



# 01 Pathways & New Order

Last Modified on 08/16/2024 11:25 am EDT

**Purpose:**

To guide therapists on how to customize the ORDER/GOALS for selected PATHWAYS and enter what is required.

**Question Intent:**

Patient specific orders and goals are required to provide therapy services. They must include the required components for compliance and justify services that will be rendered. Homecare Homebase allows for customization of these items in the evaluations.

Orders: The regulatory references for this can be found in Medicare Benefit Policy Manual Chapter 7 and in the individual discipline therapist Local Coverage Determinations (LCD): LCD - Home Health Physical Therapy L3456, LCD - Home Health Occupational Therapy L34560, and LCD - Home Health Speech Therapy L34563. Orders must contain the following items:

- 1) Who is performing the skill/treatment?
- 2) What is the skill/treatment?
- 3) How often and for how long i.e. Frequency and duration?

Goals: Homecare Homebase has two goals associated with care plans. Goals that are customizable and will be pulled to the patient's plan of care order. This goal is modifiable and can be customized. The other is a generic goal tied to HCHB Interventions and is not customizable and is for reference to the general intent of what the interventions are to accomplish. It is the former that this education is addressing and most important to justify care. Goals need to be specific to the patient and not generalized statements. This helps support skilled care rendered by a trained therapist. Here are the key components of what should make up a goal:

- 1) Identification of the person who will achieve the goal.
- 2) Description of the movement or activity.
- 3) The connection of the movement/activity to a specific function.
- 4) Factors for measuring the outcome.
- 5) Time frame for achieving the goal. Time frame must be a DATE. Cannot use "by end of certification".

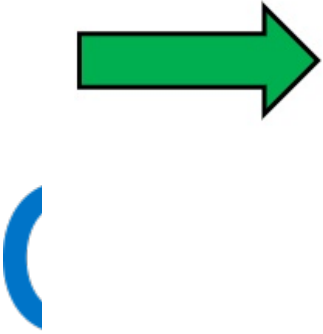
**Response – Specific Instructions**

1) If additional visits are planned, the therapist will select the appropriate PATHWAY(S) for the patient. These will populate the order and goal information.



Visit Actions	
<input type="checkbox"/>	Mileage/Drive Time*
<input type="checkbox"/>	Demographics
<input type="checkbox"/>	Vital Signs & Measures*
<input type="checkbox"/>	Physical Assessment*
<input type="checkbox"/>	Patient Goals*
<input type="checkbox"/>	Diagnoses*
<input type="checkbox"/>	Procedures
<input checked="" type="checkbox"/>	Pathways*

When you are picking up a patient for additional visits, click on the box for "EVALUATION PERFORMED. ADDITIONAL VISITS TO BE PROVIDED."



Pathways

OT EVALUATION PERFORMED. ADDITIONAL VISITS TO BE PROVIDED. (TC=D100 )

OT EVALUATION PERFORMED. NO ADDITIONAL VISITS REQUIRED. (TC=NOT )

Save Leave

OT EVALUATION PERFORMED. ADDITIONAL VISITS TO BE PROVIDED. (TC=D100 )

NEED FOR GROOMING TRAINING - OT (TC=ADLG1)

NEED FOR DRESSING TRAINING - OT (TC=ADLD2)

Check the boxes for the specific Pathways you want to address in your Plan of Care.

NEED FOR DRESSING TRAINING - OT (TC=ADLD2)

NEED FOR GROOMING TRAINING - OT (TC=ADLG1)

NEED FOR TOILETING HYGIENE - OT (TC=ADLT4)

NEED FOR BATHING TRAINING - OT (TC=ADLB5)

NEED FOR SELF FEEDING - OT (TC=ADLF3)

To customize the information for ORDERS and GOALS under these pathways, it will be accomplished when creating a NEW ORDER.



Visit Actions

- Vital Signs & Measures\*
- Physical Assessment\*
- Patient Goals\*
- Diagnoses\*
- Procedures
- Pathways\*
- Interventions/Goals\*
- Therapy Goals/Status\*
- New Order\*

2) It is expected the THERAPIST will contact the signing MD for continued orders for services (see [Therapy Orders - Documenting Verbal Order](#) for specific guidance in that section). To access your orders and goals to customize, select VIEW INSTRUCTIONS.

