

**LCA Client Purchased Service Definitions &
Utilization Guidance**

Version 1.1

Effective 2/1/21; Updated 2/12/21

Succeeding version 1.0 (July 2020)

[Material changes highlighted in red]

Purchased Services Schedule and Guidance

This document is intended to provide Local Coordinating Agencies (LCAs) with general guidance on purchasing direct services pursuant to a Wraparound Facilitation Service Plan. The document offers service-specific guidance on rates and utilization for services that are common or generally expected in the Wraparound Facilitation service planning process.

Levels of guidance vary on a per service basis. There are some itemized services where there are no rate setting or utilization guidelines being provided. In these instances, LCAs are expected to locally document the reasonable service rates that are being applied. In other instances, the Bureau of Children and Families (BCF) is prescriptive on the rates and service utilization guidelines.

It is emphasized that if an LCA is in a situation where they feel it is necessary to vary from the rate and utilization guidelines, then they should initiate a discussion with the designated BCF contact. **In any instance where an item is being coded as an "Other" service (Other Concrete Service, Code 300990; Other Formal Social Support, Code 300991; and Other Therapeutic Service, Code 300996), if the monthly service expense for a client exceeds \$500, then the LCA must receive prior approval from the designated BCF contact. If the cumulative fiscal year service expense for a client exceeds \$1,000, then the LCA must receive prior approval from the designated BCF contact.**

This guidance is being issued as a working document for State fiscal year 2021, with the full expectation that there will be multiple revisions as a result of the ongoing and iterative dialogue between BCF and the LCAs.

Category A: Concrete Services

Providing assistance with accessing basic resources, such as food, clothing, and access to recreation. In general, for these services it is anticipated that a Wraparound Facilitator will identify a related need and authorize the support. The nature of the support is not expected to require a high level of ongoing service coordination by the Wraparound Facilitator.

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| Service Name: | Clothes/Shoes | Service Code: 300920 |
| Service Definition: | To record expenses related to the purchase of clothing and/or shoes for the Safe at Home Participant. | |
| Rate Guidance: | N/A | |
| Utilization Guidance: | Wraparound Plan will clearly document the service need. Not to exceed \$200 per SAH referral. | |
| Neutrality Guidance: | N/A | |
| Service Comment: | N/A | |

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| Service Name: | Classes/Books/Workshops/Camps | Service Code: 300930 |
| Service Definition: | To record expenses related to enrollment/participation fees for classes, workshops, or camps. This service code should also be used to record purchasing necessary incidentals such as books related to the participation in the activity. | |
| Rate Guidance: | N/A | |
| Utilization Guidance: | Wraparound Plan will clearly document the service need. | |
| Neutrality Guidance: | N/A | |
| Service Comment: | N/A | |

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| Service Name: | Participant/Family Progress Milestones | Service Code: 300910 |
| Service Definition: | The purpose of this service category is to record when incidental costs are in support of attaining and recognizing progress milestones in the Safe at Home Wraparound Plan. | |
| Rate Guidance: | N/A | |
| Utilization Guidance: | N/A | |
| Neutrality Guidance: | N/A | |
| Service Comment: | Use of this service is encouraged, and Wraparound Facilitators are entrusted with being reasonable. Casework documentation should demonstrate a correlation of the milestone achievement to the payment/reward value. BCF review of this service will be primarily conducted in a manner to evaluate the routine casework practice of the LCA rather than to evaluate a particular case. | |

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| Service Name: | Tutoring | Service Code: 300940 |
| Service Definition: | Structured individualized or small group setting where the participant is guided in an academic area to enhance skills to avoid failing a core educational requirement. | |
| Rate Guidance: | LCAs should be able to document the development of the active rates that are locally in effect. Please see the below service comment. | |
| Utilization Guidance: | Wraparound Plan will clearly document the service need. | |
| Neutrality Guidance: | N/A | |
| Service Comment: | There is a policy goal of establishing rate guidance; however, more LCA service purchasing practice and experience needs to be recorded through the administrative procedures that are being installed for State fiscal year 2021. LCAs should be able to document the development of the active rates that are locally in effect. Aggregated LCA information is anticipated to inform future rate guidance. | |

