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Eli's Rehab Report

Compliance: 5 Tips Help PTs Make The Most of Agencies' New Therapy Requirements

Many agencies are overwhelmed by the new rule -- here's how you can help.

Home health agencies waiting until the last minute to comply with the therapy changes hitting April 1 will find themselves in over their heads -- but you can keep them from drowning simply by stepping in to help guide them toward compliance.

In the Nov. 17, 2010 Federal Register, the **Centers for Medicare & Medicaid Services** finalizes home health agencies' requirement to have therapists -- not therapy assistants -- conduct functional reassessment visits on the 13th and 19th visits or every 30 days. In certain cases, therapists may make the visits in the 11 to 13 and 17 to 19 ranges. CMS also will require more specifics in therapists' documentation.

Agencies must "practice, practice, practice being compliant with the reassessment timeframes before the April 1 implementation deadline," urges physical therapist **Cindy Krafft** with **Fazzi Associates**. "That way agencies can find where the process breaks down and correct it before it is 'official.'"

Reality: Putting off compliance may push back the headache, but waiting until the last minute can lead to mistakes when it will count, Krafft tells **Eli**.

Strategy: You can help agencies comply with the new requirements. By becoming the go-to expert on these therapy requirements, not only will you help them stay out of federal crosshairs, you'll create lasting partnerships that pay off big down the road.

Here are five key ways you can provide an invaluable service:

#1: Assess what's happening now. The top expert in therapy documentation is the therapist. Therefore, you are the best person to help agencies better understand where their therapy policies and procedures are lacking. Help them examine their "current processes, tools, job descriptions, etc. related to therapy to identify what is missing and how things will need to change by April 1st," advises **Judy Adams** with **Adams Home Care Consulting** in Chapel Hill, N.C.

Action plan: Help agencies sort through their therapy-related policies and procedures. Point out -- and help them fill -- any gaps you find. For instance, you might help agencies develop a policy for therapy documentation standards or suggest an appropriate review schedule for ensuring documentation remains at compliance standards.

#2: Plan new scheduling. The biggest challenge for most agencies will be correctly timing therapy reassessment visits, experts agree.

Sometimes the visits must occur on the 13th and 19th visits, sometimes in the 11 to 13 and 17 to 19 visit ranges, and sometimes before the 30-day deadline. And the visits are timed based on the total number of therapy visits, combining disciplines for the visit count. PTs can help agencies understand which visit type applies, as well as keep track of when those key deadlines are approaching.

Do this: "Project the combined [therapy visit] frequencies and plot the anticipated reassessment visit on the calendar," recommends occupational therapist **Karen Vance** with **BKD** in Springfield, Mo.

#3: Communicate and coordinate. Therapy reassessment visit timing won't be accurate if compliance efforts stop at the planning and scheduling stage. Stay in contact with the agency staffer in charge of scheduling to make sure the

reassessment visits occur when required, based on shifting visit numbers. This way, you become an integral member of the team and you show the agency you have a laser-like focus on keeping them compliant.

How: Encourage agencies to "count the [therapy] visits as they come into the office for a safety net measure," Vance recommends. That means therapists must submit all documentation in enough time to not miss a reassessment.

Don't rely on that counting to do it all, however. "Communicate among one another ... particularly if the projections didn't come out as expected," Vance stresses.

#4: Provide top-notch documentation. The new requirements are merely "clarifications" of existing policy and agencies and therapists should have been doing this all along, CMS maintains in its rule. However, "many agencies have not been in compliance with the documentation practices and qualified therapist oversight we would expect," the agency acknowledges in the rule.

With the new requirements in place, CMS will expect much stronger therapy documentation. The agency will "require that measurable treatment goals be described in the plan of care and that the patient's clinical record would demonstrate that the method used to assess a patient's function would include objective measurement and successive comparison of measurements," CMS says in the rule. That, in turn, will enable "objective measurement of progress toward goals and/or therapy effectiveness."

Strategy: "Therapists will need to integrate more evidence-based tools in evaluating their patients for specific conditions such as balance, perceived exertion, endurance, etc.," Adams counsels. They should use evidence-based tools "both at the time of the initial assessment and periodically through care to show improvements."

#5: Prove your worth. With CMS' heightened focus on documentation and evidence-based testing, agencies will need to justify why therapy is needed, especially at the higher thresholds, Adams adds.

Do this: Give full explanations of what therapy you performed and why the patient needed it. Connect your services to patients' plan of care. "Medicare is asking us to prove our worth," Vance says. "It shouldn't take any longer to document this if we were doing it all along as originally asked."

Note: The final rule is at http://edocket.access.gpo.gov/2010/pdf/2010-27778.pdf.