

Home Health Documentation Guide

The Centers for Medicare & Medicaid Services (CMS) issued new Medicare home health policy directives regarding documenting patient evaluations in 42 CFR Parts 409, 418, 424, et al., published November 17, 2010, and in Transmittal 139/Change Request 7329, published February 16, 2011 which was effective on January 1, 2011, and implemented on or before April 1, 2011. Key elements affecting therapy provision are effective April 1, 2011.

Measurable treatment goals must be included in the plan of care. The patient's clinical record must identify method(s) used to assess the patient's function. Documentation should include objective measures and successive comparison of measurements, thus enabling **objective measurement of progress toward goals and/or therapy effectiveness**, which will be used to determine if continued therapy is reasonable and necessary.

There are a number of ways in which documentation language can provide an objective measurement of progress. Of key importance is that each agency should have a policy which defines the terms that therapists can use and apply them consistently.

This document provides guidance on how to document progress based on directives issued in the past by CMS prior to implementation of LCDs. It meets the new requirements for therapy documentation and may be useful to therapists attempting to capture the goals and gains made by their patients while adhering to the new requirements.

General guidelines:

The evaluation must establish the physical and cognitive baseline data necessary for assessing expected rehabilitation potential, setting realistic goals, and measuring progress. The patient's functional deficits and level of assistance needed forms the basis of the OT treatment goals. Use objective tests and measurements (when possible) to establish baseline data and, if possible, the same ones for consistency in measuring change during re-evaluation.

Defining assistance

1. Min/Mod/Max assist to perform task (be sure to include not just physical assistance but assist due to safety issues, cognitive, perceptual deficits etc.)
2. Alternatively, define/describe the behavior without using min/mod/max assist.

Document the patient's functional loss and the level of assistance requiring skilled OT intervention in ability to perform Activities of Daily Living (ADL):

- **Dependence Level-** The individual requires skilled assistance in handling his/her ADL. These activities can include, but are not limited to, significant physical and/or cognitive functional loss, loss of previous functional gains in ability to perform ADL tasks and/or management/care of orthotic or adaptive devices.

- **Reasons for Functional Limitation** such as lack of awareness of sensory cues or safety hazards can include (but not be limited to):
 - a. Impaired attention span;
 - b. Impaired strength; Coordination;
 - c. Abnormal muscle tone;
 - d. Range of motion limitations;
 - e. Impaired body scheme;
 - f. Perceptual deficits;
 - g. Impaired balance/head control;
 - h. Environmental barriers

Documenting Updated Status:

Clear, concise and objective progress notes of the patient's **current functional status** and **level of assistance** required **compared to previous reporting period(s)** is critical. The deficits in functional ability must be clear. Occupational therapy practitioners must document functional improvements (or lack thereof) as a result of their intervention. State documentation of functional progress, whenever possible, in **objective, measurable terms**. The following illustrates these principles and demonstrates that significant changes may occur in one or more of these assistance levels:

- a. **Change in Level of Assistance.**--Document assistance levels by describing the relationship between functional activities and the need for assistance. Within the assistance levels of **minimum, moderate, and maximum**, there **are intermediate gradations of improvement** based on changes in behavior and response to assistance. Document improvements at each level. Compare the current cognitive and physical level achieved to that achieved previously. While the need for cognitive assistance often is the more severe and persistent disability, the requirement of physical assistance often is the major obstacle to successful outcomes and subsequent discharge. Document the levels as follows:

- **Total Assistance.**--The need for 100 percent assistance by one or more persons to perform all physical activities and/or cognitive assistance to elicit a functional response to an external stimulation.

Total assistance is required if documentation indicates the patient is only able to initiate minimal voluntary motor actions and that the skill of an occupational therapist is required to develop a therapeutic program or to implement a maintenance program to prevent or to minimize deterioration.

A cognitively impaired patient requires total assistance when documentation shows external stimuli are required to elicit automatic actions such as swallowing or responding to auditory stimuli. Document what OT skills are needed to identify and apply strategies for eliciting appropriate, consistent automatic responses to external stimuli.

