Navigating Therapy Compliance Requirements Across The Continuum

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Objectives

Medicare Conditions of Payment
Supporting IP/IRF/LTACH/SNF/HH/OP/HOS Settings
Requirements for Therapists in Different Settings
Training and Monitoring Compliance for Therapists in Multiple Settings

Risk Reasonable & Necessary Documentation Best Practices
Therapy is Occurring Everywhere!

**Hospitals**
- **Part A:** Inpatient Units, Acute Rehab Units
- **Part B:** Outpatient Departments

**Other Inpatient Facilities**
- **Part A:** Acute Rehab Hospitals, Long-Term Acute Hospitals, Skilled Nursing Facilities

**Outpatient Therapy**
- **Part B:** Freestanding Therapy Clinics, SNFs, CORFs, Home Health

**In Home Services**
- **Part A:** Home Health Hospice
- **Part B:** Outpatient Therapy

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**Conditions of Payment**

- Requirements that must be met before the government will pay a claim
Medicare Payment Drivers

<table>
<thead>
<tr>
<th>Clinical Condition</th>
<th>Clinical Condition PLUS Therapy Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>Outpatient</td>
</tr>
<tr>
<td>Hospice</td>
<td>SNF</td>
</tr>
<tr>
<td>LTACH</td>
<td>IRF</td>
</tr>
<tr>
<td></td>
<td>Home Health</td>
</tr>
</tbody>
</table>
Proposed Payment Changes

HH: HHGM

SNF: RCS-1

Reasonable and Necessary Therapy Services

- Can only be safely and/or effectively performed by or under the supervision of a licensed therapist
- Consistent with nature and severity of patient’s illness and specific needs
- Considered specific, safe and effective treatment under accepted professional standards
Documentation to Support Medical Necessity
General Guidelines

✅ Interventions and goals directly reflect:
  • Specific evaluation findings
  • Specific functional deficits
  • Potential for improvement

✅ Goals are objective and measurable
✅ Standardized tests and measures are used when available/appropriate
Conditions of Payment - IP

Physician Order
- Admit to IP
- Services
- Certification for LOS >20 days

Medical Necessity Requirements - IP

- The patient’s condition requires inpatient hospitalization that is expected to last at least over 2 midnights
- The patient is receiving a Medicare-specified “inpatient-only” procedure
Therapy Documentation Requirements - IP

- No Medicare-specific documentation requirements
- Accrediting body requirements apply
- State-specific documentation and supervision requirements apply

Examples:
- Plan of care, timely discharge summaries, no use of inappropriate abbreviations, etc.

Inpatient Rehabilitation Facilities (IRF)
Conditions of Payment IRF

- 60% of patients fall into specific diagnostic categories
- Pre-Admission Screen (PAS)
- Post Admission Physician Evaluation (PAPE)
- Individualized Plan of Care (IPOC)
- Interdisciplinary Team Conferences
- Physician Supervision
- Orders for Admission
- Require intervention from multiple therapy disciplines
- Require an intensive therapy program and meet intensity
- Be medically stable to benefit from the IRF services
- Have an appropriate length of stay
- IRF-PAI (Patient Assessment Instrument) must be in the record

Conditions of Payment: IRF Therapy Focus

- Individualized Plan of Care (IPOC)
- Interdisciplinary Team Conferences
- Require Intervention From Multiple Therapy Disciplines
Conditions of Payment: IRF Therapy Focus

- Require an Intensive Therapy Program and Meet Intensity
- Have an Appropriate Length of Stay
- IRF-PAI (Patient Assessment Instrument) Must Be in the Record

Medical Necessity Requirements IRF

- Complexity of nursing services
- Therapy services intensity
- Need for rehab physician medical management
- Intensity of services needed
- Interdisciplinary team approach for rehab

The IRF stay will only be considered to be reasonable and necessary if, at the time of admission, documentation supports all of these.
Therapy Medical Necessity Focus IRF

- Interdisciplinary team approach for rehab
  - Requirements for team conferences
  - Requirements for team members
- Therapy services intensity

