

The Note Ninjas

***Skilled Care
Documentation
Cheat Sheet***

NICOLE POPPERT, MS, OTR/L
STEPHANIE MAYER, PT, DPT





Hi! We're the *Note Ninjas*

We created this Skilled Care Documentation Cheat Sheet to help you show skilled need in every one of your treatments. With our tips in place, you'll never have to discharge a patient prematurely due to poor demonstration of medical necessity, or have to sweat another documentation audit again!

The Jimmo Settlement

The Jimmo Settlement allows therapists to treat a patient even if they plateau or there is no or slow progression as long as the treatment we are providing is skilled.

The Centers for Medicare & Medicaid Services (CMS) reminds the Medicare community of the Jimmo Settlement Agreement (January 2013), which clarified that the Medicare program covers skilled nursing care and skilled therapy services under Medicare's skilled nursing facility, home health, and outpatient therapy benefits when a beneficiary needs skilled care in order to maintain function or to prevent or slow decline or deterioration.

Skilled therapy services are covered when an individualized assessment of the patient's clinical condition demonstrates that the specialized judgment, knowledge, and skills of a qualified therapist ("skilled care") are necessary for the performance of a safe and effective maintenance program. Such a maintenance program to maintain the patient's current condition or to prevent or slow further deterioration is covered so long as the beneficiary requires skilled care for the safe and effective performance of the program

For more information about this settlement go to:

<https://www.cms.gov/Center/Special-Topic/Jimmo-Center.html>



Showing Skill and Medical Necessity

One way to ensure you are providing skilled care is to document the medical necessity every few visits and why the activities the patient is performing cannot be given to a CG.

Make sure these assessments are patient-specific. General statements will not help build the case for medical necessity and skilled care. The statements do not need to be long and lengthy. They can focus on one area.

Here are a few documentation examples to show medical necessity and skilled care.

- **Why continued services are not trainable to a caregiver?**

- Due to the patient's many comorbidities and progressive disease, patient requires specific environmental supports, ongoing evaluation of current status, recommendations for ADL performance and safety
- Patient demonstrates frequent change in cognitive status requiring ongoing assessment and modification of activities performed each treatment session.
- Patient demonstrates fluctuations in cardiovascular function, requiring assessment and modification of exercise program during each treatment session.
- Patient demonstrates varying degrees of anxiety from treatment to treatment, caregiver is not yet independent in communication and behavioral strategies to facilitate safety with treatment program.
- Patient demonstrates decreased safety awareness requiring frequent cues to facilitate proper technique and body mechanics for transfers and ambulation.

Showing Skill and Medical Necessity

- **How are the patient's chronic or acute conditions affecting their speed of recovery?**

- Due to progressive disease, patient demonstrates fluctuations in strength, stability and cognitive function, increasing difficulty with carryover requiring proper verbal, visual and tactile cueing
- Patient's recent fall has caused client increased fear with ambulation and standing activities.
- Patient's history of COPD is impacting his ability to participate in his morning ADL routine due to impaired aerobic capacity.
- Patient requires monitoring of vitals with appropriate adjustment to plan of care by adjusting repetitions, resistance and rest between activities while performing some activities in sitting when client presents with a raise in blood pressure or signs of dizziness or shortness of breath.



Showing Skill and Medical Necessity

- **Why is the patient not appropriate for discharge at this time?**

- Patient continues to require support, recommendations and fluctuating cues for safety, technique and balance to decrease his fall risk
- Due to patient's cognitive status, she required different cueing each treatment both verbally and visually
- Patient continues to require skilled care to educate caregiver in proper use of assistive devices to decrease patient's fall risk and decrease caregiver burden
- Patient continues to require the skill of a therapist for modification of ADLs and education on energy conservation techniques during ADL's based on fluctuating abilities consistent with COPD.

Justifying Skilled Care in Treatment Notes



One of the challenges physical therapists and occupational therapists face when working with the geriatric population is justification of skilled therapy when the same activity needs to be performed for an extended period of time.

If you will be performing sit to stands for an extended period of time you need to justify in your therapy documentation why this activity can't be given to a caregiver (CG.)

To do that you need to document varying cues given in each treatment session. The next section gives examples of how to document to show skill.

