

Rehabilitation Documentation Guidance for COVID-19 Public Health Emergency

SNF – Skilled Medicare Part A

- Following a thorough review of patient clinical condition and complexities, rehabilitation care plan, and discharge goals, the interdisciplinary team has determined the following to be in the best interest of the patient during the COVID-19 pandemic:
 - The current therapy POC is essential to meet the patient’s needs and remains medically necessary. Therapy will continue to provide skilled rehabilitation services while following CDC guidelines to prevent and minimize the spread of infection.
 - The therapy POC will be modified, prioritizing the most essential needs of the patient in consideration of the Public Health Emergency (PHE) and subsequent adjustments in *(resources/staffing/scheduling/establishing contact limitations to reduce exposure)*.
 - The POC will be discontinued related to the Public Health Emergency (PHE) and the current pandemic response intervention plan of the facility

Discontinued POC

- The patient’s medical needs supersede the established therapy plan of care at this time related to *(suspected/confirmed infection, risk of potential infection related to assessed clinical vulnerability/comorbidities.)*
- The following goal focus areas will be transitioned to the *(specify discipline)* POC as a measure to minimize caregiver contact and potential risk of COVID-19 exposure. *(Specify discipline)* will discontinue the established POC at this time.
- In compliance with the CDC guidance for reducing the risk of transmission of COVID-19 under the current Public Health Emergency (PHE), the *(licensed therapists, specify discipline)* at this provider location are required to complete 14-day quarantine and will not be able to safely carry out the POC. Therapy is on hold until further notice. *(Follow company policy for therapy on hold)*.
- The interdisciplinary team has determined in the best interest of safety and health of the residents during the Public Health Emergency (PHE), the rehabilitation POCs will be discontinued.
- An individualized functional maintenance plan (FMP) has been developed and training complete via *(in-person, phone, in-service in writing, etc)* with designated staff members to continue during the absence of a licensed therapist.
- The patient’s SNF care plan has been updated to accommodate the unavoidable absence of a licensed therapist during the Public Health Emergency. The following measures have been taken to reduce the risk of functional decline (restorative nursing program, home exercise program, etc.)

Modified POC

- Under the current rehabilitation staffing plan there are circumstances in which licensed therapists furnish care in more than one provider location. As an infection control/prevention intervention, the provider has recommended limiting movement between provider locations in accordance with CDC guidelines. As such, modification of the POC is necessary as follows to reduce the COVID-19 spread...
- The rehabilitation POC will be placed on hold temporarily as an infection control/prevention measure and in compliance with a facility directed PPE conservation plan under the current Public Health Emergency. The facility is currently experiencing a PPE shortage, and existing PPE supplies are being directed to critical care needs.
- The POC has been updated to include STGs transitioned from *(discipline)* in an effort to limit the number of caregiver contacts as a measure to reduce the risk of infection transmission during the COVID-19 outbreak. Find appropriate documentation related to PLOF and objective baseline measures related to these goals *(indicate where)*.
- An individualized functional maintenance plan (FMP) has been developed with training completed via *(in-person, phone, in-service in writing, etc.)* with designated staff members to carry out during the absence of a licensed therapist.

The documentation examples herein are provided for general information purposes only and do not constitute clinical or legal advice. These documentation examples may not be appropriate for every circumstance or clinical situation. Clinical assessment by the therapist in consultation with the attending physician should determine the clinical course on a case by case basis, and guide care that is in the best interest of each patient. ©2020 All Rights Reserved. May be used by permission of current clients and NARA members.

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Isolation

- In room treatment session(s) are being completed to accommodate suspected / confirmed COVID-19 infection. Appropriate infection control/prevention measures were followed per facility policy including, but not limited to: (PPE use, equipment cleaning between residents, maintaining 6-foot distance, reducing contact, handwashing before/after patient contact, etc.) Signs/symptoms observed during treatment included (coughing, congestion, difficulty breathing/SOA, other) and were reported to nursing.

ICF – Medicare Part B

- In an effort to maintain the well-being of the patient and minimize exposure during the Public Health Emergency (PHE) / COVID-19 Crisis
 - The POC will be placed on temporary hold due to staff 14-day quarantine. The (patient / caregiver / staff / family) has been provided a HEP via (*in-person, phone, in-service in writing, etc.*). This action has been taken in consultation with the interdisciplinary team and determined to be in the best interest of the patient, to minimize potential exposure to COVID-19 and to minimize health related risks during the Public Health Emergency.
- The (*beneficiary, resident representative, caregiver*) has been educated regarding the availability of therapy E-visits. Contact information has been provided should consultation needs arise.

Assisted Living / Independent Living / Outpatient Clinics

- The POC will be placed on temporary hold during staff 14-day quarantine. The (*patient / caregiver / staff / family*) has been provided a HEP via (*in-person, phone, in-service in writing, etc.*). This action has been taken in consultation with the (attending physician, patient/patient representative) and determined to be in the best interest of the patient, in order to minimize exposure during the COVID-19 Public Health Emergency.
- The (*beneficiary, patient representative, caregiver*) has been educated regarding the availability of therapy E-visits. Contact information has been provided should consultation needs arise.

Supervision

- Follow state and federal guidance related to waivers of supervision requirements. Documentation should include applicable waivers as they are applied.

E-Visits Defined

- E-Visits: non face-to-face patient-initiated digital communications that require a clinical decision that otherwise typically would have been provided in the office.
- E-Visits, also referred to as teletherapy, may only be used for established patients and must be initiated by the patient. If E-visits are offered the beneficiary must be notified when HIPAA secure method is not available (document notification). Providers and / or practitioners should educate beneficiaries on the availability of E-Visits.

<https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak>

<http://www.apta.org/COVID-19/E-Visit/QuickReference/>

Visit [our website](#) for more information and resources.

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