

Therapy Systems Assessment

Agenda of Events

Reviewers will be on-site for 1-2 days. During this time, the team will perform the following:

1. Team: Interview the Program Director and/or Rehab Clinical Leader (30 minutes)
2. Team: Interview selected therapy staff members (1-2 hours)
3. Partial Team: Observe therapists providing treatment (2-4 hours)
 - Printed schedule available for observation
4. Partial Team: Attend daily PPS meeting: observe interaction of MDS coordinator and Program Director or Rehab Clinical Leader (15 minutes)
5. Partial Team: Attend weekly Interdisciplinary Team/Medicare Meeting (1-2 hours)
 - Observe interaction and efficiency, coach as needed
 - Completed IDT notes to be accessible to reviewers prior to exit
6. Partial Team: Review support for Speech Language Pathology services (1 hour)
 - Are coverage guidelines being met?
 - Does nursing or IDT documentation lend support for initiation/ongoing SLP services?
 - Is there a Skilled Therapy Needs Assessment completed and available in EHR?
7. Partial Team: Sample MDS review and interdisciplinary process review/interviews (2-4 hours)
 - How are referrals initiated? Are there any IDT barriers to communication or delivery of services?
 - Validate accuracy of therapy-related sections of the MDS: Sections I, G, GG, K, O, etc...
 - Were there any issues with the latest Triple Check?
8. Partial Team: Documentation reviews from treatment observations (1-2 hours)
 - Does the documentation accurately reflect the treatment delivered with primary focus on what the clinician is doing that made the service skilled?
 - Is treatment on date of evaluation clearly documented as separate and distinct from the evaluation?
 - If equipment like NuStep, recumbent bike or UBE are utilized, does the documentation identify what portion of the service was skilled and how?
 - If modalities are incorporated into care, is the documentation reflective of what portion of the service required the skills of a clinician?
9. Partial Team: Review provided information for regulatory adherence (1-2 hours)
 - a. Therapist licensures/ Compliance training
 - b. Monthly Service Logs
 - Reviewer will determine if there were days where minutes varied to determine if the daily note reflects minutes billed.
 - Reviewer will identify unusual spikes in treatment minutes
 - Focus will also be on expected fluctuations in minutes from day to day to meet patient needs
 - c. Observe that policies and procedures are being followed for infection control, privacy, documentation and billing practices during treatment sessions
 - d. Ensure ample staffing levels are in place
 - e. Systems Review

Therapy Systems Assessment

Interviews

As part of the Therapy Systems Assessment, in addition to IDT interviews, team interviews will be held with the rehab manager and selected therapy staff. The interview with the rehab manager will be more extensive than those of the therapy staff due to the increased responsibilities.

The purpose of the interviews are: a) assess the understanding of Medicare regulations by our contract rehab clinicians and identify areas where clarification may be needed and b) determine effectiveness of communication and identify what, if anything could be done to improve the partnership.

Possible questions to be asked may include any of the following (select 5-10 per interviewee)

1. How long have you been a therapist?
How long have you worked in long-term care?
How long have you worked in this community?
2. Define the following terms:
 - a. Concurrent Therapy
What do you have to be aware of if you are providing concurrent therapy as related to the MDS?
 - b. Group Therapy
Is it being used in this department? Why or why not?
 - c. Co-Treatment
Do you ever co-treat?
How do you document a cotreatment?
How do you bill for a co-treatment?
 - d. Skilled Therapy
How do you document skilled therapy?
3. When does the skilled intervention start with each treatment session?
How do you know how many minutes are actually skilled?
4. How do you convey skilled intervention in documentation, both in daily and weekly notes?
5. Can a rehab aide's time with a resident be billed as treatment?
6. Clinicians: How do you supervise assistants? How can you demonstrate past supervision?
Assistants: How are you supervised? How do you document supervision?
7. Clinicians: How do you communicate the initial treatment plan to the assistants?
Assistants: How is the plan of treatment communicated to you from the licensed OT or PT?
8. How do you bill for documentation?
9. If you provide a treatment session to one resident for 25 minutes and another resident for 72 minutes, how would the documentation be different?
10. How do you determine the appropriate level of care if one discipline discontinues treatment?
11. How are you made aware of regulation changes or updates?
Do you receive the information in a timely fashion?
12. Therapists: How do you bill evaluation time?
13. When and how do you verify there is a valid order to evaluate or to treat a patient?
14. How do you track your minutes of service delivery?
How do you determine if your billing each day is correct/accurate?
Can you check your minutes from the day before to ensure accuracy?
15. Do you provide documentation at point of service?
16. How are RUG levels determined for new admissions/residents?

