

**GiftRAP**

Health Care Solutions

# Concurrent Therapy: Preparing and Managing Regulatory Changes



Developer of **RehabOptima**  
WEB EDITION



## Objectives

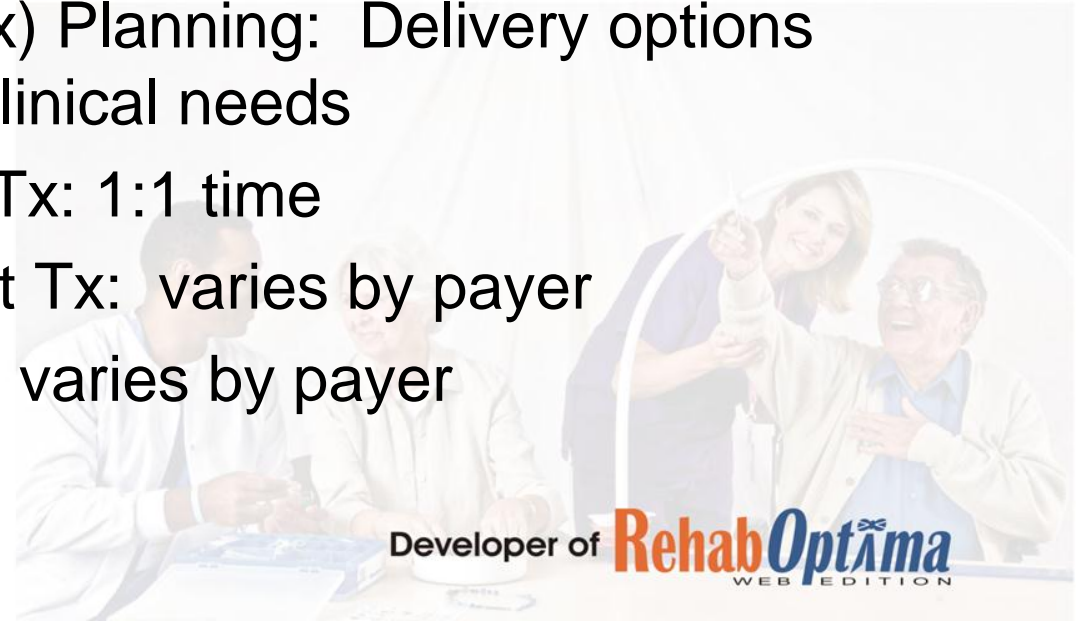
- Review current practice of rehab treatment delivery and accounting for treatments on MDS 2.0
- Define new practice guidelines for service delivery and treatment recording, effective October 1, 2010
- Discuss methods to prepare and manage the regulatory changes





## Rehabilitation Services

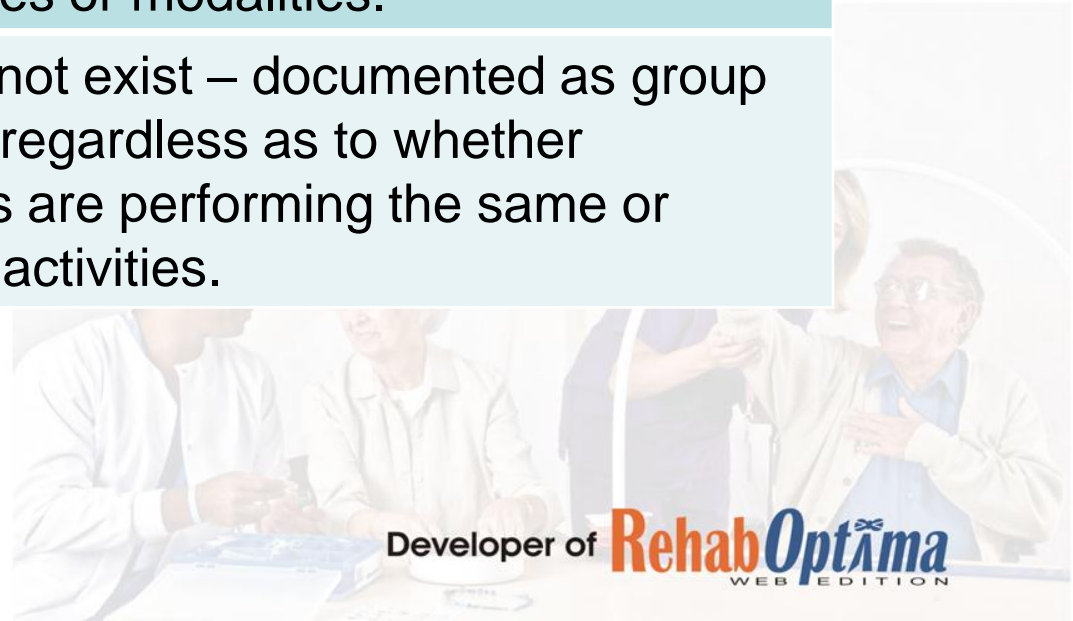
- SLP: Speech Language Pathology and Audiology Services
- OT: Occupational Therapy
- PT: Physical Therapy
- Treatment (Tx) Planning: Delivery options / methods – clinical needs
  - Individual Tx: 1:1 time
  - Concurrent Tx: varies by payer
  - Group Tx: varies by payer





