Therapy Documentation and PPS 2011: What Agencies Need to Know

Presented By:

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November 18, 2010
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1. Dial 1 (877) 615-4339 at least 10 minutes prior to the start of the webinar.
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Therapists Only: Directions to receive contact hours for the training.

The process for therapy CEUs varies state to state. In order to assist therapists with getting a session approved, we have provided material that can be submitted to the state licensing board. Please check with your individual state for more specific information as to the process.

More information on APTA Guide to Practice can be found at the following websites:

www.cms.gov
www.medicare.com
http://oig.hhs.org
Cindy Krafft MS PT is the Director of Rehabilitation Consulting Services for Fazzi Associates, Inc. She has 15 years of home health experience ranging from PRN Clinician to the Director of Rehabilitation for a six agency home care system. She serves as the President of the Home Health Section of the American Physical Therapy Association, Chair of the NAHC Therapy Advisory Committee, and is on the NAHC Regulatory Affairs Committee. She has published a variety of articles in *Caring Magazine, The Remington Report, Success in Home Care, Home Healthcare Nurse*, and the Home Health Section of APTA newsletter. As well as being an expert on therapy practice in home care she also assists agencies with achieving OASIS competency. She served as the Clinical Co-Director of the Delta National OASIS-C Best Practices Project and currently acts as the Clinical Director of the Delta Excellence in Therapy Project. She is a well received speaker at both the state and national levels on the topics of OASIS, therapy documentation, program development, therapy utilization, and recruitment.
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Fazzi Associates, Inc.  
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**Objectives**

- Review the key concepts in PPS 2011 as they relate to therapy services.
- Examine the critical elements for compliance with the documentation expectations.
- Explore options for coordinating care for reassessments.
- Clarify issues surrounding Maintenance Therapy.

**Therapy in Home Health**

- “Must relate directly and specifically to a treatment program that is designed to treat the beneficiary’s illness or injury.”
- “General physical welfare” is not considered skilled care.
- “Transient and easily reversible loss or reduction of function” does not support the need for therapy.
Focus of the “New Rules”

Documentation!!
Documentation!!
Documentation!!
Effective April 1, 2011

Requirements for Coverage

1. Course of therapy (treatment and goals) consistent with the findings of the evaluation of function.
2. Follow accepted professional standards of clinical practice.
3. Goals must be measureable and “pertain directly” to the patient.
4. Includes objective measurements of function.

Assessment Issues by Discipline

• Physical Therapy:
  – Gait – more than distance, device and level of assistance
• Occupational Therapy:
  – ADLs and IADLS should not be assessed as a group of tasks
• Speech Therapy:
  – Clarity of functional impact of testing
• Bottom Line – quantity AND quality of patient performance.
Assessment Tips

- Pain:
  - Directly relate to functional impact
- Transfers:
  - Specific components of task
- Balance:
  - Functional Reach
  - Single Leg Stance
- Ambulation:
  - Gait cycle

Assessment Tips

- Self Care:
  - Quality of life measures
- Home Management:
  - TUG Cognitive/Functional
- Communication:
  - Impact on entire plan of care
- Cognition:
  - Safety and caregiver education

Accepted Standards of Practice

- ASHA:
  - www.asha.org
- AOTA:
  - www.aota.org
- APTA:
  - www.apta.org
  - www.homehealthsection.org
- Membership may increase access.
Well Written Goals

- Address “for what/so what.”
- A connection of the movement/activity to a specific function.
- Framework for progress over the course of care.
- Can/should be updated.

Tests and Measures

- Standardized:
  - Must follow the directions
- Validated:
  - Assess research behind the tool
- Value in repeating over course of care:
  - Support ongoing need and impact of care

Reassessment Timeframes

- Minimally every 30 days.
- Key areas around 13 and 19 total therapy visits.
- Done by “qualified therapist” who actually participates in the assessment directly.
- Done as part of a treatment visit.
If One Therapy Providing Care

- Reassessment required minimally every 30 days.
- If completing more than 13 visits the reassessment is required on the 13th visit.
- If continuing on to more than 19 visits the reassessment is required on the 19th visit.
- Exceptions: 11 – 13 and 17 – 19:
  - Rural area
  - Circumstances “outside the control” of the therapist