- **Maximum Assistance.**--The need for 75 percent assistance by one person to physically perform any part of a functional activity or cognitive assistance to perform gross motor actions in response to direction.

A patient requires maximum assistance if documentation shows that maximum OT physical support and proprioceptive stimulation is needed for performance of each step of an activity every time it is performed.

Document the specific need for OT proprioceptive stimulation or one-to-one demonstration by the occupational therapist due to lack of cognitive awareness of other people or objects in the environment.

- **Moderate Assistance.**--The need for 50 percent assistance by one person to perform physical activities or constant cognitive assistance to sustain/complete simple, repetitive activities safely.

Document that patient requires moderate assistance by indicating that moderate OT physical support and proprioceptive stimulation is needed for the patient to perform a functional activity, every time it is performed.

Records should state how a cognitively impaired patient, at this level, requires intermittent one- to-one demonstration or intermittent cuing (physical or verbal) throughout the performance of the activity. Moderate assistance is needed when documentation indicates that the therapist/caregiver needs to be in the immediate environment to assist the patient through a sequence to complete a functional activity. Document how this level of assistance requires a halt to continuing repetition of a task and to what extent assistance is needed to prevent unsafe, erratic or unpredictable actions that interfere with appropriate sequencing.

- **Minimum Assistance.**--The need for 25 percent assistance by one person for physical activities and/or periodic, cognitive assistance to perform functional activities safely.

A physically impaired patient requires minimum assistance if documentation indicates that activities can only be performed after physical setup by the therapist or caregiver, and if physical help is needed to initiate or sustain an activity. Document any review of alternate procedures, sequences and methods that may be required.

A cognitively impaired patient requires minimal assistance if documentation indicates the patient needs help in performing known activities to correct repeated mistakes, to check for compliance with established safety procedures, or to solve problems posed by unexpected hazards.

- **Standby Assistance.**--Is the need for supervision by one person for the patient to perform new activity procedures that were adapted by the therapist for safe and effective performance.

A patient requires standby assistance when errors and the need for safety precautions are not always anticipated by the patient.

- **Independent Status.**--No physical or cognitive assistance is required to perform functional activities.

Indicate in documentation that patients at this level are able to implement the selected courses of action, consider potential errors, and anticipate safety hazards in familiar and new situations.

b. Change in Response to Treatment Within Each Level of Assistance.

Document significant improvement in a patient's condition. Indicate any change in one or more of the following categories of patient responses within any assistance level.

- **Decreased Refusals.**--Document that the patient responds by refusing to attempt performance of an activity because of fear or pain. Document what activity and performance is refused, the reasons, and how the OT plan addresses them.

These responses may be due to a change in medical status or medications. If refusals continue over several days, put the therapy program on "hold" until the patient is willing to attempt performance of functional activities.

For the **cognitively impaired** patient, document refusal to perform that escalates into aggressive, destructive, or verbally abusive behavior if the patient is pressed by the therapist or caregiver to perform. In these cases, consider a reduction in these behaviors significant. Document the skilled OT provided to reduce the abnormal behavior.

For the **psychiatrically impaired** patient, refusals to participate in an activity frequently are symptoms of the diagnosis. Document the skilled OT furnished, and if the patient is contacted regularly. Describe how the patient is actively encouraged to participate.

- **Increased Consistency.**--Document the increase in consistency of performance of functional tasks within the same level of assistance. Document that the patient responds by inconsistently performing functional tasks from day-to-day or within a treatment session. Document the skilled OT furnished to address this problem.
- **Increased Generalization.**--The patient may respond by applying previously learned concepts and performance of one activity to another similar activity. Document the increased scope of activities the patient can perform, the type of activities, and the OT services rendered.

c. Example of Describing Behavior:

Assessment: Bathing: requires caregiver assistance to set up shower, able to bathe upper body only. Fatigued by shower requiring 10 minute rest before dressing. **Reassessment:** Bathing: continues to require assistance to set up shower but is now able to bathe entire body using assistive device. Fatigue has decreased, but needs 5 minute rest before dressing.

Those statements identify where change has occurred and measure it objectively in ways that someone who never sees the patient can understand.