## Current : Concurrent Therapy

|                   |  |
|-------------------|--|
| <b>Medicare A</b> | √ Treatment of more than 1 resident at the same time by one professional therapist, when the residents are performing unrelated or different techniques or modalities. |
| <b>Medicare B</b> | √ Does not exist – documented as group therapy, regardless as to whether residents are performing the same or different activities.                                    |





## Current : Group Therapy

### Medicare A

- √ Treatment of 2 – 4 residents, regardless of beneficiary payer source.
- √ Participants are performing the same or similar activities.
- √ Group must be supervised by a therapist or an assistant who is not supervising any other individuals.
- √ Total cannot exceed 25% of total therapy.

### Medicare B

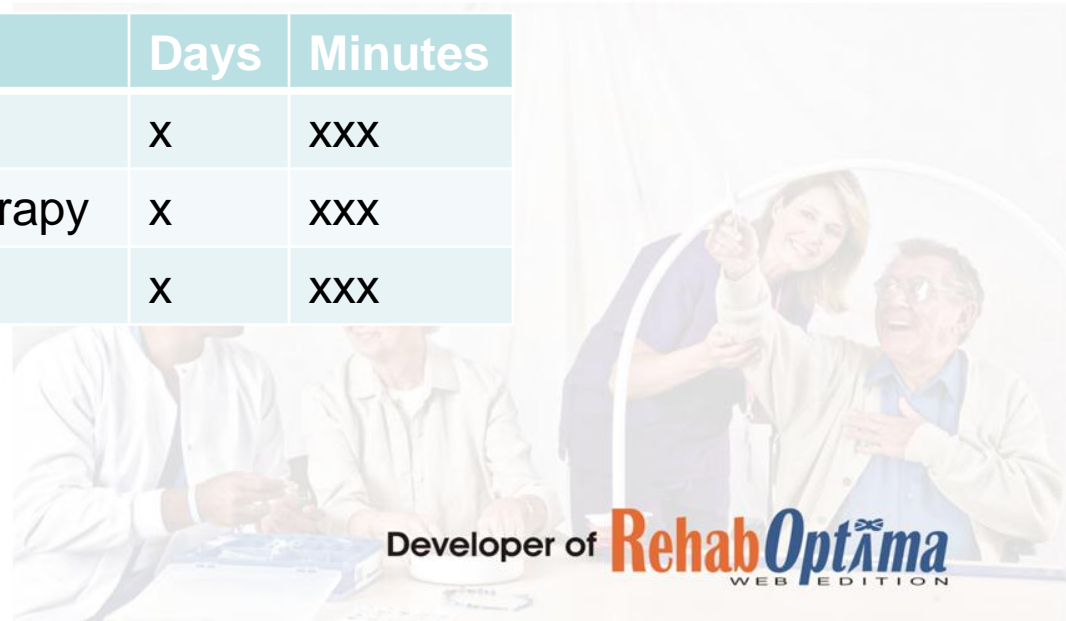
- √ Treatment of more than 1 resident at the same time.
- √ May be performing the same or different activities.



