Maintenance Therapy

When and How to Integrate into Your Agency

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Kornetti & Krafft
HEALTH CARE SOLUTIONS
Value Beyond The Visit

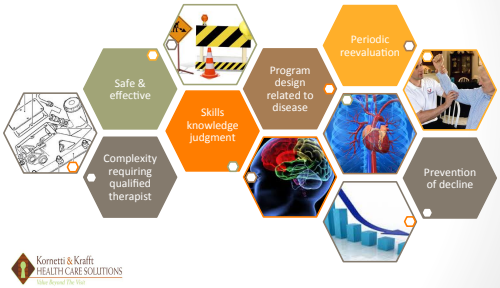
Course Objectives

- Examine the key components of maintenance therapy in PPS regulations
- Analyze the similarities/differences between restorative and maintenance therapy services in the home health setting
- Discuss potential factors that can impact the comprehensive management of a home health maintenance patient
- Discuss documentation implications specific to maintenance therapy
- Apply concepts of maintenance therapy to specific patient scenarios

Session 2: Assessments and Care

- Attendees will be able to:
  - Practice documentation skills to support medical necessity for maintenance patients
  - Reality-based scenarios focused on:
    - Initial assessments
    - Care plans
  - Compare and contrast assessments and care plans for maintenance v restorative therapy

Anatomy of a Maintenance Program



Kornetti & Krafft HEALTH CARE SOLUTIONS

Evaluation and documentation for maintenance therapy patients

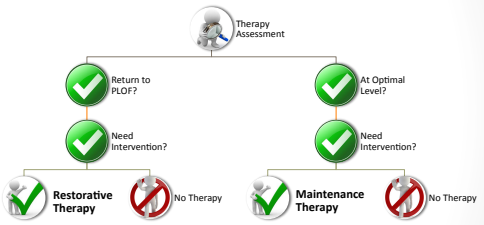
THE MEDICARE PART A HOME HEALTH BENEFIT

APTA American Physical Therapy Association | AOTA The American Occupational Therapy Association, Inc. | American Speech-Language-Hearing Association

Key: Clinical Decision-Making

- Must begin with initial assessment/evaluation of the beneficiary
  - Clear prior level of functioning (reasonable time period)
  - Includes a system-by-system review (cardiopulmonary, neuromuscular, integumentary, etc . . .)
    - What chronic conditions are present?
    - What stage or course of the disease is the beneficiary currently in?

Making a Decision



Documentation Concepts

Rehab – Maintenance Assessments

Restorative	Maintenance
Recovery of function	Optimize at current level of function
Clear prior level of functioning (PLOF)	PLOF relevance?
Role of chronic disease in course of recovery	Chronic disease – "front and center"
Predictable period of time for recovery and probable discharge	Less predictable period of time and discharge

Documentation Concepts

The Maintenance Evaluation

- The challenge → operationalizing it!
- ***What should the evaluation of Mrs. B look like?***
- ***What should the evaluation of Mr. T look like?***

Assessment Scenario: Mrs. B

Is it "rehab" or is it "maintenance?"

- *Patient is a 73yo female with MS x 22 years. She has a neurogenic bladder requiring indwelling urinary catheter use with monthly changes by SN. She has been non-ambulatory for last 12 years, using her custom, motorized wheelchair for all mobilities. She has significant hypertonicity in BLE's and has begun to notice reduced flexibility with her bed mobilites, transfers and during Q monthly catheter changes (supported by SN documentation). She resides in a fully accessible apartment, and receives thrice weekly personal care assistance through the MS Society (freq. changes). She has been hospitalized 4 times in the last 12 months for recurrent UTIs. She is being referred back to therapy upon her resumption of care following most recent hospitalization. She has received therapy in 2 episodes of care in the last 8 months. PT discharged Mrs. B 30 days ago and during recent case conference, nursing requested PT to reassess patient.*

Therapy Evaluation: Mrs. B

- Neuromuscular assessment
  - ROM
  - Tone
  - Strength
- Functional ability/ mobility
  - Bed
  - Transfers
  - Wheelchair

Clinical Decision-Making: Mrs. B

- Questions for the therapist:
  - Is this beneficiary able to recover a prior level of functioning?
    - Answer: ***Probably NOT***
  - Is this beneficiary functioning at, or near, their optimal level?
    - Answer: ***Probably YES***
  - Does this beneficiary have the real possibility of further decline without skilled intervention?
    - Answer: ***YES***

On what do you base this clinical opinion?

