

**Maintenance Therapy:  
Is Your Agency  
Providing What the  
Patient Needs?**



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Owner / Founder*

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**Learning Objectives**

- Examine**
  - Examine therapy utilization shifts and the impact on payment methodology
- Explore**
  - Explore what maintenance therapy is and is not
- Establish**
  - Establish key considerations for therapy referrals and care planning




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**How Did We Get Here?**

The diagram illustrates the progression of payment models through three stages, each represented by a large circle containing a smaller circle:

- PPV**: ≤6 visits CVA/Ortho
- PPS**: 10 visits 6/14/20
- PDGM**: 30 Days Pandemic




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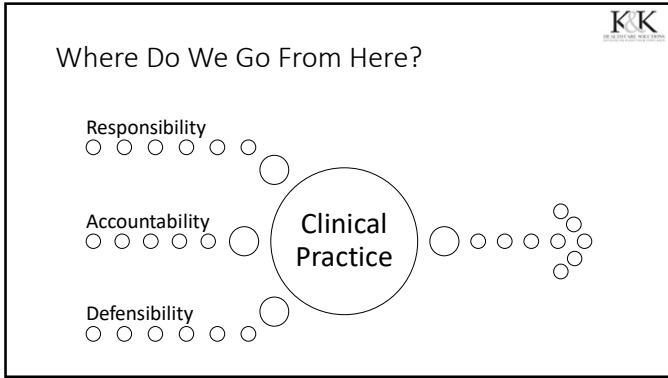
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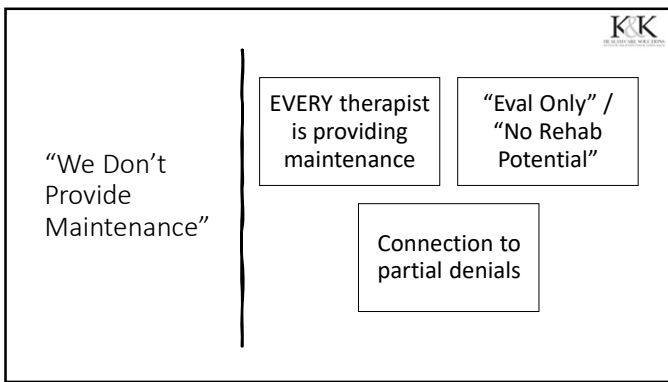
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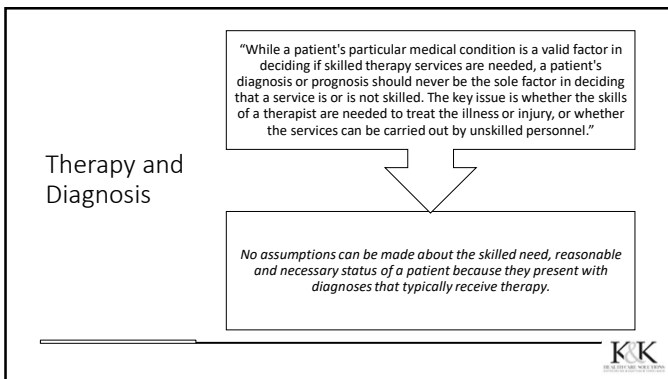
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## Key Therapy Concepts

Skilled	Reasonable	Necessary
<ul style="list-style-type: none"> <li>• proficiency, facility, or dexterity that is acquired or developed through training or experience; an art, trade, or technique</li> </ul>	<ul style="list-style-type: none"> <li>• governed by or being in accordance with reason or sound thinking; not excessive or extreme</li> </ul>	<ul style="list-style-type: none"> <li>• absolutely essential; needed to achieve a certain result or effect; requisite</li> </ul>

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## Governing Principles

- Ref: PPS-2011 Final Rule
- 40.2 - Skilled Therapy Services (Rev. 179, Issued: 01-14-14, Effective: 01-07-14, Implementation: 01-07-14) A3-3118.2, HHA-205.2
- 40.2.1 - General Principles Governing Reasonable and Necessary Physical Therapy, Speech-Language Pathology Services, and Occupational Therapy (Rev. 10438, Issued: 11-06-20, Effective: 03-01-20, Implementation: 01- 11-21)

