Therapy Standards Included in Rule

- Requirements for documentation
- Required personnel for assessments
- Required timing for assessments
- Requirements for maintenance therapy coverage

Clariﬁed Documentation Standards

“Require that measurable treatment goals be described in the plan of care and that the patient’s clinical record would demonstrate that the method used to assess a patient’s function would include objective measurement and successive comparison of measurements, thus enabling objective measurement of progress toward goals and/or therapy effectiveness.”
Clarified Documentation Standards

“Because these proposed clarifications to our therapy coverage requirements are consistent with long-standing CoP requirements and accepted professional standards of clinical practice, we would expect that many providers have already adopted these practices.”

Clarified Documentation Standards

“We believe that many agencies have not been in compliance with the documentation practices and qualified therapist oversight we would expect. Therefore we have decided to delay the effective date of these requirements until April 1, 2011, to allow agencies that do not currently have such practices in place additional time to transition.”
Clarified Documentation Standards

“Measurable treatment goals be described in the plan of care and that the patient’s clinical record would demonstrate that the method used to assess a patient’s function would include objective measurement and successive comparison of measurements, thus enabling objective measurement of progress toward goals and/or therapy effectiveness.”
Goals

• Functional – Goals must answer, “so what?” assuring appropriateness to condition (& patient!)
• Objective – What will this patient look like when goal is achieved? No more “optimum independence in functioning”
• Measurable – Allows for quantifiable successive comparison of progress toward objectively written goal
• Proves our worth or effectiveness

Objective Measures

• OASIS functional items or other commercially available therapy outcomes instruments
• Tests & measurements validated in professional literature or
• Accepted standards of clinical practice appropriate for condition/function being measured
Resources

- American Physical Therapy Association
  www.apta.org
- American Occupational Therapy Association
  www.aota.org
- American Speech-Language-Hearing Association
  www.asha.org

Standards of Clinical Practice

- Include guidelines or frameworks that guide clinical reasoning through assessment, goal setting, plans of care & discharge planning
- Include ethical standards
- Include guidelines for supervision
- Require practice within regulatory & payment policy of employment setting
- Assure practice & measures are appropriate for home health
### Clarified Documentation Standards

“The service of a physical therapist, speech-language pathologist or occupational therapist is a skilled therapy service if inherent complexity of the service is such that it can be performed safely and/or effectively only by or under the general supervision of a skilled therapist. To be covered, the skilled services must also be reasonable & necessary to the treatment of a patient's illness or injury or to the restoration or maintenance of function affected by the patient's illness or injury. “

*(Emphasis added)*

 Benefit Policy Manual, 40.2.1
Example with Typical HH Diagnosis

• Functional, measurable goal for COPD
  – Patient will maintain $O_2$ saturation rate of 92% during light meal preparation lasting 20 minutes
• Treatment within professional standards
  – PT: Instruct in pursed lip breathing during activity
  – OT: Problem solve energy conservation during ADL routine
  – PT & OT: Monitor $O_2$ saturation before, during & after activity & have patient maintain record

Examples – See Attachment
Top Down Clinical Reasoning

- Discipline specific evaluation
- Formatted & organized to guide “top down” clinical reasoning
- Begin with *functional activity or performance* & label it as such
- Connect functional activity with agency outcome indicators
- Use objective, measurable ratings
Top Down Clinical Reasoning

- Continue top down clinical reasoning on discipline specific assessment moving from functional activity to components or skills contributing to functional activity
- Rate skill using professional standards of objective measures
- Relate skill within context of functional activity or performance
Cued Documentation

• Cues help to bring attention to that which you need addressed

• Example – Since we now must attach specific G code when performing maintenance therapy, make it easy to extract information for auditing purposes

• Example – Help keep track of number of combined therapy total visits

• Cues help to increase success of compliance
Streamlined Documentation

- Companion page to discipline specific evaluation with non-discipline specific elements to assessment
- Top section of this form is designed to represent information at beginning of episode
- Includes plan of care & visit frequency & duration
- Original is used to add information in following sections
Visual, Objective & Measurable

- List areas you plan to target in your plan of care from your discipline specific evaluation
- Using objective measures (& agency approved abbreviations), rate patient’s performance & skills in initial status column & project targeted performance in targeted outcome column, initial & date
- Physician can sign plan of care if need be
- Watch progress move from left to right
Streamlined Documentation