Assessment Scenario: Mr. T

Is it "rehab" or is it "maintenance?"

- *Patient is a 81yo male with CHF (NYHA – Class III)x 12 years and osteoarthritis. He had L TKA s/p 5 years and has severe OA in R knee, but is not a surgical candidate due to his cardiac status. He has been a limited household ambulator x 4 years, using his RW, and requires use of his scooter for short trips into the community. He has activity-induced R LE pain which he manages with OTC pain meds PRN. He reports a Borg RPE = 12/20 upon completion of all self care activities completed independently. He resides in an in-law suite with daughter and her family, who complete all IADLs for patient. Patient was recently admitted for 4-day ACH stay due to exacerbation of CHF and fluid overload. He was diuresed and returned home with referral to HH for SN and PT. Patient currently reports that he is "90%" of his prior level of functioning and doing "better than I was before going in the hospital." He has resumed completion of his ADLs, now that he is "feeling better" at an independent level, consistent with his pre-hospitalization functioning.*

Therapy Evaluation: Mr. T

- Musculoskeletal assessment
  - ROM
  - Strength
- Cardiopulmonary assessment
  - Aerobic capacity
- Functional ability/ mobility
  - Transfers
  - Gait
  - Balance
  - ADLs

Clinical Decision-Making: Mr. T

- Questions for the therapist:
  - Is this beneficiary able to recover a prior level of functioning?
    - Answer: ***Probably NOT***
  - Is this beneficiary functioning at, or near, their optimal level?
    - Answer: ***Probably YES***
  - Does this beneficiary have the real possibility of further decline without skilled intervention?
    - Answer: ***YES***

On what do you base this clinical opinion?

Goal Writing Template

- Five (5) necessary elements that all goals should include:
  - ***Who*** the goal pertains to
  - ***What*** objective measure is used
  - ***Where*** is analysis of score
  - ***Why***? Functional relevance
  - ***When*** is it to occur: time frame
- Note: Construction of the goal should support a rehabilitative or maintenance course of care.

- *"These guidelines are not exhaustive and should be considered a starting point for goal setting."*
- Source: Goal Writing Guidelines for Home Health Therapists, www.homehealthsection.org

Documentation Concepts

Rehab – Maintenance Care Planning

- **Rehab**: Goal Setting
  - Focus can be patient or caregiver(s)
  - Factors in prior level of functioning (PLOF)
    - Real expectation that patient will recover to pre-event ability, return to previous roles, hobbies, etc.
  - Written for improvement:
    - In functional ability
    - From baseline objective measurement

Documentation Concepts

Rehab – Maintenance Care Planning

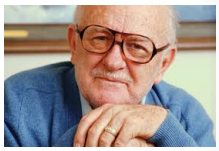
- **Maintenance**: Goal Setting
  - Focus can be patient or caregiver(s)
  - Prior level of functioning (PLOF) *not* a factor
    - Seek to optimize a patient at, or near, a level currently experienced
  - Written for prevention of deterioration or decline
    - In functional ability (e.g., bed mobility, transfers)
    - In body structures (e.g., ROM, strength)

Therapy Goal(s): Mrs. B

- *CG will be safe and independent in completion of hip adductor stretching program to maintain abduction ROM for clean catheter change Q monthly by SN x _____ weeks.*
- *Patient will maintain 18° of bilateral hip abduction PROM for monthly catheter changes x ____ months.*
- *Patient & CG will be independent in use of static position device nightly to provide low load/prolonged stretch to hypertonic hip ADD muscles x _____ weeks.*