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| Service Name: | Memberships | Service Code: 300950 |
| Service Definition: | To record expenses related to purchasing membership providing access to ongoing services and activities that may benefit the Safe at Home participant. | |
| Rate Guidance: | N/A | |
| Utilization Guidance: | Wraparound Plan will clearly document the service need. | |
| Neutrality Guidance: | N/A | |
| Service Comment: | N/A | |

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| Service Name: | Recreation | Service Code: 300960 |
| Service Definition: | To record expenses related to purchasing access to organized sporting and recreational activities. As an example, fishing licenses would be recorded with this service code. | |
| Rate Guidance: | N/A | |
| Utilization Guidance: | Wraparound Plan will clearly document the service need. | |
| Neutrality Guidance: | N/A | |
| Service Comment: | | |

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| Service Name: | Other Concrete Services | Service Code: 300990 |
| Service Definition: | N/A | |
| Rate Guidance: | N/A | |
| Utilization Guidance: | Wraparound Plan will clearly document the service need. | |
| Neutrality Guidance: | N/A | |
| Service Comment: | <p>For each "Other Concrete Service" that an LCA utilizes, it should use a uniform sub-service name. The LCA should remain internally consistent in use of the sub-service when prescribing the service for multiple clients.</p> <p>If BCF observes the widespread use of certain "Other" sub-service types, it may expand the service definitions to better capture the particular service.</p> | |

Category B: Formal Social Supports

Providing high quality social supports contributing to the child’s health, safety, well-being, and success. In general, for these services it is anticipated that a Wraparound Facilitator will identify a related need, authorize the service, actively coordinate the service with the Provider, and will monitor the service delivery. In addition to monitoring the delivery of the service, it is anticipated that the Wraparound Facilitator will need to make representations about the ongoing need and benefit of the services when participating in Multi-Disciplinary Team (MDT) Meetings, and/or court attendance.

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| Service Name: | Adult Life Skills | Service Code: 300310 |
| Service Definition: | Direct service in which the identified parent, as part of the Wraparound Plan, is assisted to develop basic home management skills and in developing social/emotional support networks through hands-on implementation and role modeling. This service provides for the acquisition of skills needed to meet adult role expectations and carry out activities of daily living. Adult life skills are intended to improve the capacity for solving problems and resolving conflicts. Possible activities include housekeeping, cleaning, food shopping, meal preparation, laundry, budgeting, utilizing community resources, accessing medical and school records, and personal care/hygiene. | |
| Rate Guidance: | \$24.00 per hour | |
| Utilization | Up to 48 units per service month | |
| Guidance: | | |
| Neutrality | <i>Pending</i> | |
| Guidance: | | |
| Service Comment: | When considering this service, review for potential interaction with the “Heavy Chore” service and the “Homemaker” services. “Adult Life Skills” is intended to transfer knowledge to the parent to best position the parent for success. The prescribed Safe at Home service rate is aligned with service rates in effect for other BCF programs. The LCA must adhere to the prescribed rate or request a waiver from the BCF caseworker and maintain the waiver documentation in the case file. | |

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| Service Name: | Homemaker Services | Service Code: 300325 |
| Service Definition: | Service to provide periodic assistance with general housekeeping/homemaking tasks that caregivers must do in order to provide a safe environment for their child. | |
| Rate Guidance: | LCAs should be able to document the development of the active rates that are locally in effect. Aggregated LCA information is anticipated to inform future rate guidance. | |
| Utilization | N/A | |
| Guidance: | | |
| Neutrality | N/A | |
| Guidance: | | |
| Service Comment: | When considering this service, review for potential interaction with the “Adult Life Skills” service and the “Heavy Chore” service. “Homemaker” services is generally anticipated to be used for a limited duration (4-8 weeks). A typical use of “Homemaker” services is to authorize the service to support maintaining household upkeep while a parent is acquiring the necessary skillset through a program of “Adult Life Skills.” It is generally expected that | |

this service utilization will gradually decrease as the Wraparound Facilitator observes a parent successfully acquiring and utilizing the related skills.