- Bottom section of this form is designed to represent end of episode information
- Provide only information changed since information at top of page
- Last reassessment column shows end of episode status of patient
- One Evaluation/Care Plan per discipline per episode
- Accompanied with discipline specific evaluation form for each assessment completed throughout episode
Assessments – **Who & What**

- Required for Medicare fee for service
- Performed by *qualified therapist*
- “Instead of an assistant”
- Performed by *each active* discipline
- Perform needed therapy service on that visit
- Assess patient
- Measure progress
- Document progress toward goals

Assessments – **When**

- At least every 30 days during course of treatment.
- When *all* therapy visits total over 13
  - Single discipline on POC reassess on 13th visit
  - Multi-disciplines on POC reassess as close as possible to, but not after, combined total 13th visit
- When *all* therapy visits total over 19
  - Single discipline on POC reassess on 19th visit
  - Multi-disciplines on POC reassess as close as possible to, but not after, combined total 19th visit
- Rural areas (defined by CBSA) & circumstances beyond control
  - 10th to 13th visit range for reassessment
  - 16th to 19th visit range for reassessment
Assessments – *When*

- At least every 30 days during course of treatment
- With *every* qualified therapy assessment, 30-day clock resets
- Patients resuming care after hospitalization would require reassessment so 30-day clock would reset at that time
- This requirement is separate from any state requirement for assistant supervision

Assessments – *When*

- Count 13 & 19 for combined total therapy visits is *per episode* - so visit count continues uninterrupted regardless of hospitalizations
- Only “billable” visits count
- Visits made by different disciplines on same day count toward two different visits
Example One

- Patient has rehospitalization & agency resumes care week three of certification period
- Combined total therapy visits by time patient was rehospitalized was 6
- PT & OT reassess patient after returning from hospital on combined total therapy visits 7 & 8
- Reassessments must be made again by each discipline as close as possible to combined total therapy visit 13

Example Two

- Patient has rehospitalization & agency resumes care week four of certification period
- Combined total therapy visits by time patient was rehospitalized was 9
- SLP & OT reassess patient after returning from hospital on combined total therapy visit 10 & 11
- The 13th visit reassessment requirement is satisfied
- OT’s reassessment determines no further OT needed
- Next SLP reassessment required within 30 days from post hospital reassessment or on 19th visit, whichever comes first
Example Three

- PT reassessment performed on combined total therapy visit 12
- OTR planned reassessment on combined total therapy visit 13 gets cancelled & rescheduled for following week
- In the meantime, PTA saw patient on visit 13, COTA saw patient on visit 14 & PTA again on visit 15
- OTR reassessment performed on combined total therapy visit 16
- *Unconfirmed at this point whether all therapy visits between 13 and 16 would be disallowed, or just OT*

Example Four

- SLP is only therapy discipline on plan of care & projects 2 times per week for 6 weeks—totaling 12 therapy visits in approximately 45 days
- Reassessment to measure & document progress toward SLP goals required by day 30 of this episode
Assessments – Why

• “These (reassessment) visits ensure that the qualified therapist has first-hand knowledge of the patient in order to identify needed changes to the care plan…and to determine if treatment goals have been achieved or if therapy has ceased to be effective”

• “…objective measurement of function [toward goals] would not be a comprehensive assessment of the patient’s clinical condition.”

• Determine if goals were achieved or updated
• Document results of objective measures
• Determine therapy effectiveness

Operationally

• PROJECT frequency/duration from episode beginning for all therapy disciplines
• PLOT estimated date of each discipline reassessment based on projection
• COUNT actual visits as they come in
• COMMUNICATE throughout episode
• MONITOR reassessments during prebilling audit
Maintenance Therapy Coverage

- Maintenance therapy has & will continue to be covered in home health when unique clinical condition of patient requires complex services which can only be provided effectively & safely by qualified therapist
- Clarifications do not impose new limits on criteria for maintenance therapy coverage

- Specialized skills, knowledge & judgment of therapist would be required in developing maintenance program
- Services would be covered to design or establish plan
- To ensure patient safety
- To train patient family members and/or unskilled personnel in carrying out maintenance plan
- To make periodic reevaluations of plan
Other Coverage Issues

- Transient conditions
  - Clinical judgment anticipates need for skill or possible spontaneous recovery
  - Gradual resumption of normal activities doesn’t qualify
- Wound care
  - Covered when specialized skills of qualified therapist or therapy assistant are necessary
  - If wound care is routinely performed by nursing staff, wound care by therapy is not covered

