

---

## AOTA Guidance for Completing Functional Reassessments and Documentation in Medicare Home Health

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

These issuances clarify roles and expectations for occupational therapists and assistants in evaluation, documentation, and progress measurement for Medicare home health. AOTA believes these clarifications are consistent with appropriate occupational therapy practice and the goals of the Medicare home health benefit. AOTA's interpretation is that implementation of these clarifications can assist in promoting the understanding and value of occupational therapy within individual home health agencies and in the home health community. The value of occupational therapy in helping home health patients regain function, improve self-management, and reduce risk in the home can be highlighted if these new directives are implemented effectively. Occupational therapy delivers cost-effective interventions that enable home health patients to Live Life to Its Fullest." Increased attention to evaluation, measurement and outcomes can only help to promote best occupational therapy practice and improve recognition of occupational therapy's unique contributions in the home health setting.

AOTA has developed this document to provide guidance about the requirements. This document references both CMS documents (noted by citations) and existing AOTA documents, books, and other guidance.

### **What CMS is Emphasizing**

The purpose of these rules--CMS's goal--is to increase accountability for the provision of therapy services in home health. CMS has instituted schedules for reassessments as well as reinforced documentation requirements. The purpose is to assure that in paying for home health episodes, therapy that is provided is reasonable and necessary within Medicare coverage guidelines. This means that the services are considered under accepted standards of practice to be safe and effective treatment for the client's condition and that there is an expectation that the client's condition will improve materially in a reasonable (and generally predictable) period of time based on the assessment of the client's restoration potential and unique medical condition. (42 CFR § 409.44). The services must also require the skills of an occupational therapist or an occupational therapy assistant under appropriate supervision.

In summary, CMS has proposed:

**Functional Reassessment Expectations; 30-Day Requirements:** Agencies must implement strict requirements for the timing of reassessment in order to assure therapy is provided only the appropriate number of times to meet the patient's needs and show progress in meeting goals in the plan of care. The rules include:

- A qualified therapist must assess the patient and measure and document progress toward functional goals at least once every 30 days during the patient's course of treatment. During this encounter, the therapist will also provide any other treatment needed.
- Qualified therapist means an occupational therapist as specified in 42 CFR § 484.4. An occupational therapy assistant is not specified.
- For patients who receive up to 13 or 19 therapy visits by a single therapy profession, the qualified therapist for that therapy will at the 13th or 19th visit perform the therapy service required, assess the patient, measure progress toward goals and document effectiveness of the therapy. In rural areas or under circumstances beyond the therapist's control, assessment may be after the 10<sup>th</sup> visit but no later than the 13<sup>th</sup> visit, and after the 16<sup>th</sup> visit but no later than the 19<sup>th</sup> visit.
- For patients receiving two or more therapies *each* distinct therapy service must be reassessed by performance of the discipline specific reassessment as near as possible to, but not after, the 13<sup>th</sup> or 19<sup>th</sup> therapy visit. When counting therapy visits, *all* billable visits by *all* therapists and therapy assistants are counted.
- Only a qualified therapist may perform the functional reassessment to document a patient's progress towards goals. The therapist may consider notes written by the assistant. Notes written by assistants are part of the clinical record

but need not be copied into the reassessment documentation. Clinical notes written by assistants supplement the functional reassessment process and documentation of a qualified therapist.

- A therapy reassessment is not expected to be a full evaluation or comprehensive assessment. It is expected that the therapist will follow an evaluative process: collecting and interpreting the data and, if appropriate, modifying the plan of care, or discharging from occupational therapy.

**Clarifications to Required Documentation for Covered Skilled Therapy Services:** Documentation is the way the plan of care is described and how the above requirements for reassessment are recorded. Documentation provides the evidence on which the judgment about beginning or continuing therapy is made.

- 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 would include objective measures and successive comparison of measurements, thus enabling objective measurement of progress toward goals and/or therapy effectiveness, thus determining if continued therapy is reasonable and necessary.
- Measurable goals should relate to accepted standards of professional practice for the condition/function which is being addressed.
- Examples of acceptable objective measures:
  - Functional assessment individual items and summary findings from OASIS functional items or other commercially available therapy outcomes instruments. For example, the individual OASIS item M1700 Cognitive Functioning could be used initially and subsequently to define a measure of change in a patient status regarding cognitive status.
  - Functional assessment findings from specific tests and measurements validated in the professional literature; from clinically determined measurements related to the goals of the client; or measurements used as part of accepted standards of clinical practice that are appropriate for the condition/function being measured. Comparisons to prior assessment results, clinical findings or specific test results must be included in reassessments in order to document progress toward achieving measurable objectives.

### **How to Promote Effective Response to the Rules**

In the rules, CMS is promoting what AOTA supports as effective, efficient practice based on the principles of occupational therapy. AOTA offers resources on assessments, various skills and knowledge documents and practice guidelines that can be useful in establishing measurable objectives that are consistent with accepted standards of professional practice.

In working within home health agencies to implement these rules, it is important to remember that the purpose of all assessment, measurement and documentation is to establish that the occupational therapy meets Medicare coverage guidelines; this material supports that the occupational therapy services are reasonable and necessary within Medicare coverage guidelines. This means that the services are considered under accepted standards of practice to be safe and effective treatment for the client's condition and that there is an expectation that the client's condition will improve materially in a reasonable (and generally predictable) period of time based on the assessment of the client's restoration potential and unique medical condition. (42 CFR § 409.44). The services must also require the skills of an occupational therapist or an occupational therapy assistant under appropriate supervision. The rules also reference that "maintenance therapy" cannot be provided by an occupational therapy assistant; this is because under all Medicare settings and rules, maintenance therapy is not covered. Only a reevaluation of need for maintenance therapy is covered; a reevaluation may only be conducted by an occupational therapist.

