INTERDISCIPLINARY TEAMS THAT WORK—
REHAB TALK SOUP

Recipes for Success
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INTRODUCTION
—
THIS SHOULD BE TASTY.

PROGRAM OBJECTIVES/BENEFITS:

1. To provide proven recipes (best practice strategies) surrounding: A) OASIS Accuracy, B) Care-Planning, and C) CMS Therapy Reassessment visits / Supervisory visits.

2. To stew over barriers agencies may encounter when tenderizing CMS regulations.

3. To share recipes for success, and methods for implementation to avoid getting grilled.

4. To braise the value of Rehab as a vital ingredient of the healthcare team in order to fully develop the flavor for our patient outcomes.
### OASIS ACCURACY

**Ingredients**

- Clinical Judgment
- Score Prior to Your Intervention
- Patient Safety
- Ability vs. Willingness/Compliance
- Barriers:
  - Physical
  - Emotional
  - Cognitive
  - Behavioral
  - Sensory
  - Medical Restrictions
- Assessment Time Period
- Accessibility to Tasks

**Directions**

1) Define what interventions are:
   - i.e. The adult son/daughter is staying with the patient. They deny the patient needs help. Why then are they staying with the patient? Most likely because this patient requires supervision (eyeballs from across the room).

2) Read each question in its entirety.

3) Read the answers from the bottom up-- right to left on the process measure questions.

4) Many of the functional tasks, including medication administration, ask not only about the task at hand, but also about accessibility to the task needing to be done.

5) Keep very in tune to CMS’s Q & A’s—the quarterly updates. These may change how you answer any given question on any given patient based upon adjustments or outright changes in guidance and interpretation.

### FURTHER QUESTIONS / NOTES / DISCUSSION:
## CARE PLANNING

### Ingredients

- Identify Problem
- Pathology
- Impairment
- Functional Limitation
- Disability

### Directions

1. Identify the problem that can be further clarified by the etiology/mechanism of illness or injury.

2. Goals should be functionally based and specific to the resolution of the identified problem. Goals should reflect the expectation of both the clinician and the patient. Goals should also address the role of the caregiver as indicated.

3. Interventions should be based on stated goals.

4. Documentation should address interventions directly. Intervention documentation to include measurable changes and progress toward goals.

5. Regular reassessments will indicate the need for care plan adjustments.

### FURTHER QUESTIONS / NOTES / DISCUSSION:
## FUNCTIONAL REASSESSMENTS

### Ingredients

<table>
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<tr>
<td>1) If a patient's course of therapy treatment reaches 13 therapy visits, 19 therapy visits and/or minimally every 30 days, for each therapy discipline a functional reassessment must be performed.</td>
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<td>2) Functional reassessments must include:</td>
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<td>• Visit must be labeled by the clinician</td>
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<td>• Progress toward goals</td>
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<td>• Current functional measures compared to prior functional measures.</td>
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<td>• Determination of therapy effectiveness</td>
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<td>3) With each discipline specific reassessment performed, the 30 day count starts over at day 1 as the day of the reassessment.</td>
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<td>4) Therapy supervisory visits may not be performed on the same day as the reassessment.</td>
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<td>5) If single therapy discipline involved, reassessment has to be ON 13th and ON 19th billable therapy visit of an episode. If multiple therapy disciplines involved, each discipline needs to reassess as close to but no later than the 13th billable and subsequent 19th therapy visit of an episode.</td>
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<td>6) Billing Guidelines</td>
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<td>• Reassessments completed in the defined timeframes.</td>
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<td>• Document unexpected changes clearly.</td>
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### Directions

- Visit Count
  - 13th Visit (cumulative)
  - 19th Visit (cumulative)
  - 30 Day (per discipline)
- Qualified Therapist
- Objective Measures
- Professional Judgment
- Billable Visit
- Non-covered vs. Non-billable
- Solid Care Plan and Goals
- CMS Final Rule (pages 94-138)

### Further Questions / Notes / Discussion:
RESOURCES:

1) [www.cms.gov](http://www.cms.gov)
   A) CMS -- Chapter 8
   B) CMS Q & A’s every quarter
   C) CMS Final Rule 2011
   D) CMS Therapy Q & A’s

2) Instant OASIS Answers 2012

3) COS-C – Certified OASIS Specialist-Clinical

4) Transdisciplinary Competency Skills for OASIS—DVD from MHCA Rehab Council

5) Transdisciplinary Skilled Care Planning – DVD from MHCA Rehab Council


8) [www.mnhomecare.org](http://www.mnhomecare.org)