

## Eli's Rehab Report

### Regulations: Study These Therapy Changes Hitting Agencies This April

It's no April Fool's Day joke -- the **Centers for Medicare & Medicaid Services** finalized a laundry list of newly "clarified" requirements for home health therapy that will take effect April 1.

Opportunity: Be a top resource for agencies struggling to comply with these new requirements by boning up on what's changing. Then use your knowledge and experience to smooth out the transition wrinkles.

The new requirements include:

- therapy goals with objective measurements;
- a functional assessment by the physical therapist and visits on the 13th and 19th visits and every 30 days. In cases where the patient is in a rural area or there are undefined "extenuating circumstances outside the control of the therapist," the assessment may take place in the 11-13 and 17-19 visit ranges, but the extenuating circumstances must be documented;
- assessment of progress toward the goal using the objective measurements;
- items required in assistant notes, including that they not make clinical judgments about progress;
- items required in therapist notes, including justification of why the patient will improve if they haven't yet at reassessment; and
- delineation of a therapy maintenance program and its requirements.

These elements will join the claims reporting of new G codes for assistants which began Jan. 1.

Resource: 2011 Prospective Payment System Final Rule in the Nov. 17 Federal Register at <http://edocket.access.gpo.gov/2010/pdf/2010-27778.pdf>.