## Current Practice: MDS 2.0

- **Section P.1.b Special Treatments and Procedures, Therapies**
  - ST, OT and PT: Record the number of days and total minutes each therapy was administered, for at least 15 mins/day, in the last 7 calendar days. Count only post admission therapies. Enter 0 if none or less than 15 mins/day.

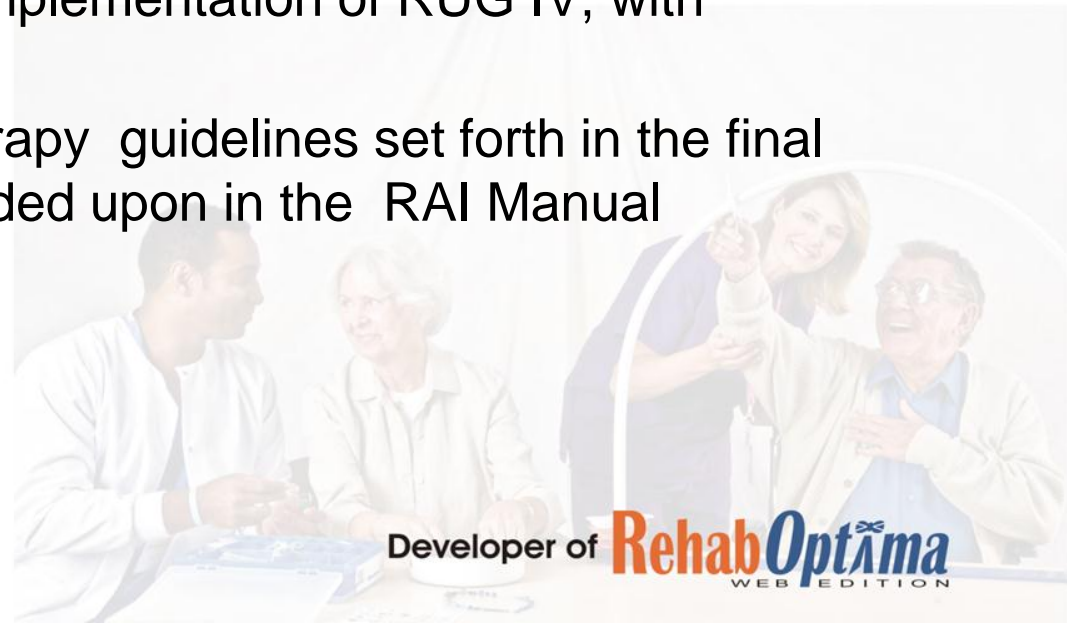
| Therapies            | Days | Minutes |
|----------------------|------|---------|
| Speech services      | X    | XXX     |
| Occupational therapy | X    | XXX     |
| Physical therapy     | X    | XXX     |





## **CMS: SNF PPS Rules / Patient Protection and Affordable Care Act (PPACA)**

- Implement MDS 3.0
- Implement RUG IV
- Congress delays implementation of RUG IV, with exception of:
  - Concurrent therapy guidelines set forth in the final rule and expanded upon in the RAI Manual
  - Look backs





## MDS 3.0: Concurrent Therapy Effective 10/1/2010

### **Medicare A (revised practice)**

- √ Treatment 2 residents at the same time by one professional therapist, regardless of payer.
- √ Both residents are performing unrelated or different techniques or modalities.
- √ Both residents must be in line-of-sight of the treating therapist or assistant.