Must be reasonable & necessary for the treatment of the patient's illness or injury.	Coverage does not turn on the presence or absence of an individual's potential for improvement, but rather on the beneficiary's need for skilled care.	Must be inherently complex = safely and/or effectively performed only by or under general supervision of a skilled therapist	Must be consistent with the nature and severity of the illness/injury and patient's particular medical needs	Must be considered, under accepted standards of medical practice, specific, safe, and effective treatment for the patient's condition
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## Conditions for Coverage of Therapy Services:

 <p>Skills of a qualified therapist are needed to restore function</p>	 <p>Patient's condition requires a qualified therapist to design or establish a maintenance program</p>	 <p>Skills of a qualified therapist are required to perform maintenance therapy</p>
Restorative	Maintenance	Maintenance

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**Restorative Care**

- 40.2.1 - General Principles Governing Reasonable and Necessary Physical Therapy, Speech-Language Pathology Services, and Occupational Therapy (Rev. 10438, Issued: 11-06-20, Effective: 03-01-20, Implementation: 01-11-21)

<p>Therapy services must be provided with the expectation... of the patient's restorative potential that the condition of the patient will improve materially in a reasonable and generally predictable period of time. Improvement is evidenced by objective successive measurements.</p>	<p>Therapy is not considered reasonable and necessary under this condition if the patient's expected restorative potential would be insignificant in relation to the extent and duration of therapy services required to reach such potential.</p>	<p>Therapy is not required to effect improvement or restoration of function where a patient suffers a transient or easily reversible loss of function (such as temporary weakness following surgery) which could reasonably be expected to improve spontaneously as the patient gradually resumes normal activities.</p>
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**Maintenance Part 1**

- 40.2.1 - General Principles Governing Reasonable and Necessary Physical Therapy, Speech-Language Pathology Services, and Occupational Therapy (Rev. 10438, Issued: 11-06-20, Effective: 03-01-20, Implementation: 01-11-21)

<p>The expectation is that the development of that maintenance program would occur during the last visit(s) for rehabilitative/restorative treatment.</p>	<p>Where there was no rehabilitative/restorative therapy program... such services would be considered reasonable and necessary... in order to ensure the effectiveness of the treatment goals and ensure medical safety.</p>	<p>The goals of a maintenance program would be to maintain the patient's current functional status or to prevent or slow further deterioration.</p>	<p>Necessary periodic reevaluations by a qualified therapist of the beneficiary and maintenance program are covered if the specialized skills, knowledge, and judgment of a qualified therapist are required.</p>	<p>When designing or establishing a maintenance program, the qualified therapist must teach the patient or the patient's family or caregiver's necessary techniques, exercises or precautions as necessary to treat the illness or injury. The specialized skills, knowledge, and judgment of a qualified therapist are required.</p>
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**Maintenance Part 2**

- 40.2.1 - General Principles Governing Reasonable and Necessary Physical Therapy, Speech-Language Pathology Services, and Occupational Therapy (Rev. 10438, Issued: 11-06-20, Effective: 03-01-20, Implementation: 01-11-21)

Skilled care is necessary for the performance of a safe and effective maintenance program only when (a) the particular patient's special medical complications require the skills of a qualified therapist or by a qualified therapist assistant under the supervision of a qualified therapist to perform a therapy service that would otherwise be considered non-skilled; or (b) the needed therapy procedures are of such complexity that the skills of a qualified therapist are required to perform the procedure.

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### What About the Caregiver?

When, however, the individualized assessment does not demonstrate such a necessity for skilled care, including when the performance of a maintenance program does not require the skills of a therapist or by a qualified therapist assistant under the supervision of a qualified therapist because it could safely and effectively be accomplished by the patient or with the assistance of non therapists, including unskilled caregivers, such maintenance services will not be covered.

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### Assessing Need for Care

Assess / Reassess

Qualifying Criteria?

Requires Skill?

Reasonable & Necessary?

