Maintenance Therapy
Are We Addicted to Improvement?

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“Therapy” / “Rehabilitation”

Take a Quiz – Are You Addicted?

Give yourself 1 point for each "yes" response and 0 for "no".

- Do you feel compelled to show progress on each visit? ______
- Do you refer to visit notes as "progress notes"? ______
- Does your note ask for "progress towards goals"? ______
- Does increasing exercise repetitions indicate improvement? ______
- Does increasing gait distance indicate improvement? ______
- Do you feel that formal tests are intended to show improvement? ______
- Do you feel that progress should be focused on improvement? ______
- Does the word "plateau" reflect the need to discharge? ______
- If improvement stops, the patient cannot continue with therapy? ______

Scoring Guide:

- 0 – 3 points = You have a healthy perspective on the concept of improvement. Recommended confirming that your documentation clearly reflects skilled care in being provided.
- 4 – 6 points = You have a mild to moderate addiction to improvement defining skilled care.
- 7 or more points = You have a moderate to severe addiction to skilled care being measured by improvement. Additional education and ongoing follow-up highly recommended.
Defining Key Therapy Concepts

- Skilled Therapy Services (ref: HH Benefit Policy Manual, Chapter 7, 40.2 – Skilled Therapy Services)

**Skill**

- proficiency, facility, or dexterity that is acquired or developed through training or experience; an art, trade, or technique

  *Progress does not equate to skilled therapy.*

More on Skilled Therapy...

Specific interventions do not equate to skilled therapy

- Why did therapist need to be present for this visit?
- What would not have happened without therapist’s instruction, direction, guidance?
- What would not have been taught or corrected?
- What would not have been accurately, safely and appropriately advanced?

What does Demonstrate “Skill?”

- Complexity such that safety and/or efficacy of the intervention can only by achieved under the supervision of a skilled clinician.
- Development, implementation, management and evaluation of a care plan
- Management and periodic reevaluation (of plan as well as patient)

  *This applies to both restorative and maintenance programs for therapy*
Is it “skilled’ or isn’t it?

- Instructing patient in individual exercise program
  - **What isn’t**: completion of program if able to train lay (unskilled) individual to carry out
- Walking for increasing (progressive) distances
  - **What is**: development of a walking program for aerobic capacity rebuilding
- Completion of ADLs to determine DME needs for bathroom safety
  - **What isn’t**: ADL assistance/supervision that can be completed by a lay (unskilled) individual

Defining Key Therapy Concepts

- Reasonable and Necessary Therapy Services [ref: HH Benefit Policy Manual, Chapter 7, 40.2 – Skilled Therapy Services]

**Reasonable**
- governed by or being in accordance with reason or sound thinking; not excessive or extreme

**Necessary**
- Absolutely essential; needed to achieve a certain result or effect; requisite

Therapy services must be in accordance with sound judgment and be essential, requisite for the patient.

Is it “reasonable & necessary” or isn’t it?

- Pain management with acute, post-op elective joint replacement
  - **What isn’t**: solely obtaining a subjective report of pain by patient on 0-10 Visual Analog Scale
- Gait training in tertiary (end stage) Parkinson’s disease
  - **What is**: teaching compensatory strategies for safe mobility
- UE/LE strengthening program . . . .
  - **What isn’t**: for < 5/5 MMT scores that don’t contribute to a functional impairment for the patient
Jimmo v. Sebelius: Transmittal 176

- Enhanced guidance on DOCUMENTATION
- Does not require the presence of any particular phraseology or verbal formulation as a prerequisite for coverage
  - Provided to assist providers in their efforts to identify and include the kind of clinical information that can most effectively serve to support a finding of skilled care
- DOES identify certain vague phrases as being insufficiently explanatory to establish coverage
  - “patient tolerated treatment well”
  - “continue with POC”
  - “patient remains stable”

Key: Clinical Decision Making: Initial Assessments

- Must begin with initial assessment/evaluation of the beneficiary
- There is NO DIFFERENCE between the assessment expectations for patients who receive therapy:
  - Prior level of functioning (reasonable time period)
  - Use of tests and measures
  - Detailed functional assessment
  - Includes a system-by-system review (cardiopulmonary, neuromuscular, integumentary, etc.)

Making a Decision
Making a Decision

Setting Goals

Restorative Therapy
- Focus can be patient or caregiver(s)
- Factor in PLOF
- Real expectation for recovery
- Improve functional ability
- Improve from baseline measures

Maintenance Therapy
- Focus can be patient or caregiver(s)
- PLOF NOT a factor
- Expectation of real stabilization
- Prevent functional decline
- Prevent body structure deterioration
Goal Writing Template

- Five (5) necessary elements that all goals should include:
  - **Who** the goal pertains to
  - **What** objective measure is used
  - **Where** is score interpretation/expected change to occur
  - **Why**? Functional relevance
  - **When** is it to occur: time frame
- "These guidelines are not exhaustive and should be considered a starting point for goal setting."
- **Source**: Goal Writing Guidelines for Home Health Therapists, [www.homehealthsection.org](http://www.homehealthsection.org)

Visit Note Basics: The SOAP Note

- **Subjective**:
  - Patient reported ↑ or ↓, or change(s)
  - Current issues or complaints
- **Objective**:
  - Education, instruction
  - Specific intervention(s) by therapist
- **Assessment**:
  - Clinical overview of visit with decision-making and associated rationale
- **Plan**:
  - For next visit… Be specific!
The Medicare Part A HH Benefit

Accept it!
Believe it!
Chart it!

Are you concerned about protecting the revenue you have earned from providing therapy services?

Kornetti & Kraft Health Care Solutions, physical therapists with over 70 years of clinical, management and ownership experience, is a consulting company with proven home health care solutions in interdisciplinary, patient-centered care management to fortify your agency’s fiscal security.

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