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| Service Name: | Heavy Chore Services | Service Code: 300327 |
| Service Definition: | Service necessary to establish the home as a clean, sanitary, and safe environment. This service includes minor home repairs, maintenance, and heavy household chores such as washing floors, windows, and walls, pest control, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress. These services are provided only when neither the participant nor anyone else in the household is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third-party payer is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, is examined prior to any authorization of service. | |
| Rate Guidance: | LCA should be able to document and itemize reasonable costs included in the "Heavy Chore" episode (as example, dumpster costs and exterminator expenses). | |
| Utilization Guidance: | Generally anticipated that when this service is necessary, it will be limited to one service episode in the early stages of the Safe at Home performance period. | |
| Neutrality Guidance: | N/A | |
| Service Comment: | When considering this service, review for potential interaction with the "Adult Life Skills" service and the "Heavy Chore" service. | |
| | <p>"Heavy Chore" services are generally anticipated to be a one-time response service authorized with the goal of quickly making substantial changes to the overall safety and sanitary condition of the household environment. A typical use of "Heavy Chore" services is that an episode of "Heavy Chore" will be used to improve the environment, and the service will then be followed by a period of authorized "Homemaker" services to help maintain the improved condition.</p> | |

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| Service Name: | General Parenting | Service Code: 300305 |
| Service Definition: | Direct face-to-face educational services to improve parental performance and knowledge of: <ul style="list-style-type: none"> • Basic child/adolescent care skills • Nurturing • Discipline strategies • Appropriate supervision • Encouragement of child/adolescent care, age-appropriate development • Realistic expectations and standards of child/adolescent behavior This service is provided in a group setting consisting of multiple families or one on one setting and is based on a standard curriculum, which can be individualized to meet the parent's needs. | |
| Rate Guidance: | \$14.00 per hour | |
| Utilization Guidance: | Generally not expected to exceed 4 sessions per month. | |
| Neutrality Guidance: | N/A | |
| Service Comment: | As BCF moves toward quality outcome measures, providers are encouraged to use evidence/research based and best or proven practice curricula. Examples include Parent Effectiveness Training and Active Parenting. | |

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| Service Name: | Individualized Parenting | Service Code: 300300 |
| Service Definition: | <p>Direct face-to-face services to improve parental competence and knowledge of: discipline; appropriate supervision; encouragement of child/adolescent care, age appropriate development; realistic expectations and standards of child/adolescent behavior of identified child.</p> <p>This service should be used to correct specific deficits in parenting. This service is provided in a one-on-one setting and is highly individualized to meet the parent's needs. Specific examples include individualized behavior management techniques or understanding a child's specific mental or physical health condition.</p> | |
| Rate Guidance: | \$40.00 per hour | |
| Utilization Guidance: | While no guidance is being issued with document version 1.0, LCAs should be aware that while BCF is expecting to see a growth in service, utilization will be closely monitored to ensure reasonableness and comprehensive documentation. | |
| Neutrality Guidance: | N/A | |
| Service Comment: | As BCF moves toward quality outcome measures, providers are encouraged to use evidence/research-based and best or proven practice curricula or parts of such a curriculum that would be applicable for each client. Examples include Parent Effectiveness Training and Active Parenting. | |

