



# 19 Therapy Assess/Plan

Last Modified on 08/16/2024 11:28 am EDT

### Purpose:

To guide therapists on the use of the Assessment / Plan on their discharge visit 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 services were necessary and the progress the patient made towards goals. 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."

At Reassessment (at least every 30 days) timepoints therapy documentation supports continued payment based on a rationale that supports skill. Comparing current and prior levels with discussion to their relevance is a requirement both for CMS compliance and auditing bodies. Per the [Medicare Benefit Policy Manual Chapter 7 - Home Health Services](#) "At least once every 30 days, for each therapy discipline for which services are provided, a qualified therapist (instead of an assistant) must provide the ordered therapy service, functionally reassess the patient, and compare the resultant measurement to prior assessment measurements. The therapist must document in the clinical record the measurement results along with the therapist's determination of the effectiveness of therapy, or lack thereof."

### Response – Specific Instructions:

1. At Discharge (19) or Agency Discharge (18) visits the therapist will select Therapy Assess/Plan in their visit note. They will first identify one of 3 options (GOALS MET, GOALS PARTIALLY MET, or GOALS NOT MET).

1.

Therapy Assess/Plan

INDICATE PATIENT'S PROGRESS TOWARDS GOAL(S)

GOALS MET	<input type="radio"/>
GOALS PARTIALLY MET	<input type="radio"/>
GOALS NOT MET	<input type="radio"/>

2. NOTE - To view all goals in making this determination, the therapist should view [Therapy Goals/Status](#) as well as using the top right menu and going into Medical Records --> Order History to see all Goals written on the 485/Plan of Care.

2. Once Progress Towards Goals is selected, a free text box will appear indicating DISCHARGE SUMMARY OF PATIENT'S FUNCTIONAL PROGRESS TOWARDS OUTCOMES AND GOALS. Here the therapist will address all goals objectively. An example where patient has met all goals is below:

1.

Therapy Assess/Plan

DISCHARGE SUMMARY OF PATIENT'S FUNCTIONAL PROGRESS TOWARDS OUTCOMES AND GOALS

GROSS LE STRENGTH - PATIENT HAS IMPROVED FROM 2 REPS TO 6 REPS IN 30 SECOND SIT TO STAND TEST, MEETING A GOAL OF 5 REPS. RESULTING IN IMPROVED SAFETY AND EFFICIENCY IN TRANSFERS, GAIT, AND STAIR NAVIGATION.

TRANSFERS - PATIENT HAS PROGRESSED FROM CGA TO MOD I IN BED TO CHAIR, SIT TO STAND, AND AUTO TRANSFERS, MEETING GOAL OF MOD I TO REDUCE FALL RISK AND PROMOTE INDEPENDENCE.

AMBULATION - PATIENT HAS PROGRESSED FROM CGA TO MOD I WITH AMBULATION ON EVEN AND UNEVEN SURFACES WITH 4WW FOR DISTANCES UP TO 300 FEET, MEETING GOAL AND ALLOWING SAFE ACCESS THROUGHOUT REQUIRED AREAS IN RESIDENCE IN ADDITION TO COMMUNITY AMBULATION.

STAIRS - PATIENT HAS PROGRESSED FROM UNABLE TO SAFELY ATTEMPT TO CGA FOR 3 STEPS USING STANDARD CANE. MEETING GOAL AND ALLOWING SAFE ENTRY AND EXIT FROM HOME WITH CAREGIVER ASSIST.

BALANCE - PATIENT HAS PROGRESSED TUG FROM 37 SECONDS TO 19 SECONDS, MEETING GOAL AND DEMONSTRATING IMPROVED MOBILITY, BALANCE, AND SAFE WALKING ABILITY. |

3. Upon completion of this summary, a pick list will appear prompting POST DISCHARGE PATIENT/CAREGIVER INSTRUCTIONS/PLANS TO PREVENT HOSPITALIZATIONS AS ORDERED. Here the therapist will select all relevant discharge plans/instructions:

1.



Therapy Assess/Plan	
<b>POST DISCHARGE PATIENT/CAREGIVER INSTRUCTIONS/PLANS TO PREVENT HOSPITALIZATIONS AS ORDERED.</b>	
REVIEWED MEDICATION NAME, DOSEAGES, FREQUENCY AND INSTRUCTED TO TAKE AS ORDERED.	<input type="checkbox"/>
CONTACT PRIMARY PHYSICIAN WITH ANY CHANGES IN CONDITION	<input checked="" type="checkbox"/>
FOLLOW UP WITH NEXT PHYSICIAN APPOINTMENT	<input type="checkbox"/>
REVIEWED ON-GOING HOME EXERCISE PROGRAM	<input checked="" type="checkbox"/>
MEASURES FOR OBTAINING MEDICAL SUPPLIES	<input type="checkbox"/>
EMERGENCY PROCEDURES (911, ER, COMPRESS FOR WOUND/SKIN TEARS, EMERGENCY PHONE NUMBERS LOCATED NEAR PHONE.)	<input type="checkbox"/>
FOLLOW UP WITH OUTPATIENT THERAPY	<input checked="" type="checkbox"/>
FOLLOW UP ON OUTPATIENT LABS	<input type="checkbox"/>
MEASURES FOR MEETING PERSONAL CARE NEEDS	<input type="checkbox"/>
PHARMACY NAME AND NUMBER	<input type="checkbox"/>

4. 19 Service codes will end now. 18 service codes will have a pick list stating NEXT PROVIDER VISIT VERIFICATION. It is best practice for our patients to have a confirmed provider follow up visit following discharge from agency to best ensure continued positive clinical outcomes. The therapist will choose one of the 2 options:

1.

Therapy Assess/Plan	
<b>NEXT PROVIDER VISIT VERIFICATION</b>	
PATIENT VERBALLY CONFIRMED A PROVIDER FOLLOW UP VISIT IS SCHEDULED	<input type="radio"/>
PATIENT VERBALLY CONFIRMED A PROVIDER FOLLOW UP VISIT HAS NOT BEEN SCHEDULED.	<input type="radio"/>

2. If the second option 'PATIENT VERBALLY CONFIRMED A PROVIDER FOLLOW UP VISIT HAS NOT BEEN SCHEDULED' is selected, a second pick list will appear.

Therapy Assess/Plan	
<b>EDUCATED PATIENT TO THE IMPORTANCE OF TIMELY FOLLOW UP WITH PHYSICIAN SO NECESSARY INTERVENTIONS CAN BE IMPLEMENTED AND PREVENT ER VISITS AND HOSPITAL STAYS.</b>	
PATIENT VERBALLY STATES THEY WILL SCHEDULE A FOLLOW UP APPOINTMENT WITH PROVIDER.	<input type="radio"/>
CLINICIAN AND PATIENT SCHEDULED A FOLLOW UP APPOINTMENT WITH PROVIDER.	<input type="radio"/>
NO FOLLOW UP APPOINTMENT NEEDED AT THIS TIME.	<input type="radio"/>

3.

From article: 19 Therapy Assess/Plan | Last Modified on 08/16/2024 11:28 am EDT