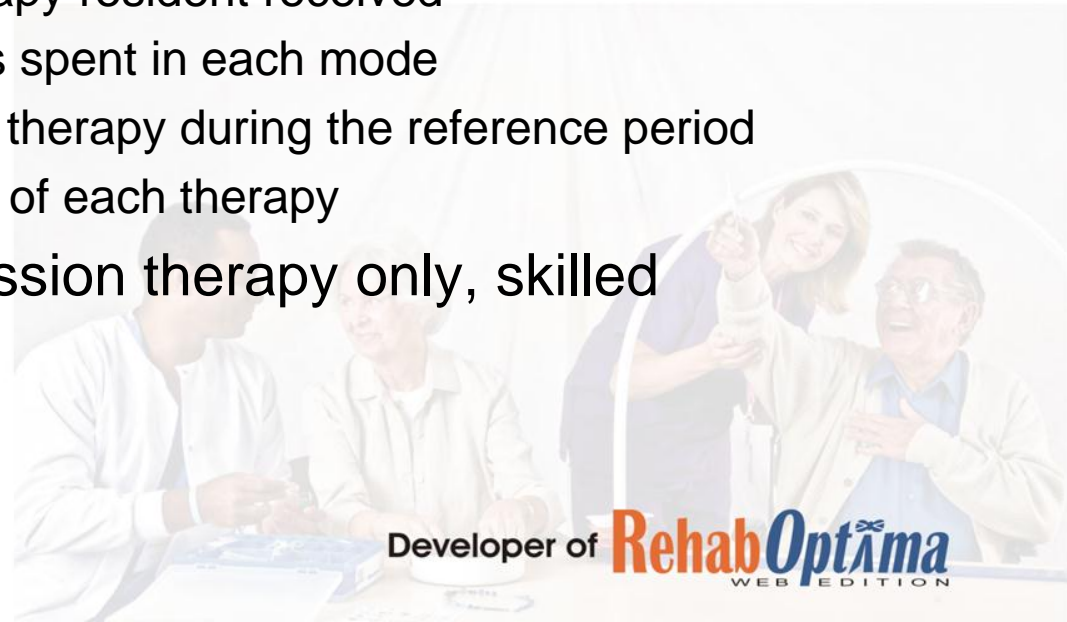
### **Medicare B (same as current)**

- √ Does not exist – documented as group therapy, regardless as to whether residents are performing the same or different activities.



## MDS 3.0 Practice: Recording Therapy Effective 10/10/2010

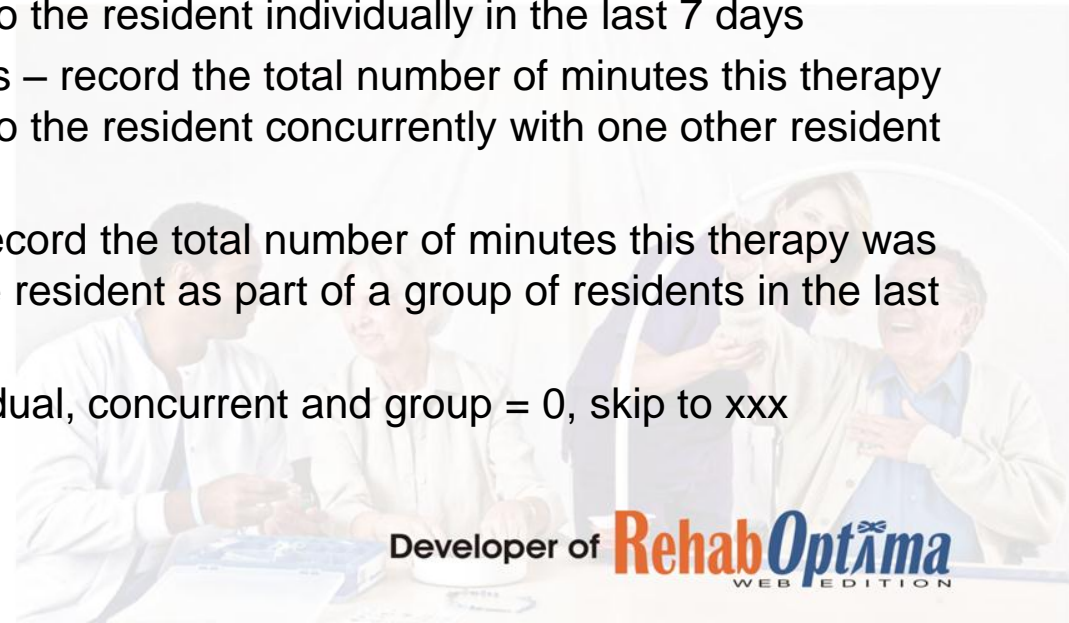
- **Section O:** Special Treatments, Procedures and Programs
  - O0400 Therapies
- Determine:
  - Mode of each therapy resident received
  - Number of minutes spent in each mode
  - Number of days of therapy during the reference period
  - Start and end date of each therapy
- **NOTE:** Post admission therapy only, skilled services only





