



HOME HEALTH
& HOSPICE

Maintenance Therapy

Guidelines, Clinical Application and Pathway
Education for Maintenance Therapy



T H E F U T U R E O F H O M E C A R E

Rehabilitation Services – Reasonable and Necessary

Medicare Benefit Policy Manual Chapter 7: Home Health Services 40.2.1 - General Principles Governing Reasonable and Necessary Physical Therapy, Speech-Language Pathology Services, and Occupational Therapy (Rev. 265, Issued: 01-10-20, Effective: 01-01-20, Implementation: 02-11-20)

- To be considered reasonable and necessary for the treatment of the illness or injury
 - ◆ The services must be consistent with the nature and severity of the illness or injury, the patient's particular medical needs, including the requirement that the amount, frequency, and duration of the services must be reasonable; and
 - ◆ The services must be considered, under accepted standards of medical practice, to be specific, safe, and effective treatment for the patient's condition, meeting the standards noted below. The home health record must specify the purpose of the skilled service provided.

Rehabilitation Services – Skilled

Medicare Benefit Policy Manual Chapter 7: Home Health Services 40.2.1 - General Principles Governing Reasonable and Necessary Physical Therapy, Speech-Language Pathology Services, and Occupational Therapy (Rev. 265, Issued: 01-10-20, Effective: 01-01-20, Implementation: 02-11-20)

- The service . . . is a skilled therapy service if the inherent complexity of the service is such that it can be performed safely and/or effectively only by or under the general supervision of a skilled therapist
- The key issue is whether the skills of a therapist are needed to treat the illness or injury, or whether the services can be carried out by unskilled personnel
- The development, implementation, management, and evaluation of a patient care plan based on the physician's orders constitute skilled therapy services when, because of the patient's clinical condition, those activities require the specialized skills, knowledge, and judgment of a qualified therapist to ensure the effectiveness of the treatment goals and ensure medical safety

What Specifically is Maintenance Therapy?

- It is a Medicare benefit service for patients. **(Medicare Chapter 7 40.2.1 (d) 3)**
- In a nut-shell, it **doesn't** require a patient to show improvement in order to have therapy services, but it does require the demonstration of **SKILL** as evidenced by the medical record documentation.
- Documentation is the most critical element to establish a patient's eligibility to receive this service and is the **most common reason** for denial of payment when not found supportive upon record review.
- Maintenance is not a new benefit and has been in the regulations for decades and was brought to light during the Jimmo-Sebelius lawsuit in 2013.
- Maintenance is **not** repetitive care to provide motivation to a patient and or be perceived as general exercise/activity. It is an ongoing assessment of patient needs based on changes with plan modification of education or hands on care equating to "Skilled Care".

Supporting Regulatory References

Medicare Chapter 7 40.2.1 (d) 3

Coverage of therapy services to perform a maintenance program is not determined solely on the presence or absence of a beneficiary's potential for improvement from the therapy, but rather on the beneficiary's need for skilled care. Assuming all other eligibility and coverage requirements are met, 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 or by a qualified therapist assistant under the supervision 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. When, however, the individualized assessment does not demonstrate such a necessity for skilled care, including when the performance of a maintenance program does not require the skills of a therapist or by a qualified therapist assistant under the supervision of a qualified therapist because it could safely and effectively be accomplished by the patient or with the assistance of non-therapists, including unskilled caregivers, **such maintenance services will not be covered**.

When Can Maintenance Therapy Occur

1. At the **end** of a restorative program.
2. At the **beginning**, after the initial evaluation / new- certification
3. **Variable** with the patient beginning in restorative → goes into maintenance → decline is noted → back to restorative.
 - a) The patient can only be in restorative OR maintenance for a specific discipline.
 - b) A patient may be restorative for one discipline while being maintenance for another discipline.
 - c) Services are not covered or considered skilled just because a competent skilled caregiver is not available to furnish the services.