Therapy Documentation Requirements IRF

- Documentation to support information entered on the IRF PAI
- Documentation to support that care is reasonable and necessary
- Documentation of mode and minutes provided
Therapy Documentation Requirements IRF

- Evaluation orders prior to the evaluation
- The full course of intensive rehab, per the plan of care, must be initiated within 36 hours from midnight the day of admission
- FIM scores are completed accurately for functional tasks related to each discipline

Daily notes identify minutes and mode

Progress notes support progress towards discharge that is reasonable and necessary

Missed therapy is well documented
Long Term Acute Care Hospitals (LTACH)

Conditions of Payment LTACH

- The regulations that support acute care hospitals apply to LTACH

Physician Order
Admit to IP Services
Medical Necessity Requirements LTACH

- The patient’s condition requires physician supervision either on-site or on-call 24 hours per day, 7 days per week
- Admission criteria is met from day one of the stay
- LOS >25 Days
- The need for multidisciplinary care to support primary and secondary diagnoses
- Expected discharge plan

Therapy Documentation Requirements LTACH

No Medicare-specific documentation requirements

Accrediting body requirements apply

State-specific documentation and supervision requirements apply

Examples: Plan of care, timely discharge summaries, no use of inappropriate abbreviations, etc.
Skilled Nursing Facilities (SNF)

**Conditions of Payment SNF**

- The patient must have a 3-day qualifying hospital stay
  - OR admission within 30 days of prior discharge
- A physician order and certification of skilled care is required per time requirements
- Diagnosis must relate to the qualifying stay
- Must require skilled services on a daily basis
- These services can only be provided in a SNF on an inpatient basis
- The patient must be assigned to a RUG group

*CMS MBPM 100-02 Chapter 8*
Services must be:

- directly related to the treatment plan that is based on the initial evaluation
- at a level of complexity and the condition of the patient must require the judgment, knowledge and **skills of a therapist**

The services must be:

- provided with the expectation that **the condition will improve** in a reasonable and generally predictable period of time, or
- **necessary for the establishment of a safe and effective maintenance program**
Therapy Medical Necessity Focus SNF

- The services must be:
  - considered under accepted standards of medical practice
  - reasonable and necessary for the patient

Therapy Documentation Requirements SNF

A physician order to Evaluate and Treat is required prior to the first treatment.

Initial evaluation and plan of care need to be completed including:

- Diagnosis
- Long Term Goals (LTG)
- Interventions, frequency and duration

Documentation needs to support reasonable and necessary requirements and skilled.
Therapy Documentation Requirements SNF

Minutes recorded to the MDS need to be supported by documentation as skilled minutes.

Modes of therapy need to be recorded and supported as per requirements.

Minutes need to be recorded as “actual” minutes, not rounded.

Home Health (HH)
Conditions of Payment - HH

- Be confined to the home
  - Required for Medicare, not for Medicaid, varies by plan for Medicare Advantage, commercial payors
  - Defined as:
    a) needing assistance to leave the home, or medically contraindicated to leave the home AND
    b) normally unable to leave, and doing so requires a significant effort

- Under the care of the physician
  - Physician certifies the need for home health and the plan of care
  - Physician orders obtained for any changes to the plan of care
  - A face-to-face visit 90 days before or 30 days after admission (Medicare & Medicaid)
  - Physician recertifies the need for home health and the plan of care every 60 days
Conditions of Payment - HH

- Be confined to the home
- Under the care of a physician
- Require intermittent skilled nursing or PT/SLP services or continuing OT services

• Therapy reassessments at least every 30 days to justify the need for continued services
Conditions of Payment - HH

- Be confined to the home
- Under the care of a physician
- Require intermittent skilled nursing or PT/SLP services or continuing OT services
- Timely submission of OASIS assessment

Therapy Medical Necessity Focus - HH

- The skills of a therapist are necessary
  - Restorative
    - The patient’s condition will improve materially in a reasonable and generally predictable period of time, as evidenced by objective successive measurements.
  - Maintenance
    - Establish or update a maintenance program
    - Carry out a maintenance program if the patient’s condition warrants the skills of a therapist to do so
Therapy Documentation Requirements - HH

Each Visit Note
- The history and physical exam pertinent to the day’s visit, including the response or changes in behavior to previously administered skilled services
- The skilled services applied on the current visit
- The patient/caregiver’s immediate response to the skilled services provided
- The plan for the next visit based on the rationale of prior results.