Therapy Goal(s): Mr. T

- *Patient will be independent in individualized HEP for endurance to support his completion of basic ADLs x _____ weeks.*
- *Patient will be independent in energy conservation activities and monitoring his level of exertion using Borg RPE during/upon completion of ADLs x _____ weeks.*
- *Patient will subjectively report a Borg RPE score ≤ 12/20 upon completion of ADLs x _____ weeks.*
- *Patient will be able to ambulate safely on naturally occurring home surfaces with assistive device as evidenced by GV score within 80% of age/gender norms x _____ weeks.*



Documentation Concepts

Therapy Utilization Parameters

- **Rehab**: Intent = recovery function
  - Rehabilitative beneficiary
    - Higher intensity (frequency)
      - All visits require the skill of a therapist/therapy assistant to complete
    - Variable duration – use evidence-based practice (typically shorter duration)
      - Dependent on the injury/illness/disease – i.e., stroke rehab v. elective total joint arthroplasty

Documentation Concepts
Therapy Utilization Parameters

- **Maintenance**: Intent = optimize function; reduce risk of deterioration or decline
  - Lower intensity (frequency)*
    - All visits require the skill of a qualified therapist to provide training, instruction, re-evaluation and program modification
  - Variable duration
    - Dependent on training/instruction needed
    - Probable longer duration to monitor stabilization/ plateau of the beneficiary

Sample: Therapy Utilization

- **Maintenance program development and instruction**
  - 1x for evaluation and program development
  - 1-3x for training/instruction of person(s) completing program
- **Follow up on instruction/training; determine program efficacy and need for modification(s)**
  - 1-3x for follow up on program completion and need for modification
  - Can be PRN visits
- **Reevaluation of patient and current program**
  - 1x for reevaluation
  - Estimated time period for reevaluation completion – every 30 days

Key: Clinical Decision-Making

- **NOTE**:
  - Beneficiary may transition from one approach to another within the 60-day episode ***or*** across several certification episodes
    - i.e., Beneficiary with stage II NYHA CHF who recently fell and was diagnosed with dehydration/UTI; currently on 7-day course of antibiotics
      - On well-established maintenance program for last 30 days of current certification period
      - Has experienced a decline where now unable to complete transfers at previous level of independence; unable to complete bathing/ showering

Therapy Utilization Parameters: Mrs. B

- Frequency:
  - 3w1 (including evaluation);
  - 1w3; 1 month 1 +
  - 3 PRNs
    - (2) set up and training on static positional device
    - (1) additional CG training in stretching program
- Duration:
  - *What factors should be considered in determining if patient is "ready for discharge" or requires recertification for skilled therapy?*
  - *What should be included in patient's functional reassessment?*

Therapy Utilization Parameters: Mr. T

- Frequency:
  - 2w2 (including evaluation in first week of 2);
  - 1x every other wk x 6wks; +
  - 2 PRNs
    - (2) additional training on HEP, Borg RPE scale use; energy conservation strategies
- Duration:
  - *What factors should be considered in determining if patient is "ready for discharge" or requires recertification for skilled therapy?*
  - *What should be included in patient's functional reassessment?*

Let's Practice! Initial Assessment

1. Review the evaluation completed.
2. Write appropriate goal(s) for home health therapy .
3. Determine therapy utilization parameters.

Therapy Evaluation: Mrs. Q

- *Patient is a 79 year old female referred for HH PT & OT s/p recent hospitalization due to fall at home.*
- *PMHx: COPD x 17 years – **GOLD severity = moderate COPD**; O2 intermittent via NC @ 2L/min.; HTN; osteoporosis x 12 years with h/o compression fx – T vertebrae; (+) fall history (6 in last 12 months)*
- *SHx: lives alone in one-floor private residence, with 3 steps to enter/exit; supportive daughter lives 30 minutes away (works F/T) and checks on patient every evening; previously independent with ADLs; reliant on daughter of IADLs (transportation, shopping, laundry; receives Meals-on-Wheels x 3 years); walks with 4-wheeled rollator in home and short community distances*
- *Reason for Referral: recent ACH x 3 days for dehydration and UTI; patient found on floor by daughter (fell in AM and could not get up or to the phone) who came by on way home from work; patient spent 2 weeks in rehab following hospitalization prior to DC home with therapy*
- *Patient reports feeling 80% of prior /pre-hospital level of functioning.*