Provide Care

There is NO DIFFERENCE between the assessment / reassessment expectations for patients who receive maintenance therapy:

Prior level of functioning	Use of tests and measures	Detailed functional assessment	System-by-system review
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### Choosing a Focus of Care

Assessment

Optimal Level

Material Improvement

Need for Skilled Care? — **Maintenance Therapy**

Nothing to Contribute? — No Therapy Needed

Need for Skilled Care? — **Restorative Therapy**

Nothing to Contribute? — No Therapy Needed

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# Time to Practice

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Moving Concepts into Reality

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## Meet Andy Marvel

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- Andy Marvel is 78 years old with a PMH of Class 3 HF, mild dementia, HTN and PVD.
- Hospitalized for 3 days after a fall resulted in a right hip fracture that was surgically repaired. Transferred to a SNF for 3 weeks of care before returning home with spouse. WBAT on RLE. Using a walker for mobility.
- Hospitalized an additional 2 times in the last 6 months due to HF exacerbations related to medication errors and overexertion.
- Support: Daughter lives about 15 mins away and works full time. Is available to assist FT for the next 2 weeks before returning to work. Spouse is willing but inconsistent with providing adequate assistance.
- PLOF: ADLs with supervision, assisted with IADLs, used cane for mobility and no assistive devices related to self care.

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## Evaluation Findings

Assessment	Findings / Impairments	Score Interpretation	Functional Relevance
ADL/Self Care Barthel Borg RPE	10/20 15/20	Barthel: ↓ score = ↑ disability Borg: Hard/Heavy effort	
Balance Confidence ABC	45%	Confidence: below normal (≥ 80%)	
Gait Velocity 10 ft walk test	2.5ft/sec	Below age/gender norms	
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	

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### New York Heart Association (NYHA)

Class	Patient Symptoms
Class I (Mild)	No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, or dyspnea (shortness of breath).
Class II (Mild)	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in fatigue, palpitation, or dyspnea.
Class III (Moderate)	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes fatigue, palpitation, or dyspnea.
Class IV (Severe)	Unable to carry out any physical activity without discomfort. Symptoms of cardiac insufficiency at rest. If any physical activity is undertaken, discomfort is increased.

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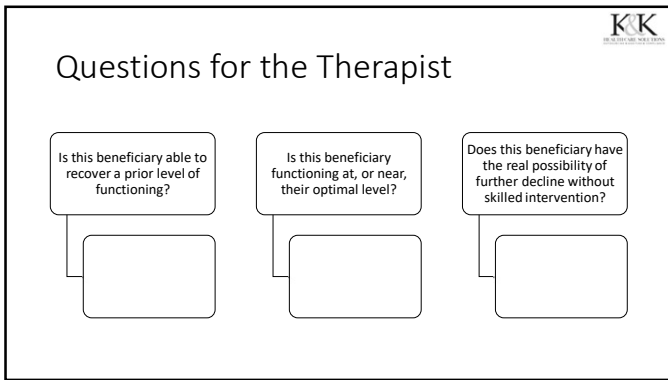
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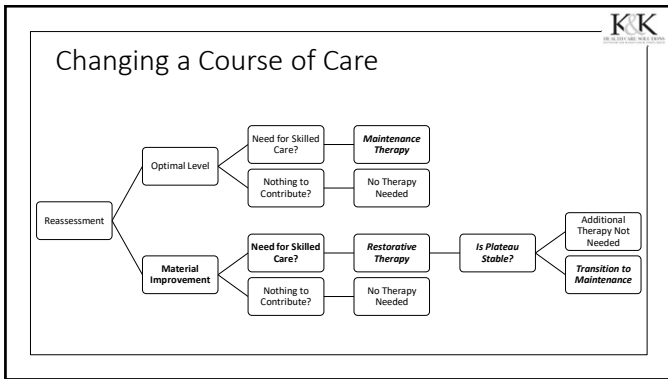
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## Key Elements of Goals

Look for all components to be present:

<b>S</b> pecific	<i>achievement of client specific learning or accomplished task</i>
<b>M</b> easurable	<i>level of assistance, tests and measures, frequency and duration of symptoms self-management and monitoring</i>
<b>A</b> ttainable	<i>reasonable</i>
<b>R</b> elevant	<i>does it improve or stabilize health condition, activity or participation</i>
<b>T</b> ime bound	<i>when do you expect goal to be achieved</i>