Therapy Reassessments
- Performed by a licensed therapist (not assistant)
- Functionally reassess the patient and compare the resultant measurement to prior assessment measurements.
- Document measurement results along with the therapist’s determination of the effectiveness of therapy, or lack thereof.
Part B Therapy in Home Health

Agency has a Part B provider number

Patient no longer meets criteria for HH services (Discharged from Home Health)

Patient continues to required skilled therapy

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Time for a Break
Outpatient/Part B (OP)

Conditions of Payment - OP

- Services required are based on individual needs
- Services are under a Plan of Care
- Patient must be under the care of a physician or NPP

These conditions are considered to be met when the physician or NPP certifies the outpatient plan of care
Medical Necessity Focus OP
Patient specific is a KEY focus
- Services must meet accepted standards of practice
- Services must be specific and effective for the patient’s condition
- The services as documented support that the skills of a qualified therapist are necessary
- The documentation supports the clinician’s assessment with changes based on their clinical judgment

Documentation Requirements OP

<table>
<thead>
<tr>
<th>No physician’s order is required</th>
<th>Initial Evaluation and Plan of Care</th>
<th>Certification of the Plan of Care-takers place of order</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Must be signed as soon as possible or within 30 days of the evaluation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Delayed Certification is allowed</td>
</tr>
</tbody>
</table>

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**Documentation Requirements - OP**

**Functional Reporting Codes**

- **G Codes**
- **C Modifiers**
- Required to be used on the initial evaluation, every progress update, recertification and discharge

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**Documentation Requirements OP**

- Progress update on or before every 10th visit
- Daily documentation to support codes billed each session
- Recertification per plan of care or per patient need
- Discharge Summary
Documentation Requirements OP

There is no longer a “therapy cap” for Medicare patients

Use of the KX Modifier Still Required
• Applied when the patient has exceeded the old cap amount and the treatment is still medically necessary

Hospice (HOS)
Conditions of Payment - HOS

- Beneficiary election of hospice benefit – NOE
- Certification of terminal illness – CTI
- Plan of care established and periodically reviewed and updated by the IDG
- Face-to-face at 3rd benefit period and each subsequent benefit period

Medical Necessity Focus - HOS

Hospice services are reasonable and necessary for management of the terminal condition and related illness

Services in accordance with the plan of care
Documentation Requirements - HOS

No Medicare-specific documentation requirements

Therapy provided to address the terminal illness and related conditions

Goals and interventions focused on symptom management or maintenance of functional abilities

Part B Therapy Provided Outside the Hospice Benefit

• Clear documentation that the services provided are NOT related to the terminal illness and related conditions
## Critical Medicare Focus Areas

**Compare and Contrast Orders Required for Therapy Evaluations**

<table>
<thead>
<tr>
<th></th>
<th>Orders for Evaluation Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>No</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Order is not required BUT plan of care must be CERTIFIED by physician</td>
</tr>
<tr>
<td>IRF</td>
<td>Order must be written prior to the evaluation</td>
</tr>
<tr>
<td>SNF-Part A</td>
<td>Order is required prior to evaluation; skilled therapy must be included</td>
</tr>
<tr>
<td>SNF-Part B</td>
<td>Order is not required BUT plan of care must be CERTIFIED by physician</td>
</tr>
<tr>
<td>Home Health</td>
<td>Physician order required prior to evaluation</td>
</tr>
<tr>
<td>Hospice</td>
<td>Specific order is not required, but need for therapy must be on the POC</td>
</tr>
<tr>
<td>LTACH</td>
<td>Order should be written prior to the evaluation</td>
</tr>
</tbody>
</table>
## Compare and Contrast

