



01 Therapy Assess/Plan

Last Modified on 08/16/2024 11:26 am EDT

Purpose:

To guide therapists on the use of the Assessment / Plan to guide strong clinical documentation and justification of skilled therapy services that are reasonable and necessary.

Question Intent:

The Therapy Assessment / Plan section is intended to provide the interpretation of objective testing as well as the justification of why skilled therapy is reasonable and necessary for the patient at this time. It is important that these primary components are documented to support the patient's need for skilled therapy services.

Per [Medicare Benefit Policy Manual Chapter 7 - Home Health Services](#), the Therapy Assessment / Plan portion of our notes helps support that "the skilled services must also be reasonable and necessary to the treatment of the patient's illness or injury or to the restoration or maintenance of function affected by the patient's illness or injury. It is necessary to determine whether individual therapy services are skilled and whether, in view of the patient's overall condition, skilled management of the services provided is needed."

Response – Specific Instructions:

1. At SOC (00) and Evaluation (01) visits the Therapist will select Therapy Assess/Plan in their visit note. The system will ask if 'ARE THERE FURTHER VISITS PLANNED AFTER EVALUATION TODAY?'.
 - 1.
2. When "YES" is selected the Therapist will proceed as follows:

Therapy Assess/Plan

ARE THERE FURTHER VISITS PLANNED AFTER THE EVALUATION TODAY?

NO

YES

2. After selecting "YES", a problem list will appear. Clinician to select problems identified from assessment and if not on list, the impairments can be placed under "Other" and typed in. These lists are discipline specific. The below list is for a Physical Therapist.
 - 1.

Therapy Assess/Plan

BASED ON ASSESSMENT INDICATE THE PROBLEMS IDENTIFIED THAT WILL BE ADDRESSED (SELECT ALL THAT APPLY)

GAIT ABNORMALITY/IMPAIRMENT	<input checked="" type="checkbox"/>
PAIN AFFECTING FUNCTION	<input type="checkbox"/>
IMPAIRED BED MOBILITY	<input type="checkbox"/>
IMPAIRED BALANCE / PROPRIOCEPTION	<input type="checkbox"/>
IMPAIRED TRANSFERS	<input checked="" type="checkbox"/>
HISTORY OF RECURRENT FALLS	<input checked="" type="checkbox"/>

3. Next, the therapist will indicate the type of therapy they are providing. Clinician will select the type of therapy.
 1. For **restorative care** - expectation is patient improvement from lower level to higher level of function that is supported by functional tests/measures.
 2. For **maintenance care** - expectation is patient sustaining function or reducing decline with strong justification as rational and skilled needed by a therapist. Functional tests/measures support sustainability from assessment to assessment and degree of impairment.

3.

Therapy Assess/Plan

INDICATE WHAT TYPE OF THERAPY YOU ARE PROVIDING

RESTORATIVE

MAINTENANCE

4. When 'Restorative' is selected, two items will be addressed:

1. Discuss what objective tests support the assessment. List out tests and why they are important. Below is an example:

1.

Therapy Assess/Plan

INTERPRET THE SIGNIFICANCE OF THE RESULTS FROM OBJECTIVE TESTING*

BERG SCORE 38 INDICATING HIGH FALL RISK. ABC SCALE 42% LOW LEVEL FALL CONFIDENCE SCORE, GAIT MINIMAL ASSISTANCE DUE TO POOR JUDGMENT/ WEAKNESS INCREASED FALL RISK. LE STRENGTH TESTING OVERALL +3/5 AFFECTING STABILITY ON UNLEVEL SURFACES.]

2. Provide rationale, based on tests and other findings, why therapy is needed specific to this patient. Key here is to relate rationale to the specific patient circumstances:

1.

Therapy Assess/Plan

SPECIFIC TO THIS PATIENTS FUNCTIONAL RESTORATION, JUSTIFY WHY SKILLED THERAPY IS REASONABLE AND MEDICALLY NECESSARY AT THIS TIME.

PRIOR TO HOSPITALIZATION, PATIENT WAS ABLE TO AMBULATE SAFELY WITH A WALKER AROUND THE HOME AND DIDN'T HAVE ANY RECURRING FALLS. PATIENT HAS HAD SEVERAL RECURRING FALLS OVER THE LAST 3 WEEKS PLACING HER IN A HIGH RISK FOR INJURIES. BALANCE TESTS PERFORMED TODAY SUPPORT RISK LEVEL. LOWER EXTREMITY STRENGTH IS IMPAIRING HER ABILITY TO FUNCTION ON STEPS AND MANAGING TRANSFERRING INTO AND OUT HER SHOWER. I BELIEVE THE PATIENT IS A GOOD REHABILITATION CANDIDATE AND IS MOTIVATED TO REACH HER GOALS. HAS GOOD CAREGIVER SUPPORT. PATIENT'S PRIMARY GOAL IS TO BE ABLE TO SAFELY WALK AROUND HER HOUSE WITH NO FALLS.