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| Service Name: | Peer Parent Support | Service Code: 300402 |
| Service Definition: | <p>Peer Parent Support services are designed to offer support to the parent/caregiver/legal representative of the SAH participant. The services are geared toward promoting parent/caregiver/legal representative empowerment, enhancing community living skills, and developing natural supports. This service connects the parent/caregiver/legal representative with a parent(s) who is raising or have raised a child with substantially similar issues and are personally familiar with the associated challenges.</p> <p>Peer Parent Support providers are mentors who have shared experiences as the SAH participant, family, or both member and family and who provide support and guidance to the member and his or her family members. Peer Parent Support providers explain community services, programs, and strategies they have used to achieve the waiver member's goals. It fosters connections and relationships which builds the resilience of the member and his or her family. This service, limited in nature, is aimed at providing support and advice based on lived experience of a family member or self-advocate. Peer Parent Support providers cannot mentor their own family members.</p> <p>Peer Parent Support services encourage SAH participants and their family members to share their successful strategies and experiences in navigating a broad range of community resources beyond traditional services options. Includes facilitation of parent or family member "matches" and follow-up support to assure the matched relationship meets peer expectations. Peer Parent Support providers will not supplant, replace, or duplicate activities that are required to be provided by the Wraparound Facilitator.</p> <p>Services provided in this category will be in response to a specific goal or goals in the Participant's Service Plan and will not duplicate any other services provided to the Participant. The services are consistent with SAH objectives of avoiding institutionalization.</p> | |
| Rate Guidance: | \$5.26 per 15 minutes | |
| Utilization | Up to 32 units per service month | |
| Guidance: | | |
| Neutrality | N/A | |
| Guidance: | | |
| Service Comment: | This service is for when the Provider is facilitating a mentor relationship. Wraparound Facilitators are not eligible mentors for this service. | |

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| Service Name: | Youth Mentor/Peer Support | Service Code: 300400 |
| Service Definition: | Youth Mentoring/Peer Support services are designed to offer volunteer support for the SAH participant from individuals with shared life experience who can relate to the SAH participant. The services are geared toward promoting confidence and the acquisition and development of essential life skills. | |
| Rate Guidance: | \$5.26 per 15 minutes | |
| Utilization Guidance: | Up to 32 units per service month | |
| Neutrality Guidance: | N/A | |
| Service Comment: | <p>In general, payments resulting from this service are expected to be reimbursing the important function of volunteer coordination.</p> <p>This service is for when the Provider is facilitating a mentor relationship. A Provider may not be compensated for facilitating a relationship when an employee of the Provider organization is serving as the mentor. Provider should ensure sufficient local policies addressing ethical concerns regarding familial relationships between Provider employees and volunteer mentors.</p> | |

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| Service Name: | Non-Medical Transportation | Service Code: 300106 |
| Service Definition: | Service offered in order to enable SAH participants to be transported to and from local, public community locations for services specified in the service plan. This service does not replace medical transportation. | |
| Rate Guidance: | Services provided in this category will be in response to a specific goal/s in the service plan. \$0.54 per mile | |
| Utilization Guidance: | Up to 300 miles per service month | |
| Neutrality Guidance: | N/A | |
| Service Comment: | In instances where SAH is being used as a transition service, coordinate closely with BCF district office. The Title IV-E payment to foster care families includes transportation. Extra care should be applied to guard against service duplication. | |

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| Service Name: | Other Formal Social Support | Service Code: 300991 |
| Service Definition: | N/A | |
| Rate Guidance: | N/A | |
| Utilization Guidance: | Wraparound Plan will clearly document the service need. | |
| Neutrality Guidance: | N/A | |
| Service Comment: | <p>For each “Other Formal Social Supports” that an LCA utilizes, it should use a uniform sub-service name. The LCA should remain internally consistent in use of the sub-service when prescribing the service for multiple clients.</p> <p>If BCF observes the widespread use of certain “Other” sub-service types, it may expand the service definitions to better capture the particular service.</p> | |

Category C: Therapeutic Services

Providing targeted therapeutic services that require the involvement and participation of a licensed professional. In general, for these services, it is anticipated that a Wraparound Facilitator will identify a related need, authorize the service, actively coordinate the service with the Provider, and will monitor the service delivery. For some of the services, the licensed professional may be relied upon for representations about the ongoing need and benefit of the services when participating in multi-disciplinary team meetings and/or court appearances.

When considering these services, give a careful read of the service definitions with particular focus on the expected level of participation of a licensed professional in the administration of this direct service. In some instances, it is the level of involvement of the licensed professional which is the difference between similar services.

ALL SERVICES PROVIDED IN THIS CATEGORY WILL BE IN RESPONSE TO SPECIFIC GOALS IN THE SAFE AT HOME PARTICIPANT'S WRAPAROUND PLAN. FURTHERMORE, SERVICES MUST NOT DUPLICATE SERVICES AVAILABLE TO THE SAFE AT HOME PARTICIPANT EITHER THROUGH MEDICAID ELIGIBILITY OR OTHER ACTIVE HEALTH INSURANCE COVERAGE.

