Hour	
	■	■	CT	Community Transition	T2038	U7	U5			Individual	1.00/Unit	\$1,000 Lifetime
	■	■	EM1	Electronic Monitoring, 1 Participant	A9279	U7	U5	UA		\$13.62	1.00/Hour	
	■	■	EM2	Electronic Monitoring, 2 Participants	A9279	U7	U5	U2		\$6.81	1.00/Hour	
	■	■	EM3	Electronic Monitoring, 3 Participants	A9279	U7	U5	U3		\$4.54	1.00/Hour	
	■	■	EM4	Electronic Monitoring, 4 Participants	A9279	U7	U5	U4		\$3.41	1.00/Hour	
	■	■	EMOI	Environmental Modification, Install	S5165	U7	U5	NU		Individual	1.00/Unit	\$15,000 Lifetime
	■	■	EMOM	Environmental Modification, Maintain	S5165	U7	U5	U8		Individual	1.00/Unit	\$500/Year
■	■	■	INSP	Equipment – Assess/Inspect/Train	T1028	U7	U5			\$17.99	.25/Hour	
■	■	■	EXTS	Extended Services	T2025	U7	U5	UA		\$35.20	1.00/Hour	
■	■	■	FBS	Facility Based Support	T1020	U7	U5	UA		\$1.85	1.00/Hour	
■	■	■	FH10	Facility Habilitation, Individual	T2020	U7	U5	UA		\$23.67	1.00/Hour	

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3. Programmatic Components and Comparisons

While some of the adult day health programs do incorporate a degree of clinical intervention, such as:

1. Monitoring the glucose of a diabetic and administering insulin on a physician authored sliding scale.
2. Monitoring hypertension.
3. Administering medication that cannot wait until a return home in the evening.

These do not equate to what occurs within a day treatment program with a focus on neurological and cognitive deficit. **A Neurological Cognitive Day Program:**

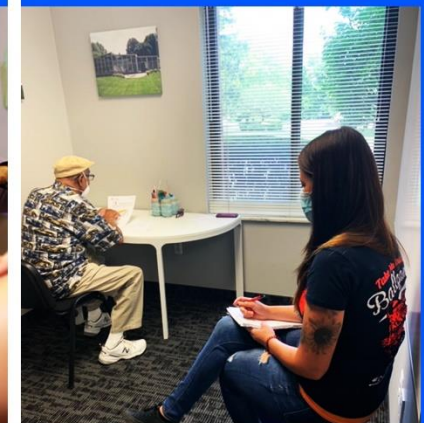
1. Assesses and inventories the specific cognitive deficit and examines these in conjunction with the cause of the deficit.
2. Develops a specific programmatic series of interventions that are used multiple times per week to reach a specific goal. (Quite different from a senior-focused program with everyone in one room, not subject to the assistance and specialty care of trained professionals)
3. Applies therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact.

A PROGRAMMATIC COMPARISON



TRADITIONAL ADULT DAY CARE

1. DEVELOPED FOR THE ELDERLY AND YOUNGER DISABLED.
2. OFTEN MEDICAID REIMBURSED.
3. HEAVY FOCUS ON ACTIVITIES, SUPERVISION.
4. SPECIAL PROGRAMMING OFTEN FOR THOSE WITH ALZHEIMER'S.
5. PERSONAL CARE, I.E. SHOWERS FOR THOSE UNABLE TO RECEIVE THIS AT HOME.
6. SPECIAL SECURITY FOR WANDERERS.
7. NOT REQUIRING MULTIPLE CREDENTIALLED THERAPEUTIC DISCIPLINES TO ACCOMPLISH CERTAIN GOALS.



NEUROLOGICAL COGNITIVE DAY TREATMENT

1. ENROLLMENT REQUIRES SPECIFIC TREATMENT PLAN TO ADDRESS NEUROLOGICAL DEFICIENCY.
2. ACTIVITIES DESIGNED TO ACCOMPLISH CLINICAL GOALS, NOT TO OCCUPY OR SUPERVISE.
3. MULTIPLE THERAPEUTIC DISCIPLINES SHARE IN PROGRAMMING AND CLINICAL OBSERVATION.
4. TREATMENT GOALS INCLUDE POTENTIAL RESTORATION TO PREVIOUS LEVEL OF FUNCTIONALITY PERHAPS PRE-STROKE OR PRE-ACCIDENT.
5. TREATMENT EXTENDS TO ADULTS AND JUVENILE PATIENTS.



4. Essential Personnel

In the traditional adult day care program, you will not find the daily presence of a Doctor of Physical Therapy, Occupational Therapist, Cognitive Professionals including trained Psych Nurses or Licensed Professional Counselors. The reason is that these traditional programs are focused on general activities to consume time and to keep people occupied.

They are not following a Treatment Plan with individualized, specifically focused, cognitive goals. This is always true in a **Neurological Cognitive Day Treatment Program**.

5. Billings:

Many programs that bill for this special type of day services, i.e. **Neurological Cognitive Day** will bill using **97127** which is internationally known and described as: “Therapeutic interventions that focus on cognitive function (e.g. attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact.

As noted in the descriptor, 97127 may be reported only once per day—regardless of the amount of time spent—because it is an untimed code.

G0515 is for the development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes.

The clinical intervention along with the need for intergenerational programming and levels of individualized neurological attention separate this program model from the traditional adult day care. Varying with diagnosis and any special attention needed, daily rates range from \$250.00 to \$450.00 per day. For more information contact Ms. Leslie Ubom, DPT using: lubom@carefirstrehabilitation.com.



Visualize this therapist observing the execution of tasks in an individualized session during the Neurological Cognitive Day Program. Her comparing today's activity to a month ago allows her to accurately assess progress and report to the applicable physician.

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THE NEUROLOGICAL COGNITIVE DAY TREATMENT **CAMPUS** SNAPSHOT

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