### Medicare Billing for Therapy Evaluations

<table>
<thead>
<tr>
<th>Billable</th>
<th>Not Billable</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRF</td>
<td>SNF</td>
</tr>
<tr>
<td>Outpatient</td>
<td></td>
</tr>
<tr>
<td>Home Health</td>
<td></td>
</tr>
<tr>
<td>Hospice</td>
<td></td>
</tr>
</tbody>
</table>

## Compare and Contrast

### Medicare Documentation Frequency

<table>
<thead>
<tr>
<th>Setting</th>
<th>Reassessment</th>
<th>Progress Note/Tx Note</th>
<th>Physician Recert</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>None</td>
<td>Every visit</td>
<td>None</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Every 10 visits</td>
<td>Every visit</td>
<td>Per POC; Maximum 90 Days</td>
</tr>
<tr>
<td>IRF</td>
<td>Weekly PN</td>
<td>Every visit</td>
<td></td>
</tr>
<tr>
<td>SNF – Part A</td>
<td>Per POC or as needed</td>
<td>Frequency not specified</td>
<td>Initial cert; 14 days after admission; every 30 days thereafter</td>
</tr>
<tr>
<td>SNF – Part B</td>
<td>Every 10 visits</td>
<td>Every Visit</td>
<td>Per POC: Maximum 90 Days</td>
</tr>
<tr>
<td>Home Health</td>
<td>Every 30 days</td>
<td>Every visit</td>
<td>Every 60 day from episode start</td>
</tr>
<tr>
<td>Hospice</td>
<td>No requirement</td>
<td>Frequency not specified</td>
<td>Recertification of terminal illness</td>
</tr>
<tr>
<td>LTACH</td>
<td>Per POC</td>
<td>Every visit</td>
<td>Per POC</td>
</tr>
</tbody>
</table>
# Compare and Contrast
## Therapy Session Prep and Documentation Time (Medicare & Medicaid)

<table>
<thead>
<tr>
<th>Setting</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>Times not tracked for billing</td>
</tr>
<tr>
<td>Outpatient</td>
<td>All direct patient time counts for calculating units</td>
</tr>
<tr>
<td>IRF</td>
<td>All direct patient time counts for calculating minutes</td>
</tr>
<tr>
<td>SNF – Part A</td>
<td>Only hands-on therapy counts towards RUG minutes. Non-skilled documentation is disallowed</td>
</tr>
<tr>
<td>SNF – Part B</td>
<td>All direct patient time counts for calculating units</td>
</tr>
<tr>
<td>Home Health</td>
<td>All activities during patient visit can be counted towards visit time</td>
</tr>
<tr>
<td>Hospice</td>
<td>All activities during patient visit can be counted towards visit time</td>
</tr>
<tr>
<td>LTACH</td>
<td>Billed as units; all patient time counts</td>
</tr>
</tbody>
</table>

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## Special Issues
### Modes of Therapy

<table>
<thead>
<tr>
<th>Individual</th>
<th>Concurrent</th>
<th>Group</th>
<th>Co-Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>One therapist treating one patient.</td>
<td>One therapist is working with more than one patient doing different activities</td>
<td>Therapist working with more than one patient who are doing similar activities.</td>
<td>Two therapists (or assistants) from different therapy disciplines to 1 patient at the same time.</td>
</tr>
</tbody>
</table>

### Compare and Contrast Modes of Therapy

<table>
<thead>
<tr>
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<th>Concurrent</th>
<th>Group</th>
<th>Co-Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>OK</td>
<td>OK</td>
<td>OK</td>
<td>OK</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Recommended</td>
<td>Not allowed</td>
<td>Billed per code &amp; definitions</td>
<td>2 therapists must split total time</td>
</tr>
<tr>
<td>IRF</td>
<td>Requires preponderance</td>
<td>Limited &amp; Reported Week 1 &amp; 2</td>
<td>Limited &amp; Reported Week 1 &amp; 2</td>
<td>Limited &amp; Reported Week 1 &amp; 2</td>
</tr>
<tr>
<td>SNF – Part A</td>
<td>Recommended</td>
<td>Counted 50% of minutes</td>
<td>&lt;= 25%</td>
<td>Supporting doc required</td>
</tr>
<tr>
<td>SNF – Part B</td>
<td>Recommended</td>
<td>Not allowed</td>
<td>Billed per codes</td>
<td>2 therapists must split total time</td>
</tr>
<tr>
<td>Home Health</td>
<td>OK</td>
<td>n/a</td>
<td>n/a</td>
<td>Not addressed</td>
</tr>
<tr>
<td>Hospice</td>
<td>OK</td>
<td>n/a</td>
<td>n/a</td>
<td>Not addressed</td>
</tr>
<tr>
<td>LTACH</td>
<td>OK</td>
<td>OK</td>
<td>OK</td>
<td>OK</td>
</tr>
</tbody>
</table>
Special Issues: Group Therapy Across the Continuum