HCPCS Codes

- New HCPCS “G” codes required to distinguish between types of visits performed
  - Skilled nursing visits
  - Physical therapy visits
  - Occupational therapy visits
  - Speech therapy visits
  - No changes to medical social worker or home health aide visits
Visit Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical therapy visit performed by physical therapist</td>
<td>G0151</td>
</tr>
<tr>
<td>Physical therapy visit performed by assistant</td>
<td>G0157</td>
</tr>
<tr>
<td>Physical therapy maintenance program visit (physical therapist only)</td>
<td>G0159</td>
</tr>
<tr>
<td>Occupational therapy visit performed by occupational therapist</td>
<td>G0152</td>
</tr>
<tr>
<td>Occupational therapy visit performed by assistant</td>
<td>G0158</td>
</tr>
<tr>
<td>Occupational therapy maintenance program visit (occupational therapist only)</td>
<td>G0160</td>
</tr>
<tr>
<td>Speech therapy visit</td>
<td>G0153</td>
</tr>
<tr>
<td>Speech therapy maintenance program visit</td>
<td>G0161</td>
</tr>
</tbody>
</table>

Summary

- Plan & prepare now for episodes beginning on April 1
- Plan for well timed reassessments
  - Plot assessment dates
  - Communicate between & within disciplines
- Plan for well documented reassessment
  - Assessment of effectiveness
  - Plan for continuing or discontinuing service
  - Changes to goals or care plan update
  - Objective evidence or statement of expectation of continued progress toward goals
- Interim orders for change in plan of care
Attachments
### Functional Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>IND</th>
<th>VC</th>
<th>CGA</th>
<th>SBA</th>
<th>MIN</th>
<th>MOD</th>
<th>MAX</th>
<th>DEV</th>
<th>Intervention / Qualifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSFERS: CHAIR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Requires arms of chair to push up, hurts</td>
</tr>
<tr>
<td>TOILET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unsteady rising from low toilet</td>
</tr>
<tr>
<td>TUB/SHOWER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unsafe stepping in/out of shower w/o equip</td>
</tr>
<tr>
<td>AUTOMOBILE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/T</td>
</tr>
<tr>
<td>ROLLING IN BED</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUPINE TO SIT</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SIT TO SUPINE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECT’L MVT IN BED</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AMBULATION - LEVEL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Gets SOB after 50’</td>
</tr>
<tr>
<td>UNLEVEL SURFACES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unsteady, poor balance</td>
</tr>
<tr>
<td>STAIRS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SOB after 4 steps, fearful going down to basement</td>
</tr>
<tr>
<td>WC MOBILITY - LEVEL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>UNLEVEL SURFACES</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
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</table>

### Level of Assistance Required

<table>
<thead>
<tr>
<th>Skill</th>
<th>WFL</th>
<th>MIN</th>
<th>MOD</th>
<th>SEV</th>
<th>Intervention / Qualifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROM: B LE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>

### Level of Impairment

<table>
<thead>
<tr>
<th>Skill</th>
<th>WFL</th>
<th>MIN</th>
<th>MOD</th>
<th>SEV</th>
<th>Intervention / Qualifiers</th>
</tr>
</thead>
<tbody>
<tr>
<td>STRENGTH: B LE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3+/5, fatigues during ambulation after 50’</td>
</tr>
</tbody>
</table>

### Management & Evaluation of Maintenance Program:

**PT Assistant / Home Health Aide Supervision and Care Coordination**

**PTA / Aide present:** Yes

**Pl. SATISFACTION: Overall Care Received:**
- Yes
- No
- ON TIME: Notifies Pt. Of Time Changes
  - Yes
  - No

**Follows visit frequency as ordered:**
- Yes
- No

**Knows client limitations/safety precautions:**
- Yes
- No

**Comments:**
`Dtr lives in town and helps patient several times per week with meds, IADLs. Will coordinate with OT and dtr the need for equip in bathroom.`

**Time In:** 2:05  **Time Out:** 2:50  **Mileage to visit:** 12  **Visit # of Combined Therapy Total:** 1  **Date:** 1/11/11