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## OT Example:

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- OT Goals:
  - RESTORATIVE: Patient will demonstrate improved endurance during completion of dressing and bathing with pacing strategies employed as evidenced by Borg RPE score  $\leq 12/20$  x 4 weeks.
  - MAINTENANCE: Patient will demonstrate consistent application of aerobic capacity management strategies during completion of self care and meal prep/clean up as evidenced by Borg RPE score stabilized at  $\leq 12/20$  x 4 weeks.
- Frequency and Duration
  - 4-5w1; 3w1; 2w2; 1qow x 4

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## Utilization Considerations

<p><b>Restorative</b></p> <ul style="list-style-type: none"> <li>➢ Higher intensity (frequency)           <ul style="list-style-type: none"> <li>➢ All visits require the skill of a therapist/therapy assistant to complete</li> </ul> </li> <li>➢ Variable duration           <ul style="list-style-type: none"> <li>➢ Use evidence-based practice (typically shorter duration)</li> <li>➢ Dependent on the injury/illness/disease – i.e., stroke rehab v. elective total joint arthroplasty</li> </ul> </li> </ul>	<p><b>Maintenance</b></p> <ul style="list-style-type: none"> <li>➢ Lower intensity (frequency)           <ul style="list-style-type: none"> <li>➢ All visits require the skill of a therapist/therapy assistant to provide training, instruction, re-evaluation and program modification</li> </ul> </li> <li>➢ Variable duration           <ul style="list-style-type: none"> <li>➢ Dependent on training/instruction needed</li> <li>➢ Probable longer duration to monitor stabilization/plateau of the beneficiary</li> </ul> </li> </ul>
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### Sample #1: Therapy Utilization in "Maintenance Part 1"

<b>Maintenance program development and instruction</b>	<ul style="list-style-type: none"> <li>• 1x for evaluation and program development <b>THERAPIST ONLY</b></li> <li>• 1-3x for training/instruction of person(s) completing program <b>THERAPIST / ASSISTANT</b></li> </ul>
<b>Follow up on instruction/training; determine program efficacy and need for modification(s)</b>	<ul style="list-style-type: none"> <li>• 1-3x for follow up on program efficacy <b>THERAPIST / ASSISTANT</b> and need for modification <b>THERAPIST ONLY</b></li> </ul>
<b>Reevaluation of patient and current program</b>	<ul style="list-style-type: none"> <li>• MINIMUM time period – every 30 days <b>THERAPIST ONLY</b></li> </ul>

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### Sample #2: Therapy Utilization in "Maintenance Part 2"

<b>Maintenance program development</b>	<ul style="list-style-type: none"> <li>• 1 – 3x: <b>THERAPIST ONLY</b></li> </ul>
<b>Skilled care focused on stabilization of function</b>	<ul style="list-style-type: none"> <li>• 2 – 5x per week: <b>THERAPIST / ASSISTANT</b></li> </ul>
<b>Determine program efficacy and need for modification(s)</b>	<ul style="list-style-type: none"> <li>• Efficacy – <b>THERAPIST / ASSISTANT</b></li> <li>• Modification – <b>THERAPIST ONLY</b></li> </ul>
<b>Reevaluation of patient and current program</b>	<ul style="list-style-type: none"> <li>• <b>THERAPIST ONLY</b></li> <li>• MINIMUM time period – every 30 days</li> </ul>

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### Therapy and PRN Visits

There are **no regulations that prohibit** the use of PRN visits by therapy services

- Applicable for both maintenance and restorative courses of care
- Education is a critical element to reduce risk of issues when executing

Same expectations as when they are used by nursing:

- Must have a specific reason associated with the PRN visit
- If PRN visit is used, documentation must reflect the reason as written in the plan of care.

Some examples:

- Waiting for arrival of equipment – mobility devices, splints, tub seats/benches.....
- Changes in caregiver(s) – new caregiver added, availability of current caregivers to receive education/instruction.....
- Coordination with other discipline for a specific task – assessing PROM needs for a clean catheter change.....