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| Service Name: | Behavioral Health Counseling, Professional, Individual Procedure | Service Code: 300610 |
| Service Definition: | <p>Behavioral Health Counseling, Professional, Individual procedure is the treatment of behavioral health conditions in which the qualified health care professional through definitive therapeutic communication attempts to alleviate emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. This process includes ongoing assessment and adjustment of psychotherapeutic interventions and may include involvement of family members or others in the treatment process.</p> <p>This is a face-to-face medically necessary service provided to the child and/or family member; however, the child must be present for some or all the service.</p> <p>Often by necessity, behavioral health counseling of children will involve work with parents as the agent of change in maladaptive behavior of children. Structured behavior therapies that are designed to provide parents with therapeutic tools to control and modify inappropriate behavior and promote adaptive coping behaviors are appropriate use of this service</p> | |
| Rate Guidance: | \$30.84 per 15 minutes | |
| Utilization Guidance: | Wraparound Plan will clearly document the service need. | |
| Neutrality Guidance: | N/A | |
| Service Comment: | Validate that the Safe at Home Participant is non-Medicaid eligible. Aligns to Medicaid Service 503.17.1 | |

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| Service Name: | Behavioral Health Counseling, Supportive, Individual Procedure | Service Code: 300611 |
| Service Definition: | <p>Behavioral Health Counseling, Supportive, Individual procedure is a face-to-face intervention provided to a child receiving coordinated care. It must directly support another behavioral health service to meet service definition and medical necessity; the supportive intervention is directly related to the child's behavioral health condition. The service is intended to promote continued progress toward identified goals and to assist children in their day-to-day behavioral and emotional functioning.</p> <p>This is not a professional therapy service but must supplement another health care service that is addressing the child's identified behavioral health needs.</p> <p>Supportive counseling must: 1. Consistently augment other coordinated care services being provided by the agency and, if possible, services being provided to the member by other agencies; and 2. Promote application and generalization of age appropriate skills such as problem solving, interpersonal relationships, anger management, relaxation, and emotional control as it impacts daily functioning as related to their behavioral health condition; and/or 3. Assist the child as he or she explores newly developing skills as well as identifying barriers to implementing those skills that are related to achieving the objectives listed on the service plan.</p> | |
| Rate Guidance: | \$16.92 per 15 minutes | |
| Utilization Guidance: | Wraparound Plan will clearly document the service need. | |
| Neutrality Guidance: | N/A | |
| Service Comment: | Validate that the Safe at Home Participant is non-Medicaid eligible. Aligns to Medicaid Service 503.17.3. Review for other health insurance coverage. | |

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| Service Name: | In-Home Family Therapy | Service Code: 300620 |
| Service Definition: | <p>In-Home Family Therapy consists of counseling and training services for the child and family provided by a licensed mental health professional (with a master’s degree or a licensed individual under supervision). This service includes trauma-informed individual and family therapy in the family home and should assist the family to acquire the knowledge and skills necessary to understand and address the specific needs of the children in relation to his/her service plan, such as developing and enhancing the family’s problem-solving skills, coping mechanisms, and strategies for the participant’s symptom/behavior management.</p> | |
| Rate Guidance: | \$30.84 per 15 minutes. Up to 2 hours per day, not to exceed 10 hours per week. | |
| Utilization Guidance: | Services provided in this category will be in response to a specific goal/s in the child’s Wraparound Plan and will not duplicate any other services provided to the child. | |
| Neutrality Guidance: | N/A | |
| Service Comment: | <p>Validate that the Safe at Home Participant is non-Medicaid eligible. Review for other health insurance coverage.</p> <p>For instances where a SAH participant is 1) a Medicaid beneficiary, 2) receiving corresponding Medicaid services up to the Medicaid service limitation, and 3) continues to have medically necessary needs for the service, the LCA may order additional services that wraparound the Medicaid benefit.</p> <p>It is noted that the observed practice of LCAs utilizing the Safe at Home practice to purchase additional necessary services that augment the current limitations of the Medicaid program will inform future policy development. The need for comprehensive documentation is emphasized.</p> | |