## MDS 3.0 Practice: Recording Therapy Effective 10/10/2010

- **Section O: Special Treatments, Procedures and Programs**
  - **O0400 Therapies**
  - **ST, OT and PT:**
    - Individual minutes – record the total number of minutes this therapy was administered to the resident individually in the last 7 days
    - Concurrent minutes – record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days
    - Group minutes – record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days
    - If the sum of individual, concurrent and group = 0, skip to xxx
    - Days - record





# MDS 3.0: Recording Therapy, Effective 10/1/2010

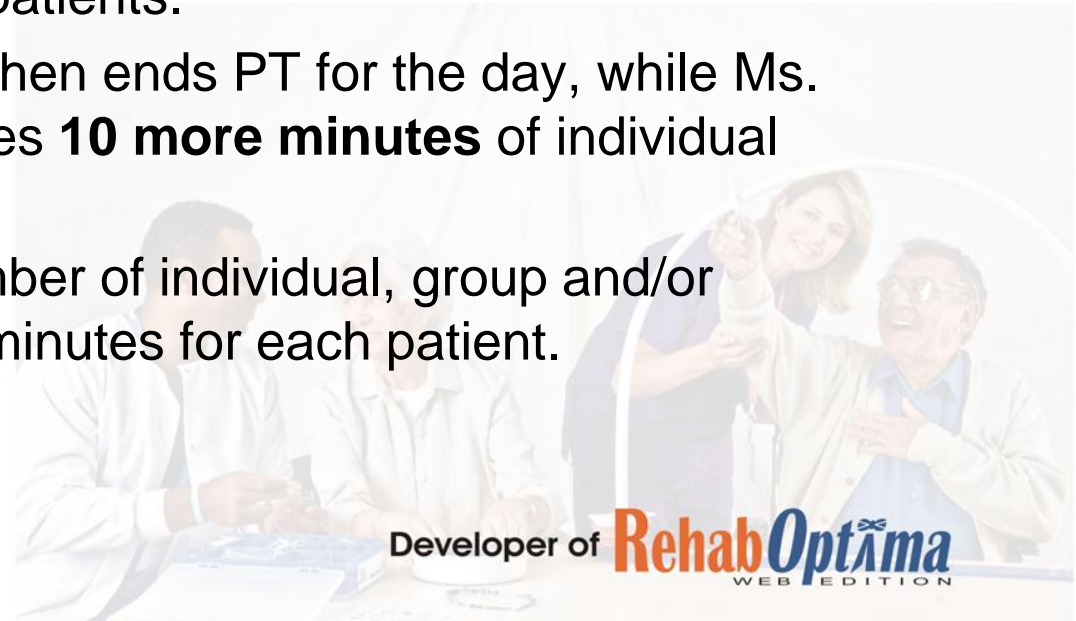
|         | <b>Speech Services</b>      |
|---------|-----------------------------|
| x x x x | Individual minutes          |
| x x x x | Concurrent minutes          |
| x x x x | Group mins                  |
| Days    | Days                        |
|         | <b>Occupational Therapy</b> |
| x x x x | Individual minutes          |
| x x x x | Concurrent minutes          |
| x x x x | Group mins                  |
| Days    | Days                        |
|         | <b>Physical Therapy</b>     |
| x x x x | Individual minutes          |
| x x x x | Concurrent minutes          |
| x x x x | Group mins                  |
| Days    | Days                        |





## MDS 3.0 Practice: Scenario

- Mrs. Olive Therapy, in a Med A stay, participates in an **individual** PT session for **13 mins**, at which time, Ms. Summer Day, covered by Med B, joins the session.
- The therapist provides skilled treatment to both patients simultaneously for **24 minutes**, and is in line-of-sight supervision of both patients.
- Mrs. Olive Therapy then ends PT for the day, while Ms. Summer Day receives **10 more minutes** of individual PT
- **DETERMINE:** Number of individual, group and/or concurrent therapy minutes for each patient.