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Ways to document skilled care

Cues

- Alternating between your patient requiring verbal, visual, tactile and/or physical assist.
- Instead of only using verbal cues for foot placement you can use visual cues with markers on the floor.
- To increase flexion at the hips you can use verbal cues or tactile at their hip flexors.
- You can document increased rounded back that day, requiring verbal and/or tactile cues on back for posture.
- Verbal cues for weight shifting.
- Tactile cues for proper recruitment of muscles patient is not activating.
- Tactile cues to engage patients quads upon standing.
- Verbal cues for sequencing of activity.



Cognition

- You can document motor planning difficulty.
- Any documentation of cognitive change.
- Document any agitation or anxiety present that day.
- Instructed patient in correct technique with activity.

Modifications

- If you have to modify an AD they are using upon standing
- Document the patients response to the activity and how you are modifying.
- Patient using compensatory strategies secondary to ...
- Adapted patients environment to decrease burden on CG



Symptoms

- Document pain level with activity (especially if pain level varies between sessions.)
- Increased fatigue.
- Patient with decreased O₂ with close monitoring and modification of treatment.

Words and Phrases That Help Document Skilled Care

- Facilitated
- Monitored vitals during....
- Guided patient for correct ...
- Corrected position of...
- Updated home exercise program to...
- Instructed patient in proper body mechanics for ...
- Modified treatment secondary to ...
- Adapted environment due to ...
- Assessed home safety ...
- Promoted independence in...
- Engaged caregiver in ...
- Stabilized
- Directed caregiver in correct technique for ...
- Reduced resistance today secondary to ...
- Established HEP to ...
- Compensatory Strategies used today secondary to ...
- Patient is at risk for...

What To AVOID In Your Documentation



- Tolerated well
- Repetitive language
- Observing
- Encouraged to
- Supervising
- Continue with POC

Documenting Caregiver Education

According to Medicare, caregiver education should occur early and often throughout the plan of care, especially for patients with cognitive impairments.

Here are a few ways you can easily include caregiver education in your documentation:

- **Home Exercise Program (HEP)**

- General strengthening activities should be transferred to a caregiver within the first few treatments. So after providing a home exercise program (HEP) we would document the activities with repetitions and sets and then comment:

“Patient’s caregiver was educated on HEP as noted above; able to verbalize understanding and demonstrate and repeat proper technique/cues.”

- If caregiver requires increased education you could document...

“Patient’s caregiver was educated on HEP as noted above; CG, however, requires moderate verbal and visual cues to perform activities safely with client. CG will require further education for carryover to make sure s/he is demonstrating the correct techniques and safety.”

Caregiver Education

- Transfers

- If your patient requires cues for hand placement frequently you should be educating a CG to continue with this cue. You could document..

“CG edu on use of consistent cues for proper hand placement during sit to stand transfers to improve carryover.”

Education does not need to be structured or formal. When you are checking in with the CG or staff at an assisted living to let them know you're done with your session, give them a short explanation of what you did and cues your patient requires and/or give them a task to complete with the patient between sessions. We educate caregivers all the time but may not even realize we are doing it.



Examples of Documenting Caregiver Education

- Example 1:

WHAT YOU SAY TO CG:

“Mrs. Potter is making a lot of progress with physical therapy. She would benefit more if you could walk with her to the dining room at meal times, just make sure she is using her rolling walker properly and provide her cues to ambulate closer to walker when necessary.”

WHAT YOU DOCUMENT

“CG educated on proper AD usage and encouraged to ambulate patient to all meals.”

- Example 2:

WHAT YOU SAY TO CG:

“I just finished working with Mrs. Mitchell. She is doing much better getting into and out of bed. During her morning and nighttime routine, can you remind her to roll to sidelying and use her bed rail to reposition herself in bed?”

WHAT YOU DOCUMENT

“CG educated on safe bed mobility strategies.”

Examples of Documenting Caregiver Education

- Example 3

WHAT YOU SAY TO CG:

“I left Mr. Green’s long-handled reacher by the chair where he gets dressed. Can you remind him to use the reacher to retrieve his clothing from the floor?”

WHAT YOU DOCUMENT

“CG educated on adaptive equipment for independence with dressing.”





Thank you for downloading our Skilled Care Tips!

Make sure to check your emails every week for more tips for documenting skilled care and new activities to try with your patients.

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