- **Part B/Outpatient:** treatment of 2+ patients by one clinician who may or may not be doing the same activities. Each patient is billed the total time of the group using the group therapy code (97150)

- **SNF:** treatment of 4 patients with same or similar goals; total minutes divided by 4. Max of 25% total min/week

- **IRF:** One therapist treating 2-6 patients at the same time who are performing the same or similar activities. Minutes are counted as full minutes for each patient, but the reason for the group, and appropriateness for the patient must be documented.


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Special Issues: Concurrent Therapy Across the Continuum

- **SNF:** No more than 2 patients treated at the same time by one therapist, doing same or different tasks. Total time is divided **50%** for each patient and this must be documented.

- **IRF:** The provision of therapy services by one licensed or certified therapist (or licensed therapy assistant, under the appropriate direction of a licensed or certified therapist) treating 2 patients at the same time who are performing different activities. Time is recorded at **100%** time.

- **Part B/Outpatient:** Under Medicare Part B there is no concurrent therapy; instead the treatment of two or more individuals simultaneously who may or may not be performing the same activity **is considered group therapy** under Part B.
Special Issues: Co-Treatment Across the Continuum

- **IRF:** Requires documentation to support the specific benefit to the patient. Cannot be used to support staffing schedules
- **SNF:** Per the RAI MDS 3.0 Manual, Chapter 3, Section O, documentation must support the reason for co-treatment
- **Part B/Outpatient:** The total time billed between the therapists must be equal to the exact duration of the treatment session
- **Home Health:** Not addressed in regulations; each clinician’s visit must be reasonable and necessary

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Special Issues - Maintenance Therapy

**Rationale** - Patient has a risk for deterioration or decline, and requires the skills of a therapist to provide care to prevent or slow deterioration in function

**Examples:** Parkinson’s Disease, MS, rheumatoid arthritis, ALS

Reference: [https://www.cms.gov/Center/Special-Topic/Jimmo-Center.html](https://www.cms.gov/Center/Special-Topic/Jimmo-Center.html)
Maintenance Therapy

Therapy Assessment

Restorative / Rehabilitative Therapy

Program Developed by Therapist
Program Carried Out by Patient or Caregiver

Program Developed by Therapist

Program Carried Out by Therapist

Program Developed by Therapist

Program Carried Out by Patient or Caregiver

Services Delivered by Therapist

Home Program Developed & Updated by Therapist

Program Carried Out by Patient or Caregiver

Program Carried Out by Therapist
Maintenance Therapy - Documentation

Evaluation

1. Clearly define the medical conditions that are resulting in the risk for decline in function
2. Interventions address minimizing functional decline
3. Establish appropriate reassessment intervals based on patient’s condition and rate of functional decline

Ongoing

- Document changes to the program to accommodate patient’s functional decline
- Reassessment intervals adjusted based on patient’s condition and rate of functional decline
- If the therapist is going to deliver the maintenance program, documentation must demonstrate why the unique knowledge & skills of a therapist are required

Special Issues: State-Specific Issues

Evaluate and provide treatment without physician orders

Levels of Patient Access to Physical Therapist Services

- Unrestricted Patient Access
- Patient Access with Provisions
- Limited Patient Access
Special Issues: State-Specific Issues