## MDS 3.0: Recording Therapy, Scenario

|                    | Olive<br>(Med A) | Summer<br>(Med B) |
|--------------------|------------------|-------------------|
| Individual minutes | 13               | 10                |
| Concurrent minutes | 24               | 0                 |
| Group minutes      | 0                | 24                |





## Impact

- By discipline, total time spent in concurrent therapy is recorded
- MDS Grouper will count only 50% of those minutes when counting minutes to establish RUG
- In our scenario, for Mrs. Olive Therapy, of the 24 concurrent minutes recorded, only 12 will count in the calculation in determine RUG





## Prepare: Know the Service Delivery Models of Your Therapy Department!

- **What is the current practice for:**
  - 1:1 treatments, in comparison to concurrent and/or group treatment?
  - Start of Care?
  - RUG utilization
- **Observe and Track**





## **MDS 3.0: Variables Related to Therapy Minutes**

### **Rehab Aides: RAI Manual**

“Aides cannot provide skilled services – only the time an aide spends on set-up for skilled services may be coded on the MDS”

### **Student: RAI Manual**

#### **Medicare Part A:**

Therapy students must be in line-of-sight supervision of the supervising therapist. Time may be coded on the MDS when the therapist provides skilled services and direction to a student who is participating in the service under line-of-sight supervision.

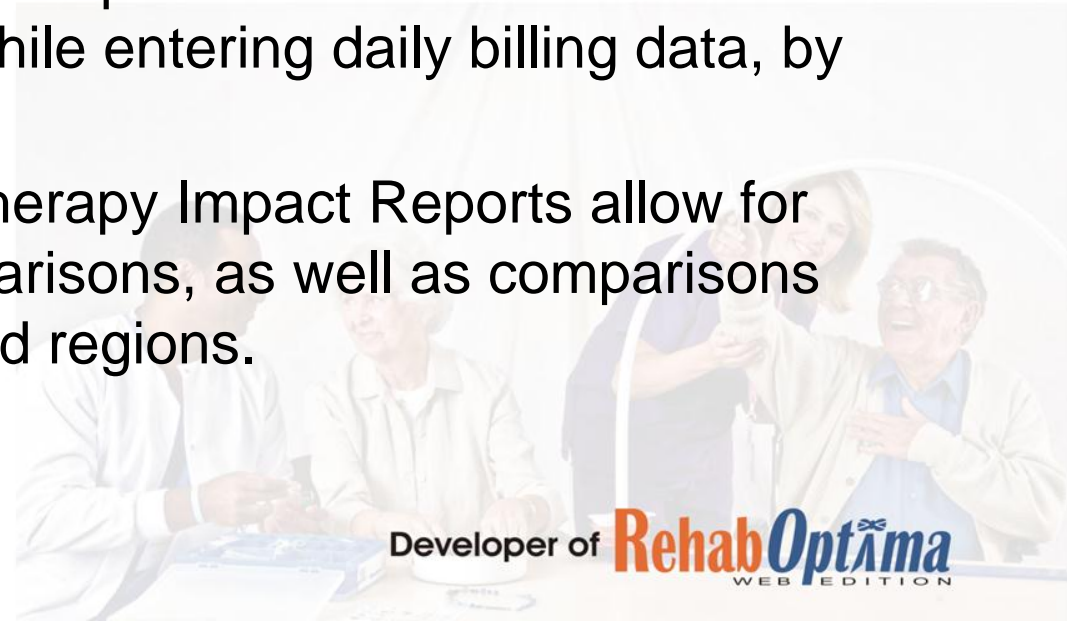
#### **Medicare Part B:**

- Therapy student must be in line-of-site supervision of the supervising therapist who is making the skilled judgment and is responsible for the assessment and treatment.
- The supervising therapist is not engaged in treating another patient or doing other tasks
- The supervising therapist is responsible for signing all documentation. A student may also sign the documents, but it is not necessary.