**Patient Name:** Bernice  **Therapist Signature:** Patty PT
## OCCUPATIONAL THERAPY EVALUATION

### LEVEL OF ASSISTANCE REQUIRED

<table>
<thead>
<tr>
<th>Functional Activity</th>
<th>IND</th>
<th>VC</th>
<th>CGA</th>
<th>SBA</th>
<th>MIN</th>
<th>MOD</th>
<th>MAX</th>
<th>DEV</th>
<th>QUALIFIERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROOMING</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sits for most of it, items remain out</td>
</tr>
<tr>
<td>DRESSING-UPPER</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Extra time required, difficult w/over head items</td>
</tr>
<tr>
<td>DRESSING-LOWER</td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Extra time required, wears slip ons, no socks</td>
</tr>
<tr>
<td>BATHING</td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Uses shower, no equip, unsteady, can't reach feet</td>
</tr>
<tr>
<td>TOILET TRANSFER</td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>For safety getting up from low toilet</td>
</tr>
<tr>
<td>TOILET HYGIENE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td>Unsteady while pulling up pants</td>
</tr>
<tr>
<td>FEEDING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
<td></td>
<td>Extra time required late in day</td>
</tr>
<tr>
<td>MEAL PREPARATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td></td>
<td>Unsteady late in day, uses high NA prepared food</td>
</tr>
<tr>
<td>HOUSEKEEPING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>Dusts, dishes, dtr helps w/vacuum</td>
</tr>
<tr>
<td>TELEPHONE USE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>Keeps cordless phone nearby</td>
</tr>
<tr>
<td>MEDICATION MGMT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>Dtr helps set up, forgets pm meds at times</td>
</tr>
<tr>
<td>Play w/grandkids</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
<td>Can't lift them, wears out easily</td>
</tr>
</tbody>
</table>

### LEVEL OF IMPAIRMENT

**Skill** | **RATING** | **INTERVENTION / QUALIFIERS**
---|------------|---------------------------------------------------------------
ROM | WFL | Adequate for ADL’s, leisure activities |
**STRENGTH – B UE** | Min | Can’t wash and roll hair for longer than 5 minutes, difficult getting clothes over head, heavy housekeeping tasks |
**MOTOR SKILLS** | WFL | Fine motor adequate for ADLs, IADLs, quilting |
**BALANCE** | Min | Unsteady pulling out dresser drawers, reaching high or low in closets or drawers, leaning to grandkids |
**PAIN** | Min | No complaints except for minor, occasional arthritis limiting quilting, picking up grandkids |
**ENDURANCE** | Mod | Wears out by afternoon, rests frequently during morning routine, extra time, can’t lift grandkids, get to drs. office |
**JUDGMENT** | Min | Doesn’t pace, does all activity in am when ‘feels good’, unable to last through day |
**SAFETY AWARENESS** | Min | Understands safety issues in kitchen, emergency needs, overestimates abilities late in day |
**DYSPNEA** | Min | more than 20 feet, stairs, activity longer than 20 minutes <90% 02 sat, worsens late in day |
**SKIN INTEGRITY** | Intact | Discolored | Breakdown | Reports skin tears and bruises easily, no evidence of either at this time |
**EDEMA:** | None | Ankle slight swelling, non pitting |
**PAIN** None [ ] | Frequency: occasional | Duration: during activity | Location: hips, UE joints | Description: arthritic pain |
**6 / 10** | Alleviated by: anti-inflammatory drugs | Aggravated by: heavy activity | Limits activity: lifting, heavy housework |
**MGMT INSTRUCTION:** | Rest [ ] | Positioning Ice [ ] | Heat [ ] | Meds prior to activity [ ] | Other: Joint protection principles |

**Management & Evaluation of Maintenance Program:**

**OT ASSISTANT / HOME HEALTH AIDE SUPERVISION AND CARE COORDINATION**

<table>
<thead>
<tr>
<th>COTA /Aide present:</th>
<th>Yes [ ]</th>
<th>No [ ]</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt. SATISFACTION: Overall Care Received:</td>
<td>Yes [ ]</td>
<td>No [ ]</td>
<td>ON TIME: Notifies Pt. Of Time Changes</td>
</tr>
<tr>
<td>Follows visit frequency as ordered:</td>
<td>Yes [ ]</td>
<td>No [ ]</td>
<td>Documented progress toward goals:</td>
</tr>
<tr>
<td>Knows client limitations/safety precautions:</td>
<td>Yes [ ]</td>
<td>No [ ]</td>
<td>POC reviewed and changes discussed:</td>
</tr>
</tbody>
</table>

**Comments:**

Spoke with dtr on phone who is concerned how long her mother will be able to remain at home by herself. She is concerned most about whether her mother is taking her meds correctly. She fears she has noted some slightly increased memory loss. Discussed possibility of equipment for bathroom, she appears willing to purchase.