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| Service Name: | In-Home Family Support | Service Code: 300621 |
| Service Definition: | <p>In-Home Family Support services allow the participant and family to practice and implement the coping strategies introduced by the in-home therapist.</p> <p>The family support worker works with the participant and family on the practical application of the skills and interventions that will allow the participant and family to function more effectively.</p> <p>The family support worker assists the family therapist by helping the parent/child communicate their concerns; providing feedback to the therapist about observable family dynamics; helping the family and youth implement changes discussed in family therapy and/or parenting classes; providing education to the parent/caregiver/legal representative regarding their child's mental illness; coaching, supporting, and encouraging new parenting techniques; helping parents/caregivers/legal representatives learn new parenting skills specific to meet the needs of their child; participating in family activities and supports parents/caregivers/legal representatives in applying specific and on-the-spot parenting methods in order to change family dynamics.</p> <p>Services provided in this category will be in response to a specific goal or goals in the service plan and will not duplicate any other services provided to the therapist. The worker will be supervised by the therapist.</p> | |
| Rate Guidance: | \$16.92 per 15 minutes. Up to 2 hours per day, not to exceed 10 hours per week. | |

Utilization Guidance: Wraparound Plan will clearly document the service need.

Neutrality Guidance: N/A

Service Comment: Validate that the Safe at Home Participant is non-Medicaid eligible. Review for other health insurance coverage.

For instances where a SAH participant is 1) a Medicaid beneficiary, 2) receiving corresponding Medicaid services up to the Medicaid service limitation, and 3) continues to have medically necessary needs for the service, the LCA may order additional services that wraparound the Medicaid benefit.

It is noted that the observed practice of LCAs utilizing the Safe at Home practice to purchase additional necessary services that augment the current limitations of the Medicaid program will inform future policy development. The need for comprehensive documentation is emphasized.

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| Service Name: | Specialized Therapy | Service Code: 300630 |
| Service Definition: | <p>Specialized Therapy refers to activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of a participant’s particular needs. For purposes of the Safe at Home Program, equine therapy will be classified as a Specialized Therapy. The service is intended to assist the participant in acquiring the knowledge and skills necessary to understand and address these treatment needs, e.g., developing and enhancing problem-solving skills, coping mechanisms, strategies for the participant’s symptom/behavior management.</p> <p>Specialized Therapy are professional services that should promote full membership in the community and/or increase safety in the home environment and local public community and/or assist the individual in self-directing his or her services. Specialized Therapy services must be directed and provided by professionals who are trained, qualified, and/or certified to provide activity therapies. Providers of Specialized Therapy cannot treat their own family members.</p> <p>Services provided in this category will be in response to a specific goal/s in the participant’s service plan and will not duplicate any other services provided to the member and based on medical necessity. The services are consistent with the Safe at Home objectives of avoiding institutionalization.</p> | |
| Rate Guidance: | Locally set rate, up to \$500 for the full performance period of the Safe at Home enrollment. | |
| Utilization Guidance: | Wraparound Plan will clearly document the service need. Not expected to exceed \$500 over the course of the Safe at Home performance period. If there is a need to exceed the limitation, the LCA may request a waiver from the BCF caseworker and maintain the waiver documentation in the case file. | |
| Neutrality Guidance: | N/A | |
| Service Comment: | Validate that the Safe at Home Participant is non-Medicaid eligible. Review for other health insurance coverage. | |

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| Service Name: | Other Therapeutic Service | Service Code: 300996 |
| Service Definition: | | |
| Rate Guidance: | N/A | |
| Utilization Guidance: | Wraparound Plan will clearly document the service need. | |
| Neutrality Guidance: | N/A | |
| Service Comment: | <p>For each “Other Therapeutic Service” that an LCA utilizes, it should use a uniform sub-service name. The LCA should remain internally consistent in use of the sub-service when prescribing the service for multiple clients.</p> <p>If BCF observes the widespread use of certain “Other” sub-service types, it may expand the service definitions to better capture the particular service.</p> | |