Example

- Only therapy involved is SLP:
  - Reassessment required minimally every 30 days
  - If plan is for 15 visits, the reassessment is required at #13
  - If plan is for 22 visits, the reassessment is required at #13 AND #19
  - Windows (11-13 and 17-19) apply for patient driven reasons

If More Than One Therapy

- Reassessment required minimally every 30 days.
- If completing more than 13 visits the reassessment is required by all continuing services close to the 13th visit.
- If continuing on to more than 19 visits the reassessment is required by all continuing services close to the 19th visit.
- Exceptions:
  - Rural area
  - Circumstances “outside the control” of the therapist
Example

- Patient receiving PT and OT:
  - Reassessment required minimally every 30 days
  - If plan is for 15 total visits, the reassessments are required “close to but before” #13
  - If plan is for 22 total visits, the reassessment is required “close to but before” #13 AND #19
  - Required for services that relevant

Reassessment Documentation

- Objective assessments.
- “Effectiveness” of therapy in relation to the goals.
- Plans to continue or discontinue:
  - Refer to clinical findings and treatment plan revisions

Reassessment Documentation

- Changes in goals or an updated plan of care:
  - MD signature required
- “Clinically supported statement of expectation that the patient can continue to progress” or resume progress after plateau or regression.
Reasonable and Necessary?

“If an individual’s expected restorative potential would be insignificant in relation to the extent and duration of therapy services required to achieve such potential, therapy would not be considered reasonable and necessary, and thus would not be covered.”

Maintenance Therapy

“Require the specialized skills, knowledge, and judgment of the qualified therapist to design or establish a safe and effective maintenance program.”

“The unique clinical conditions of a patient may require the specialized skills of a qualified therapist to perform a safe and effective maintenance program.”

Use of Therapy Assistants

- Assumption is that 79% of therapy visits are provided by the “qualified therapists.” Concerns that it may have changed.
- New G Codes to separate out therapist from therapist assistant visits.
- New G Codes related to maintenance therapy and limited use to “qualified therapist” only.
Utilization of Assistants

- State Practice Act Considerations:
  - The minimum requirements
- Individual experience and competence:
  - Therapist AND Assistant
- Active supervision:
  - Communication and documentation
- Awareness of OASIS, Outcomes, and Process Measures.

What does this Mean?

- Assess the current status of documentation.
- Address content issues proactively and directly.
- Incorporate “reassessment” concept as well as monitoring compliance.
- Formalize maintenance therapy.
- Assess use of therapy assistants.

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**EDUCATIONAL ACTIVITY CONTENT OUTLINE**

**Title of activity:** Therapy Documentation and PPS 2011: *What Agencies Need to Know*  

**Date:** November 18, 2010

**Purpose/Goal:** To outline the requirements of Home Health PPS 2011 rules as they relate to therapy while providing best practice strategies for implementing the requirements.

<table>
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<tr>
<th>OBJECTIVES</th>
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<th>TIME FRAME</th>
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</table>
| A.         | Review the key concepts in PPS 2011 as they relate to therapy services.  
- Examine the Home Health PPS guidelines for 2011 regarding therapy.  
- Documentation expectations.  
- Define "reassessments."  
- "Maintenance therapy."  
- New billing codes for therapy assistants. | 20 mins    | Cindy Krafft MS PT    | Lecture, power point   |
| B.         | Examine the critical elements for compliance with the documentation expectations.  
- Define reasonable.  
- Define necessary.  
- Explore medical necessity. | 20 mins    | Cindy Krafft MS PT    | Lecture, power point   |
| C.         | Explore options for coordinating care for reassessments.  
- Objective assessments.  
- “Effectiveness” of therapy in relation to the goals.  
- Plans to continue or discontinue.  
- Refer to clinical findings and treatment plan revisions.  
- Changes in goals or an updated plan of care – MD signature required.  
- “Clinically supported statement of expectation that the patient can continue to progress,” or resume progress after plateau or regression. | 10 mins    | Cindy Krafft MS PT    | Lecture, power point   |
| D.         | Clarify issues surrounding Maintenance Therapy.  
- Requires the specialized skills, knowledge, and judgment of the qualified therapist to design or establish a safe and effective maintenance program.”  
- The unique clinical conditions of a patient may require the specialized skills of a qualified therapist to perform a safe and effective maintenance program.” | 10 mins    | Cindy Krafft MS PT    | Lecture, power point   |