**Time In:** 9:45am  **Time Out:** 10:35am  **Mileage to visit:** 8  **Visit # of Combined Therapy Total:** 2  **Date:** 1/12/11  

**Patient Name:** Bernice  **Therapist Signature:** Audrey OT
### Therapy Evaluation and Care Plan

**Patient:** Bernice  
**Initial Eval or Recert Date:** 1/12/11

#### Diagnosis addressed by therapy:
CHF, poor endurance, weakness

#### Medical History / PFS:
CHF, for 10 years; “slowing down last year”, has always completed ADLs, some help with IADLs

#### Mental Status/Cognition:
oriented x4, judgment late in day affects safety for meal prep, evening shower

#### Environmental description / barriers:
Ranch home with basement she feels unsteady going down to do laundry

#### Support system:
Supportive dtr in town, other family members & church community supportive

#### Psychosocial concerns:
Misses church, but it is too much effort to get ready and wipes her out for the rest of the day

#### Learning barriers:
None apparent at this time

#### Safety concerns:
Low endurance late in day, overestimates ability late in day, forgets pm meds at times

#### Homebound due to:
Unable to walk more than 100’ without dizziness and fatigue

#### Client goals:
get back to church, cook like I used to, spend time with grandkids w/o wearing out

#### Communication re POC with:
- Patient  
- Family/Caregiver  
- Physician  
- Case Manager  
- Other: HH team

#### POC: Safety recommendations, Energy conservation, Environmental adaptation, Training in DME use, Caregiver training

#### Frequency/Duration:
2 x per week 1 week, 3 x per week 1 week, 3 x per month for 1 month

#### Targeted Functional Activities & Skills

<table>
<thead>
<tr>
<th>Targeted Functional Activities &amp; Skills</th>
<th>Initial Status</th>
<th>Re-assmnt Status</th>
<th>Re-assmnt Status</th>
<th>Targeted Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low NA &amp; meal prep tolerance</td>
<td>&lt;20”, &gt;4000 mg NA</td>
<td></td>
<td>&gt;60”, &lt;2000 mg NA</td>
<td></td>
</tr>
<tr>
<td>Shower</td>
<td>Min assist w/o equip</td>
<td></td>
<td></td>
<td>Ind w/equip</td>
</tr>
<tr>
<td>Medication management</td>
<td>50% accurate in pm</td>
<td></td>
<td></td>
<td>90% accurate in pm</td>
</tr>
<tr>
<td>Dyspnea</td>
<td>&lt;90% after 30” activity</td>
<td></td>
<td></td>
<td>94% after 30” activity</td>
</tr>
<tr>
<td>Pain management</td>
<td>6/10 w/activity</td>
<td></td>
<td></td>
<td>2/10 w/activity</td>
</tr>
</tbody>
</table>

*Initial and date each column entry: 1/12/11 A OTR By 2/26/11*

#### Changes in mental status/cognition:

#### Continued safety concerns:

#### Community follow up plans made:

#### Communication re D/C with:
- Client  
- Family/Caregiver  
- Physician  
- Case Manager  
- Other:

#### Comments:

---

**Signature/Title:**

**Date:**
Patient: Bernice  Initial Eval or Recert Date: 1/11/11

Diagnosis addressed by therapy: CHF, weakness, poor endurance, fall risk

Medical History / PFS: CHF for many years, indep in ADLs until recently

Mental Status/Cognition: A&O X 4, recently forgetful

Environmental description / barriers: 1 level home w/basement – non-essential steps

Support system: dtr nearby, other family in close contact

Psychosocial concerns: possibly depressed

Learning barriers: none observed

Safety concerns: shower, getting to car, down to basement

Homebound due to: SOB at 30’, O2 sat <90 with minimal activity, dizzy

Client goals: return to church

Communication re POC with: Patient, Family/Caregiver, Physician, Case Manager, OT, RN

POC: Strengthening, gait training w/single point cane, pacing activity, pain management, environmental safety measures