**How to Ensure Documentation Satisfies the Mandatory Elements:** Consistent with the *Occupational Therapy Practice Framework* (AOTA, 2008) and Medicare requirements across all settings, measurable treatment goals must be included in the plan of care that are related to the client's personal factors including the condition for which the home health is being provided, performance skills to be targeted, performance patterns, activity demands, context and environment, and client goals. The documentation should include explanations of the evaluation, the interventions proposed and undertaken, and the desired outcomes. The AOTA official document, *Guidelines for Documentation of Occupational Therapy* (AOTA, 2008), provides an outline which, if followed, ensures a comprehensive and professional format for documentation of occupational therapy services. It outlines suggested content of evaluation and screening, including development of an occupational profile and explanation of types of assessments used and results (e.g., interviews, patient record reviews, observations and standardized or nonstandardized assessments).

This official AOTA guidance reinforces the key to documenting objective, measurable function is to spell out how the patient information gathered shows the patient's functional limitations and relates to the patient's functional goals (occupational performance). For home health, this documentation should contain the following elements:

1. List all assessments administered (standardized and non-standardized) or OASIS items considered in relation to occupational therapy needs and the results;
2. Document how the assessments selected measure performance deficits and functional problems identified in the evaluation;
3. Document how results relate to and what they mean in terms of performance deficits and performance goals;
4. Document patient performance observed (skilled clinical observation) by therapist, including observations by the assistant and;
5. Summarize and interpret the results of assessments and observations as they relate to the person's occupational performance (ADL, IADL, social participation, and goals of home health: to promote optimum participation, safety, self management and to remain at home), and as they pertain to continuation or revision to the goals and plan of care.

**How to Select Assessment Tools and Methods:** Use of a standardized assessment is *not* required. CMS requires practitioners to include in their documentation of evaluation either the results of a specified performance measure tool or an explanation of certain factors that describe the patient's status in relation to goals to be achieved. Clinical observation is an important assessment tool. If standardized assessments are used, therapists should consider the following factors when selecting standardized assessment instruments:

- Has the assessment been validated for use in the home setting?
- Has the assessment been validated for use with a population to which a given patient belongs? The AOTA Practice Guidelines which are based on reviews and interpretations of evidence in the literature provide some assessments related to particular conditions.
- Is administration of the assessment compatible with home health service delivery (e.g., time to administer, equipment and supplies needed, control of environment, compatibility with software or documentation systems in your agency)?
- Does the instrument assess aspects of the domain of occupational therapy? The AOTA publication, **Occupational Therapy Assessment Tools: An Annotated Index (2007)** provides information about many tools used in occupational therapy.
- Does the instrument assess aspects of occupational performance that are relevant to the patient's needs and goals?

The Occupational Therapy Standards of Practice (AOTA, 2010) state that "An occupational therapy practitioner uses current assessments and assessment procedures and follows defined protocols of standardized assessments during the screening, evaluation, and re-evaluation process." (p. 417). If the standardized protocol is not followed, it cannot be assumed that the results are valid. If the protocol is modified, the therapist is obligated to document the modification and the limited applicability of the findings due to the nonstandardized protocol.

## **Summary**

These rules may cause discussion in home health agencies about the role and purpose of occupational therapy. Occupational therapy practitioners are urged to be proactive in participating in discussion about how to implement these rules and seek assistance through the AOTA resources referenced below.

## **Resources**

American Occupational Therapy Association. (2008). Guidelines for documentation of occupational therapy. *American Journal of Occupational Therapy*, 62(6), 684-690. doi:10.5014/ajot.62.6.684

American Occupational Therapy Association. (2008). Occupational therapy practice framework: Domain and process (2<sup>nd</sup> ed.). *American Journal of Occupational Therapy*, 62(6), 625-683. doi:10.5014/ajot.62.6.625

American Occupational Therapy Association. (2010). Occupational therapy code of ethics and ethics standards (2010). *American Journal of Occupational Therapy*, 64(Suppl. 6), S17-S26. doi:10.5014/ajot.2010.64S17

American Occupational Therapy Association. (2010). Scope of practice. *American Journal of Occupational Therapy*, 64(6 Suppl.), S70-S77. doi:10.5014/ajot.2010.64S70

American Occupational Therapy Association. (2010). Specialized knowledge and skills in mental health promotion, prevention, and intervention in occupational therapy. *American Journal of Occupational Therapy*, 64(6 Suppl.), S30-S43. doi:10.5014/ajot.2010.64S30

American Occupational Therapy Association. (2010). Standards of practice for occupational therapy. *American Journal of Occupational Therapy*, 64(6 Suppl.), S106-S111. doi:10.5014/ajot.2010.64S106

Asher, I. E. (Ed.). (2007). *Occupational therapy assessment tools: An annotated index* (3rd ed.). Bethesda, MD: AOTA Press.

Forwell, S. J. (2006). *Occupational therapy practice guidelines for adults with neurodegenerative diseases*. Bethesda, MD: AOTA Press.

Golisz, K. (2009). *Occupational therapy practice guidelines for adults with traumatic brain injury*. Bethesda, MD: AOTA Press.

Sabari, J. (2008). *Occupational therapy practice guidelines for adults with stroke*. Bethesda, MD: AOTA Press.

Schaber, P. (2010). *Occupational therapy practice guidelines for adults with Alzheimer's disease and related disorders*. Bethesda, MD: AOTA Press.

Siebert, C. (2005). *Occupational therapy practice guidelines for home modifications*. Bethesda, MD: AOTA Press.

Stav, W. B., Hunt, L. A., & Arbesman, M. (2006). *Occupational therapy practice guidelines for driving and community mobility for older adults*. Bethesda, MD: AOTA Press.