

	
Approved by <i>Michele Faramore</i>	Date 8-16-11
Revised by	Date

REHABILITATIVE THERAPY

POLICY

Specific departmental and/or regulatory requirements guide the provision of physician ordered rehabilitative services to qualified home health patients. As these requirements are included in numerous other ADPH policies, the *Rehabilitative Therapy* policy serves to compile these requirements into a single reference source for convenience and clarity.

PURPOSE

- To identify the orientation requirements for contracted therapists.
- To identify the orientation requirements for merit therapists.
- To identify the credentialing and supervisory requirements that are due annually for all contracted and merit therapists.
- To outline requirements and guidelines related to the delivery of rehab patient care, supervision of the therapy plan of care and submission of patient-related clinical documentation.

GENERAL INSTRUCTIONS

- 1 Therapists providing services under a **Professional Services Contract** are required to complete/submit the specific orientation requirements listed on the current **Professional Service Therapy Contract Staff Information Checklist**. The subunit supervisor is responsible for the completion of this checklist to validate completion of all orientation requirements. The checklist, along with expanded explanation and attachments needed for completion, are contained within the Rehab Orientation section which is posted on the Home Care website. Documentation of orientation and skills competency assessment for staff working under a professional service contract will be filed in a Professional Service Contract File.
 - Evidence of skills competency assessment.
 - A contractor is responsible for the validation of skills competency for each provider of service as a condition of their contract. It is acceptable for a contractor to provide validation of competency using their own checklist or a checklist from another agency as long as the checklist includes skills appropriate to home care. If a contractor does not have an appropriate competency assessment form, the forms included in the Rehab Orientation Manual should be utilized.
- 2 **Merit therapists** are required to complete/submit the specific orientation requirements listed below prior to any patient's visits. Documentation of orientation and skills competency assessment for merit employees will be filed in the employee personnel file.
 - Applicable structured ADPH Orientation Modules and corresponding checklists.

- Rehab Orientation Manual and checklist.
 - Evidence of skills competency assessment.
 - Competency assessment of merit therapists will be performed by the Bureau Rehab Consultant.
 - BC/BS Preferred PT/OT Provider Application (does **not** apply to SLP, PTA or OTA).
 - NPI assignment.
- 3 The items to be submitted or performed **ANNUALLY** for both contract and merit therapists are listed on the **Annual Therapy Requirements Checklist** which is posted in the Rehab section of the Home Care website.
- 4 Specific guidelines and requirements will be followed in the delivery of rehabilitative patient care, supervision of the therapy plan of care and submission of related clinical rehab documentation.
- The initial therapy evaluation of a patient by the appropriate rehabilitation therapist should be completed within 24 hours of receipt of the referral OR as ordered by the physician.
 - A **therapy only admission** requires that the nurse visit the **same day** as the therapist to complete the OASIS SOC assessment to meet CMS admission requirement guidelines.
 - A therapist may make the initial visit to the home to establish eligibility for home health and to obtain authorizations if she/he has been educated to these procedures. The paperwork requirements for admission are specified in the *ADPH Admission* policy.
 - Therapists will be responsible for ongoing medication review in **therapy only** cases.
 - Therapists and therapist assistants involved in the care of a therapy only patient will be provided a list of the patient's current medications (either electronically or by hard copy) and will use the list to review for new medications on each visit. Therapists will also assess for potential medication related problems and will notify the nurse care coordinator if a medication problem or a new medication is identified during a service visit.
 - Registered therapists will monitor and modify the therapy care plan based on changes in patient health status, assessment findings and outcomes and will coordinate and communicate with the physician and nurse care coordinator regarding care delivery. **Changes to a therapy plan of care will be communicated to the appropriate clinical staff and accompanied by written documentation that clearly supports the medical necessity for the change and specific new orders with accompanying goals.**
 - Therapist assistants will be under the supervision of a qualified therapist corresponding to that discipline in accordance with applicable licensing laws and requirements. These requirements can be found in the *ADPH Supervision of Patient Care* policy.
 - There must be documentation in the clinical notes of ongoing communication between the therapists and the therapist assistant as to the progression of the therapy goals and the status of the patient.

Additional requirements may apply when providing care for a patient with a provider other than Medicare.

- The number of visits ordered per week must be completed between Sunday and Saturday. In the event that patient care is not delivered according to schedule, efforts should be taken to reschedule the missed visit(s) within the treatment week. If it is not possible to reschedule a missed visit, the responsible therapist must notify the nurse care coordinator of the reason the visit was missed and document this contact on a *Conference/Continuation Note (HBS-297)* or in Horizon. If it becomes necessary to alter the original therapy plan of care (i.e. the original treatment duration needs to be extended due to missed visits), the responsible therapist will consult with the physician and nurse care coordinator to revise the therapy plan of care with appropriate change orders.
- Reassessment will be performed by qualified therapists in compliance with regulatory requirements.
- Recommendations for a new or modified therapy plan of care must be accompanied by evidence of skilled reassessment which justifies medical necessity for the POC.
- Any documentation related to patient visits (clinical notes, conference notes, encounter forms) should be forwarded to the subunit within 2 working days.
- Projected weekly schedules for the upcoming week should be submitted to the subunit by each therapist every Friday by noon. Corrected weekly schedules should be submitted to the agency as needed.
- Therapists will carry a bag of appropriate supplies with them on each home visit in accordance with Departmental policy. Additional information related to bag contents and guidelines for proper technique can be found in the *Bag Technique* policy.
- Therapists are required to have input into scheduled case conferences which are held every two weeks. Prior to each scheduled conference, therapists will be provided with a list of the patient to be discussed at the conference. Therapists are required to contact the subunit prior to the conference and provide an update on those patients which they are following. In this way, current patient specific therapy information and plans can be utilized during the conference.