5. When 'Maintenance' is selected, two items will be addressed:

1. Discuss what objective tests support the assessment. Objective tests measure if the patient is sustaining functional level from assessment to assessment.

Below is an example:

1.

Therapy Assess/Plan

INTERPRET THE SIGNIFICANCE OF THE RESULTS FROM OBJECTIVE TESTING*

SLIDE BOARD TRANSFER WITH MINIMAL ASSISTANCE WITH HUSBAND, HIP FLEXION AROM 90 DEGREES WITH LEATHERY ENDFEEL ALLOWING FLEXIBILITY TO PERFORM TRANSFER, STATIC SITTING BALANCE UNSUPPORTED 12 SECONDS SBA PROVIDING ADEQUATE DURATION TO PERFORM TRANSFER.]

2. Provide rationale, based on tests and other findings, why therapy is needed for this specific patient. It is **very important** to be detailed to what is the risk to patient if therapy services are not provided:

1.

Therapy Assess/Plan

SPECIFIC TO THIS PATIENTS MAINTENANCE NEED, EXPLAIN THE NEED FOR SKILLED THERAPY IN RELATION TO THE PATIENTS OVERALL MEDICAL CONDITION THAT SUPPORTS A COMPLEXITY OF THE THERAPY SERVICE TO BE PERFORMED TO MAINTAIN FUNCTION.

THE PATIENTS MEDICAL HISTORY OF PAST RIGHT SIDE CVA COUPLED WITH RECENT TIA PLACES HER AT A PHYSICAL DISADVANTAGE IN PERFORMING SLIDE BOARD TRANSFERS SAFELY THAT PRIOR TO TIA WERE NOT A CONCERN. CURRENTLY RESIDES AT HOME WITH HER HUSBAND WHO WAS ABLE TO ASSIST HER BUT RECENT DECLINE IN HER ABILITY TO ASSIST WITH TRANSFERS PRESENTS CONCERNS THAT FURTHER DECLINE MAY RESULT IN HER NO LONGER BEING ABLE TO RESIDE AT HOME. THE FLUCTUATIONS IN EXTENSOR TONE AND HIP ROM LOSS AS A RESULT REQUIRE SKILLED THERAPY TO DEVELOP A HOME PROGRAM OF EXERCISES AND CAREGIVER TRAINING TO MITIGATE FURTHER LOSS AND DECLINE IN FUNCTION SO SHE CAN SAFELY TRANSFER AND REMAIN HOME.

6. Lastly, indicate the therapy plan. Use the drop-down list to create a list of interventions to perform. The Pathways chosen in the evaluation should align closely to your therapy plan. If items for your plan are not on the list use the "OTHER" option and free text any additions. Each plan is specific to a discipline. The below list is for a Physical Therapist.

1.

Therapy Assess/Plan

INDICATE THERAPY PLAN (SELECT ALL THAT APPLY)

GAIT TRAINING	<input checked="" type="checkbox"/>
TRANSFER TRAINING	<input checked="" type="checkbox"/>
BED MOBILITY TRAINING	<input type="checkbox"/>
ROM EXERCISES	<input type="checkbox"/>
STRENGTHENING EXERCISES	<input checked="" type="checkbox"/>
THERAPEUTIC EXERCISES/ACTIVITIES	<input checked="" type="checkbox"/>
BALANCE TRAINING /FALL PREVENTION	<input checked="" type="checkbox"/>
LYMPHEDEMA MANAGEMENT	<input type="checkbox"/>
PATIENT EDUCATION / HOME EXERCISE PROGRAM	<input checked="" type="checkbox"/>
OTHER	<input type="checkbox"/>

3. If "NO" is chosen for further visits planned, an indication for why no further therapy visits is required:

1.

Therapy Assess/Plan

ARE THERE FURTHER VISITS PLANNED AFTER THE EVALUATION TODAY?

NO

YES

2.

Therapy Assess/Plan

INDICATE REASON FOR NO FURTHER THERAPY VISITS.

NO SKILLED THERAPY NEED IDENTIFIED.

PATIENT REFUSING FURTHER THERAPY CARE BEYOND EVALUATION.



3. If 'NO SKILLED THERAPY NEED IDENTIFIED' is selected, a text box will open to provide the specific reason. Example below:

1.

Therapy Assess/Plan

SPECIFY DETAILS.

PATIENTS ASSESSMENT REVEALED NO IMPAIRMENTS REQUIRING SKILLED THERAPY INTERVENTION. WFL

4. Lastly, the Therapy Plan will be selected:

1.

Therapy Assess/Plan

INDICATE THERAPY PLAN (SELECT ALL THAT APPLY)

EVALUATION ONLY WITH NO FURTHER VISITS PLANNED

From article: 01 Therapy Assess/Plan | Last Modified on 08/16/2024 11:26 am EDT

healthcare®