GOLD Spirometric Criteria for COPD Severity

I. Mild COPD	***FEV1/FVC < 0.7 * FEV1 > or = 80% predicted**	**patient is probably unaware that lung function is starting to decline**
II. Moderate COPD	*FEV1/FVC < 0.7 *FEV1 50-79% predicted	Symptoms progress, with shortness of breath developing upon exertion.
III. Severe COPD	*FEV1/FVC < 0.7 *FEV1 30-49% predicted	Shortness of breath worsens and COPD exacerbations are common
IV. Very Severe COPD	*FEV1/FVC< 0.7 *FEV1 < 30% predicted or < 50% predicted with chronic respiratory failure	Quality of life at this stage is gravely impaired. COPD exacerbations can be life threatening.

Therapy Evaluation: Mrs. Q

- *Patient Goal: "I want to be able to get back to taking care of myself. I don't like relying on anyone if I don't have to."*
- *Physical Assessment:*

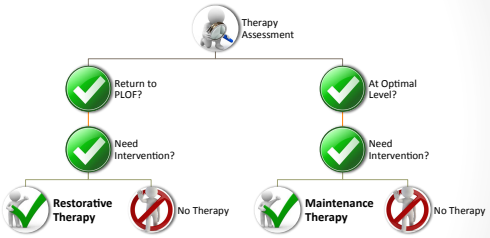
Assessment	Findings / Impairments	Score Interpretation	Functional Relevance
UE Strength Arm Curl Test	12 reps	WNL for age/gender norms (11-17 reps)	None expected
LE Strength 30-sec Chair Stand Test	5 reps	Below age/gender norms (10-15 reps) *LE strength is 50% of normal*	Sit/stand transfers Toilet transfers Stair climbing
Balance/Confidence Tinetti-POMA ABC	21/28 45%	POMA: (+) fall risk (medium); using 4WW Confidence: below normal (≥ 80%)	
Mobility Timed Up & Go	26 seconds	Moderate mobility impairment; (+) fall risk with score > 14 sec	

Therapy Evaluation: Mrs. Q

- *Physical Assessment: cont'd*

Assessment	Findings / Impairments	Score Interpretation	Functional Relevance
ADL/Self Care Barthel Borg RPE	*10*/20 15/20	Barthel: ↓ score = ↑ disability Borg: Hard/Heavy effort	
Aerobic Capacity 2-Minute Step Test	32 steps	Below age/gender norms (68-100 steps)	
Gait Velocity 10 ft walk test	2.5ft/sec	Below age/gender norms (4.1 ft/second)	
Borg RPE 6-20 Scale	Currently = 8/20; During Activity = 15/20	Very Hard rating of perceived exertion with ADLs/in-home mobilities	
Cognitive MoCA	23/30	WNL for age >26/30; score indicates mild cognitive impairment	

Making a Decision: Mrs. Q



Therapy Goals: Mrs. Q

- PT Goals:
  - 1.
  - 2.
  - 3.
  - 4.
- OT Goals:
  - 1.
  - 2.
  - 3.
  - 4.

Therapy Utilization Parameters: Mrs. Q

- Determine Part A Home Health Benefit:
  - *Rehab or Maintenance?*
- Frequency/Duration:
  - OT Orders:
  - PT Orders:

DC PLAN:

Resssessments and Routine Visits

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Are you concerned about protecting the revenue you have earned from providing therapy services?

Kornetti & Krafft Health Care Solutions, physical therapists with over 70 years of clinical, management and ownership experience, is a consulting company with proven home health care solutions in interdisciplinary, patient-centered care management to fortify your agency's fiscal security.

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