Frequency/Duration: 3 week 1, 2 week 2, 1 week 2

Signature/Title: Patty PT

<table>
<thead>
<tr>
<th>Targeted Functional Activities &amp; Skills</th>
<th>Initial Status</th>
<th>Re-assmnt Status</th>
<th>Re-assment Status</th>
<th>Targeted Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulation</td>
<td>Min asst unlevel</td>
<td></td>
<td></td>
<td>Ind unlevel w/cane</td>
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<tr>
<td>Sit to stand from chair</td>
<td>CGA 7/10 pain</td>
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<td></td>
<td>Indep 3/10 pain</td>
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<tr>
<td>Safe, indep rising from toilet</td>
<td>SBA</td>
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<td></td>
<td>Indep w/ equip</td>
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<tr>
<td>Strength in B LE</td>
<td>3+/6 LE</td>
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<td></td>
<td>4+/5 LE</td>
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<tr>
<td>Dyspnea</td>
<td>02 sate 88% @ 30’</td>
<td></td>
<td></td>
<td>02 sats 92% @ 50’</td>
</tr>
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</table>

Initial and date each column entry: 1/11/11 P PT

By 2/15/11

Changes in mental status/cognition:

Continued safety concerns:

Community follow up plans made:

Communication re D/C with: Client, Family/Caregiver, Physician, Case Manager, Other:

Comments:

Signature/Title: Date:
### OCCUPATIONAL THERAPY TREATMENT/PROGRESS

<table>
<thead>
<tr>
<th>Functional Activity</th>
<th>Rating</th>
<th>Intervention, Device Used, Time Required, Sequence Demands, Temporal Routine Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grooming</td>
<td></td>
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<tr>
<td>Dressing-Upper</td>
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<tr>
<td>Dressing-Lower</td>
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<tr>
<td>Bathing</td>
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<tr>
<td>Toilet Transfer</td>
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<tr>
<td>Toilet Hygiene</td>
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<tr>
<td>Feeding</td>
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<tr>
<td>Meal Preparation</td>
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<tr>
<td>Housekeeping</td>
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<tr>
<td>Telephone use</td>
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<tr>
<td>Medication Management</td>
<td></td>
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<tr>
<td><strong>Skill</strong></td>
<td><strong>Rating</strong></td>
<td><strong>Intervention / Qualifiers</strong></td>
</tr>
<tr>
<td>ROM</td>
<td></td>
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<tr>
<td>Strength</td>
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<tr>
<td>Motor skills</td>
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<tr>
<td>Balance</td>
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<tr>
<td>Pain</td>
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<td>Perception</td>
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<td>Activity tolerance</td>
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<td>Judgment</td>
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<td>Safety awareness</td>
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<tr>
<td>Psychosocial aspects</td>
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<tr>
<td>Management &amp; Eval of Maintenance Plan</td>
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</tr>
</tbody>
</table>

**Comments:**

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**CARE COORDINATION:**  
- Physician  
- PT  
- ST  
- MSW  
- SN  
- Aide  
- Other (specify) _______________________________

**RE:**

**Homebound Status:**  
- Time In:  
- Time Out:  
- Mileage to visit:  
- Date:  

**Client Name:**

**Therapist Signature**

- OTR  
- COTA

- Maintenance program visit (G0160)  
- Other visit
### Functional Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Rating</th>
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</tr>
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<tbody>
<tr>
<td>Transfers: Chair</td>
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<tr>
<td>Toilet</td>
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<tr>
<td>Tub/Shower</td>
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<tr>
<td>Rolling In Bed</td>
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<tr>
<td>Supine To Sit</td>
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<tr>
<td>Sit To Supine</td>
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<tr>
<td>Direct Mvt In Bed</td>
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<tr>
<td>Ambulation - Level</td>
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<tr>
<td>Unlevel Surfaces</td>
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<tr>
<td>Stairs</td>
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<tr>
<td>W/C Mobility - Level</td>
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<td>Unlevel Surfaces</td>
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</table>

### Skill

<table>
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<tr>
<th>Skill</th>
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<tbody>
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<td>ROM: LE</td>
<td></td>
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</tr>
<tr>
<td>Hip</td>
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<tr>
<td>Knee</td>
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<tr>
<td>Ankle</td>
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<td>Tone</td>
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<td>Endurance</td>
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### Comments:

### CARE COORDINATION:

- Physician
- OT
- ST
- MSW
- SN
- Aide
- Other (specify) ________________

### RE:

- Homebound Status:

<table>
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<th>Time In:</th>
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- Client Name: ____________________________

- Therapist Signature ______________________

- RPT
- PTA

- Maintenance program visit (G0159)
- Other visit