## Tracking Concurrent Therapy

- Rehab Optima provides the option to collect concurrent therapy minutes
  - Minutes can be recorded for “All Patients”, “PPS Patients”, or “No Patients”.
- If activated, the rehab providers enter concurrent therapy minutes while entering daily billing data, by patient.
- The Concurrent Therapy Impact Reports allow for patient level comparisons, as well as comparisons across facilities and regions.





## Rehab Optima Tracking: Concurrent Therapy Impact Reports

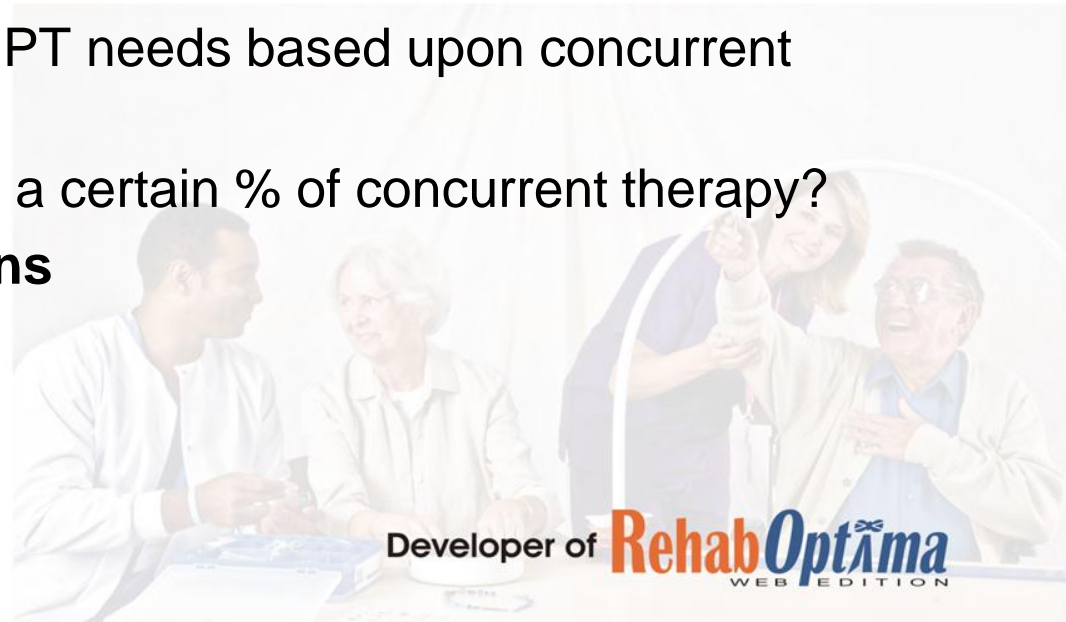
- Include details such as:
  - RUG days and levels with concurrent therapy
  - RUG days and levels without concurrent therapy
  - Revenue with concurrent therapy
  - Revenue without concurrent therapy
- Include flexibility for analysis, as parameters can be set according to:
  - A factor between 1 and 4
  - Date ranges
  - Rate types
  - Level of aggregation





## Other Factors to Consider/Analyze

- **Minute Utilization Analysis**
- **Group Minutes Analysis**
- **Staff understanding of treatment delivery models**
- **Staffing Patterns**
  - Enough to plan for 1:1 treatments?
  - Determine FT or PT needs based upon concurrent service delivery?
  - Plan based upon a certain % of concurrent therapy?
- **Productivity Patterns**





## Other Factors to Consider/Analyze

- **Patient Scheduling Patterns**
- **Cost**
  - Lower RUGs?
  - Is therapy more expensive w/concurrent therapy limitations?
  - Per minute – deliver more efficiently?





## Prepare: Analyze and Educate!

- New regulations/instructions
- Management techniques: utilization and mode of therapy
- Staffing patterns
- Documentation processes: **SKILL!**
- Communication processes
- Minute recording processes
- Recording ADL scores
- Recruiting procedures