Supervisory Requirements

| Vary by discipline | May vary by setting even within a discipline |

Payor Specific Requirements
Cross Setting Therapist Utilization

SHARE

Opportunities for Sharing Therapists Across Settings

- Fewer FTEs = lower salary cost, lower associated benefit costs
- Improved utilization of existing staff
- Improved patient surge capacity
Opportunities for Sharing Therapists Across Settings

- Professional growth and development
- Improved therapist satisfaction due to feeling of stability; working full hours

Sharing Therapists Across Settings
Challenge #1: Diluted Expertise

- More general, less specialized expertise
  - Increased risk of adverse events
  - Potentially poorer clinical outcomes
- Examples
  - Outpatient therapist uncomfortable managing ICU/CCU patients
  - IP therapist not fully performing specialized assessment

Challenge #2: Documentation Habits

- Therapists default to regulatory and documentation requirements with which they are most familiar
- Examples:
  - SNF/HH therapist documenting Part B patients the same as Part A
  - OP/SNF therapist not documenting homebound status for HH patients
  - IP/OP therapist not documenting all minutes and meeting IRF 3 hr. rule
Challenge #3: Billing Errors

Examples:
- OP therapist counting evaluation minutes in SNF
- HH/IP/IRF therapist not capturing minutes appropriately in OP therapy to accurately bill CPT codes
- IRF therapist treating concurrently in an OP setting and billing a 1:1 therapy

Challenge #4: Unfamiliar Documentation Tools

Examples:
- Use of flow sheets (OP)
- Specific standardized tests per diagnosis (OP) or per setting (SNF)
- G codes (OP) vs G codes (HH)
- Capturing non-therapy requirements (HH)
Challenge #5: Accountability Issues

Example:
- Lack of follow up with clinician when issues are identified
- Unable to accurately/completely evaluate performance

Lack of Management Accountability

Challenge #6: Maintaining Regulatory Knowledge

Example:
- New/revised LCDs not communicated
- Changes in documentation requirements
- Changes in allowable CPT codes

Not Included in Regular Updates
Challenge #7: Decline in Productivity

Example:
- EHR navigation issues
- Site-specific equipment usage
- Site-specific logistics
- Site-specific communication expectations

Challenge #8: Meeting Customer Expectations

Example:
- Lack of progress due to inexperienced therapist
- Uncomfortable therapist perceived as less trustworthy
DENIALS

Identify The Root Cause of Denials

- Is there a system in place to identify if there are denials related to:
  - Medical necessity or
  - Technical errors
- Analyze the causes

Example: Providing visits beyond orders
Best Practices

Challenges

Value To Share Therapists

Required Support

Frequency of Practice

Weekly

Rare

Daily

Frequency of Oversight

Occasional as needed
Challenge #1: Diluted Expertise

Strategies:
- Competency assessment
- Site-specific case studies
- Mentor assignment
- Increased supervision and oversight

Challenge #2: Documentation Habits

Strategies:
- Job aides/cheat sheets
- Use of EHR alerts/hard stops
- Increased monitoring with follow-up feedback
Challenge #3: Billing Errors

Strategies:
- Job aides/cheat sheets
- Daily/weekly pre-billing reviews

Challenge #4: Unfamiliar Documentation Tools

Strategies:
- Laminated screen shots
- Mentor assignment
- Refresher training for problematic areas
- Built in ALERTS in EHR for required documentation
Challenge #5: Accountability Issues

Strategies:
- Collaborative evaluations
- Site-specific evaluations
- Consistent performance expectations

Challenge #6: Maintaining Regulatory Knowledge

Strategies:
- Send email updates to all covering therapists
- Use Senior Therapists to promote information
- Develop NEW ALERTS across the continuum
- Keep a communications bulletin board in each location
Challenge #7: Decline in Productivity

Strategies:
- Provide job aids that clearly outline expectations
- Use schedules
- Try to develop Buddy Teams with regular covering therapists
- Investigate root causes of low productivity

Challenge #8: Meeting Customer Expectations

Strategies:
- Strategic patient assignments
- Implement a Buddy System with Senior/Lead therapist on call for questions
- Competency training for equipment use and clinical expectations
Sharing Therapists Across Settings

Other successful approaches?

Q&A
Thank You for Your Attention

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