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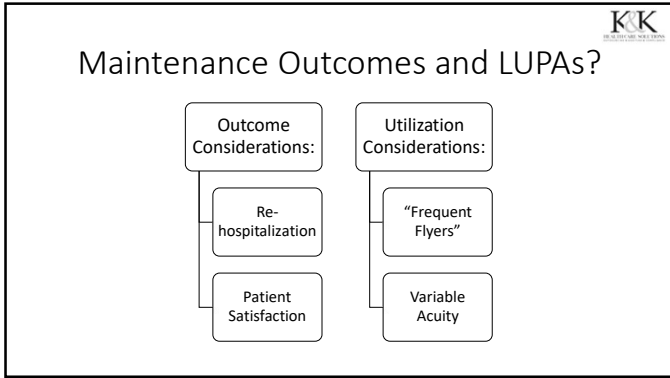
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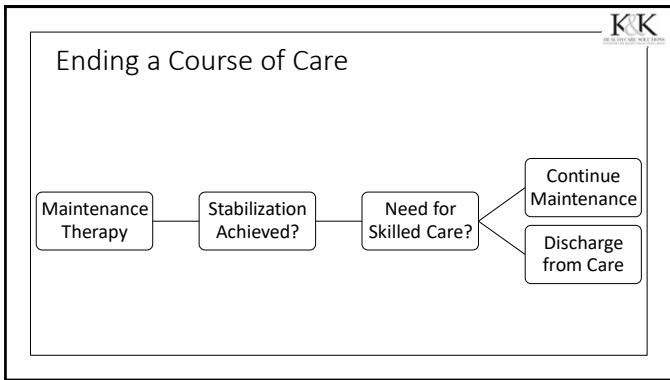
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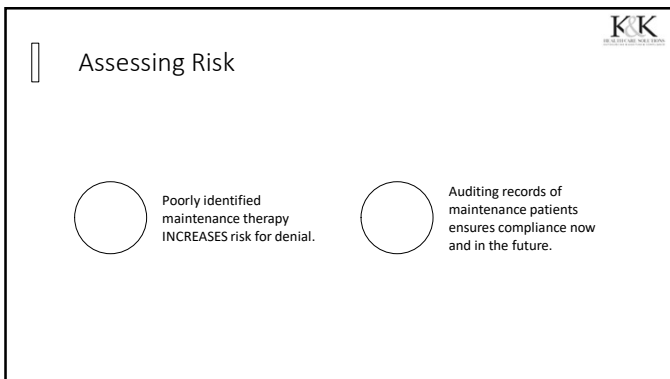
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### Routine Visits: The SOAP Note Checklist

Subjective:	Objective:	Assessment:	Plan:
<ul style="list-style-type: none"> <li>• Patient feedback on functional status</li> <li>• Information since last visit AND during this visit</li> <li>• Not only focused on pain issues</li> </ul>	<ul style="list-style-type: none"> <li>• Education, instruction</li> <li>• Objective measurements</li> <li>• Specific intervention(s) by therapist</li> </ul>	<ul style="list-style-type: none"> <li>• Analysis of subjective information</li> <li>• Analysis of objective information</li> <li>• Professional opinion</li> </ul>	<ul style="list-style-type: none"> <li>• For next visit</li> <li>• For remainder of the plan of care</li> <li>• Include follow up recommendations</li> </ul>

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### Key Steps

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graph LR
  1((1)) --> 2((2))
  2 --> 3((3))
  3 --> 4((4))
  4 --> 5((5))
  
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1	2	3	4	5
Establish process for patient identification	Monitor discharge planning needs	Confirm documentation defensibility	Ensure correct billing of G Codes	Track impact of program on hospitalization rates / ED use

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Additional Resources

- K&K Health Care Solutions Education
  - <https://knkhelp.com/?s=maintenance>
- MedBridge: Maintenance Therapy Education
  - <https://www.medbridgeeducation.com/kornetti-krafft>

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**Mission:**  
Empower home health agencies with revenue protection strategies.

**Core Values:**  
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