17. Rehab Manager: Do you check minutes billed from the previous day for therapists to ensure there are no unusual occurrences?
18. Have you received any formal training over the last year?
Was there anything in the most recent compliance training that was new to you?
19. How quickly on average, are residents evaluated from time of admission?
20. Are there any changes you think should occur in the department?
21. How is the intensity and duration determined for a resident upon evaluation?
Who makes this determination?
22. Clinicians: How do you manage a case if an assistant provides the majority of the care?
23. How are minutes planned versus minutes provided for each resident treatment communicated?
What do you do if you do not get all your planned minutes?
24. Assistants: What if the intensity and duration established from the evaluation needs to change?
25. Therapists: What criteria do you use to determine the frequency and duration of your services?
26. How do you determine the minutes of therapy services provided to a beneficiary if there is an interruption? Such as a visit with family, MD needs to visit with resident, medication needs to be administered, etc.
27. How do you determine the appropriate level of care if one discipline discontinues treatment?
28. Is there anything the department needs in order to improve the quality of services provided to residents?
29. Therapists: Can you provide skilled therapy on the same day as an evaluation?
What would the documentation look like?
30. Who in this community makes the final determination for a discharge date?
Are they reasonable?
What happens if you cannot achieve the expectations?
31. Rehab Manager:
 - a. How are communications between you and your staff?
 - b. How are communications between your staff and the community's staff?
 - c. Do you have formal meetings with the administrator?
 - d. Do you have any concerns with those meetings/communications?
 - e. Have you ever worked under a Corporate Integrity Agreement?
 - f. Is there anything you would like to see changed in the meetings (PPS, Medicare, etc...) structure or process?
 - g. What oversight or review of therapist's coding for Section GG is there to ensure coding is accurate?

Sample questions for a brief interview with the SNF corporate compliance officer: (Select 2-5)

1. Do you have any questions or concerns regarding the earlier interview?
2. Are you aware that you can call either rehab's Compliance Officer or me directly, or either hotline if you have a compliance concern?
3. Do you know where you can find the contact information?
4. Are you aware that you can report an issue anonymously if you prefer?
5. The SNF is ultimately responsible for the quality of all services provided as the SNF submits the claims, so is there anything you think I should know about or take a look at while I am here?
6. Do you have productivity expectations?
7. Are you aware that both your company and ours have strict no retaliation policies that afford protections to anyone who in good faith brings forth a concern?
8. Is there anything additional I can provide clarification on?

Therapy Systems Assessment: Agenda of Events by Review Team Member

TSA Full Team	TSA Partial Team	Rehab Operations
Interview the Program Director and/or Rehab Clinical Leader (30 minutes)	Attend daily PPS meeting: observe interaction of MDS coordinator and Program Director or Rehab Clinical Leader (15 minutes)	Review provided information for regulatory adherence (1-2 hours) <ul style="list-style-type: none"> Therapist licensures Compliance training
Interview selected therapy staff members (1-2 hours)	Attend weekly Interdisciplinary Team/Medicare Meeting (1-2 hours) <ul style="list-style-type: none"> Observe interaction and efficiency, coach as needed Completed IDT notes to be accessible to reviewers prior to exit 	Ensure ample staffing levels are in place <ul style="list-style-type: none"> Productivity Census Weekend Coverage Percentages
Day 1: Observe therapists providing treatment (2-4 hours) <ul style="list-style-type: none"> Are services dynamic and skilled? Is documentation occurring at POS? Is the gym a wheelchair free zone unless medically contraindicated 	Review support for Speech Language Pathology services (1 hour) <ul style="list-style-type: none"> Coverage guidelines met? Does nursing or other IDT documentation lend support for initiation/ongoing SLP services? Is a Skilled Therapy Needs Assessment on file for SLP services initiated post admission? 	Systems Review: <ul style="list-style-type: none"> How is scheduling completed? How is Section O completed?
Day 2: Documentation reviews from treatment observations (1-2 hours) <ul style="list-style-type: none"> Are there initial orders and clarification orders to cover all DOS from SOC to current date? Does the documentation accurately reflect the treatment delivered with primary focus on what the clinician is doing that made the service skilled? If modalities incorporated into care, is the documentation reflective of what portion of the service required the skills of a clinician? If equipment like an elliptical, recumbent bike or UBE are utilized, does the documentation identify what portion of the service was skilled and how? Is treatment on date of evaluation clearly documented as separate and distinct from the evaluation? 	Interdisciplinary process review/interviews (2-4 hours) <ul style="list-style-type: none"> Are there any IDT barriers to communication or delivery of services? ARD selection/validation Process for obtaining referrals for skilled therapy when resident condition changes Section GG: Is the standard process for scoring collection being followed? 	Observe that policies and procedures are being followed for infection control, privacy, documentation and billing practices during treatment sessions
	MDS sample reviews	Monthly Service Logs <ul style="list-style-type: none"> Are there fluctuations noted in minutes from day to day to meet patient needs? If consistent time delivered, do service codes/times vary? If daily minutes vary significantly, does daily note accurately reflect minutes billed and rationale for the variation
	Medical Records Review: <ul style="list-style-type: none"> Pull a random sample of active Medicare residents and review scanned documents in PCC. Are therapy documents in the system with appropriate headings, category and effective dates? 	Physical Plan Review <ul style="list-style-type: none"> Cleanliness Infection Control Calibration Broken/Unused equipment Space allocation/storage