Send Order to Physician

Order Read Back

Instructions

Order Date 1/25/24

Order Type

Verbal Order

Verbal Order Date

ABN Delivered to patient

Wound Care Order

Instructions



3) PATHWAYS you have selected will be present and you can navigate between each one by using the forward or reverse arrows at the top of the screen. Below are examples of screenshots highlighted in yellow for toggling forward or backward to each ORDER Template. A checkmark will come up when you select the PATHWAY, and it will be editable. The therapist has the option for both goals and orders to use the templates and make updates in the necessary areas as indicated by the \* prompts or completely rewrite the order or goal from scratch. Keep in mind if the clinician decides on the latter, it must have the components discussed in the guidance above. The example following shows the ORDER being added to and GOAL being updated following the \* prompts.

Bathing Example:

Template

<< < > >> 1 / 4

ADLB5

Order Text

OCCUPATIONAL THERAPY TO PROVIDE TRAINING TO PATIENT/CAREGIVER FOR BATHING USING EDUCATION, INSTRUCTION, THERAPEUTIC ACTIVITIES AND APPROPRIATE ADAPTIVE EQUIPMENT AS NEEDED.

Goal Text

PATIENT/CAREGIVER WILL IMPROVE FROM \* TO \* WITH BATHING ALLOWING THE PATIENT TO SAFELY BATHE BY \* (DATE).

Dressing Example:

Template

<< < > >> 2 / 4

ADLD2

Order Text

OCCUPATIONAL THERAPY TO PROVIDE TRAINING TO PATIENT/CAREGIVER WITH UPPER AND OR LOWER BODY DRESSING USING EDUCATION, INSTRUCTION, AND THERAPEUTIC ACTIVITIES.

Goal Text

PATIENT WILL IMPROVE FROM \* TO \* WITH DRESSING ALLOWING THE PATIENT TO DRESS SAFELY BY \* (DATE).

4) The below example for Bathing has had both the ORDER and GOAL updated from the template. Highlighted in yellow are examples of how you can customize the ORDER AND GOAL. The asterisks will prompt the clinician to make the appropriate changes.

Template

<< < > >> 1 / 4

ADLB5

Order Text

OCCUPATIONAL THERAPY TO PROVIDE TRAINING TO PATIENT/CAREGIVER FOR BATHING USING EDUCATION, INSTRUCTION, THERAPEUTIC ACTIVITIES AND APPROPRIATE ADAPTIVE EQUIPMENT AS NEEDED.

Goal Text

PATIENT/CAREGIVER WILL IMPROVE FROM \* TO \* WITH BATHING ALLOWING THE PATIENT TO SAFELY BATHE BY \* (DATE).

Visit Interventions and Goals

Interventions: Visit Number ALL  
 TRAINING PATIENT / CAREGIVER WITH BATHING SKILLS  
 Goal:  
 PATIENT / CAREGIVER DEMONSTRATES SAFE BATHING USING APPROPRIATE TECHNIQUES AND EQUIPMENT MAXIMIZING SAFETY AND INDEPENDENCE

Template

<< < > >> 1 / 4

ADLB5

Order Text

OCCUPATIONAL THERAPY TO PROVIDE TRAINING TO PATIENT/CAREGIVER FOR BATHING USING EDUCATION, INSTRUCTION, THERAPEUTIC ACTIVITIES AND APPROPRIATE ADAPTIVE EQUIPMENT AS NEEDED.

Goal Text

PATIENT/CAREGIVER WILL IMPROVE FROM MOD ASSIST TO SBA WITH BATHING ALLOWING THE PATIENT TO SAFELY BATHE IN SHOWER WITH TUB BENCH AND GRAB BARS BY 9/23/24.

Visit Interventions and Goals

Interventions: Visit Number ALL  
 TRAINING PATIENT / CAREGIVER WITH BATHING SKILLS  
 Goal:  
 PATIENT / CAREGIVER DEMONSTRATES SAFE BATHING USING APPROPRIATE TECHNIQUES AND EQUIPMENT MAXIMIZING SAFETY AND INDEPENDENCE



a. The order was made more specific by indicating the type of functional activity, level of assistance, and adaptive equipment utilized. This is not required but the example is for demonstration on your ability to customize if desired. Note that if there was an \* in the order text it will require this to be addressed as the asterisk forces an answer to be documented.

b. The goal was updated in all the \* prompts and take notice of the key elements to ensure it meets the regulations

- i. **Who is the goal for?** The patient
- ii. **Type of activity?** Bathing
- iii. **How is the goal measured?** Assistance level with bathing task, along with adaptive equipment utilized
- iv. **Specific function and details?** Bathe in shower with use of tub bench and grab bars
- v. **By when?** Indicate a DATE. Do not write by end of certification.

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