Maintenance Program Delivery

Medicare Benefit Policy Manual Chapter 7 40.2.1

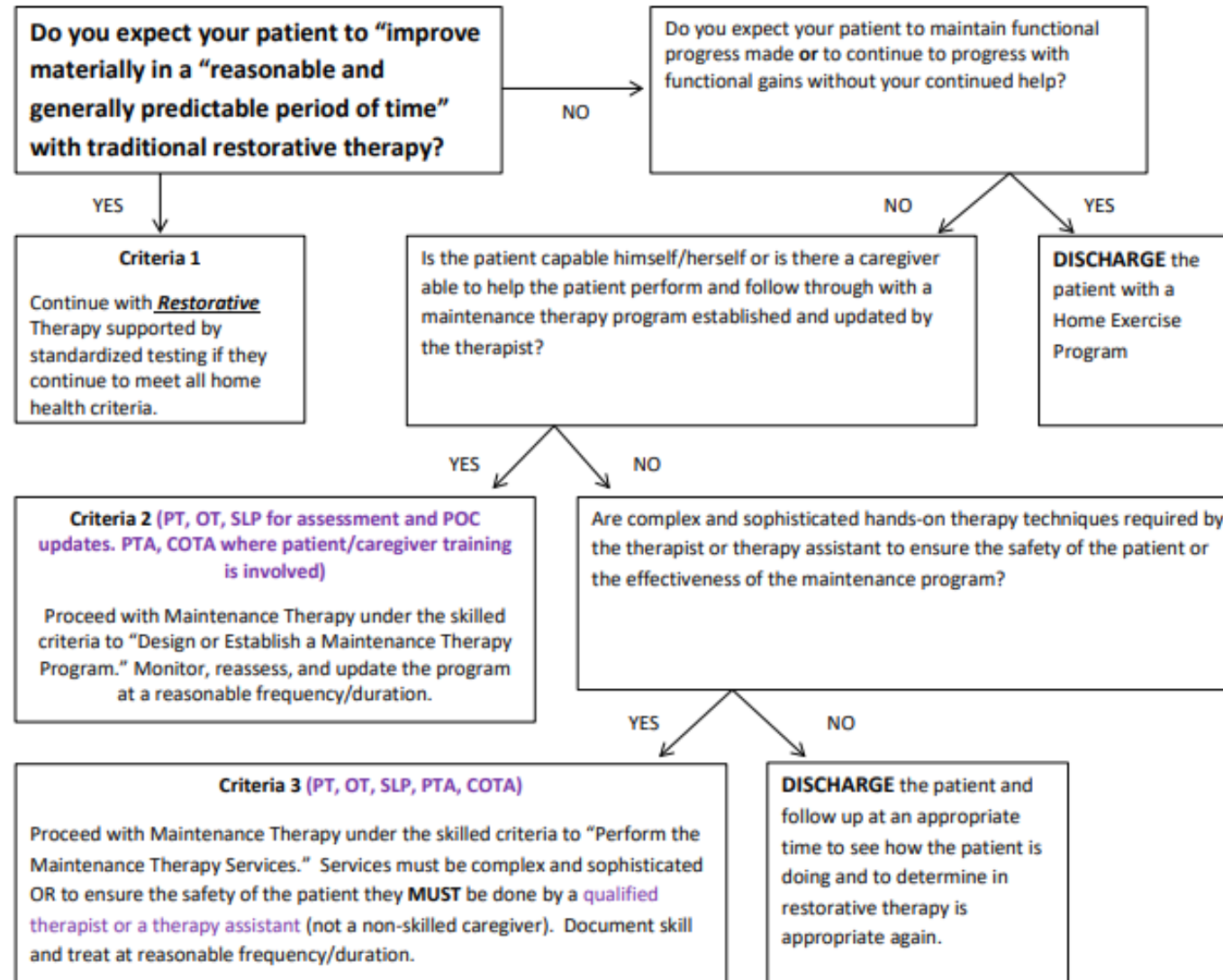
- For patients receiving rehabilitative/restorative therapy services, if the specialized skills, knowledge, and judgment of a qualified therapist are required to develop a maintenance program, the expectation is that the development of that maintenance program would occur during the last visit(s) for rehabilitative/restorative treatment. The goals of a maintenance program would be to maintain the patient's current functional status or to prevent or slow further deterioration.
- Where a maintenance program is not established until after the rehabilitative/restorative therapy program has been completed, or where there was no rehabilitative/restorative therapy program, and the specialized skills, knowledge, and judgment of a qualified therapist are required to develop a maintenance program, such services would be considered reasonable and necessary for the treatment of the patient's condition in order to ensure the effectiveness of the treatment goals and ensure medical safety. When the development of a maintenance program could not be accomplished during the last visits(s) of rehabilitative/restorative treatment, the therapist must document why the maintenance program could not be developed during those last rehabilitative/restorative treatment visit(s).

Step One: Does the Diagnosis Support Care?

- There is not specific guidance on diagnosis that qualifies for maintenance care. It is based on patient need and skilled care.
- The patient should have a condition that would legitimately support the clinical presentation that a decline in status is reasonable and requires a level of sophistication and complexity necessitating a therapy professional.
- For example, a primary diagnosis of lumbar stenosis has less complications than a patient with multiple sclerosis and potential for decline.
- Therefore – a primary diagnosis is the first step in determining if maintenance care is reasonable and necessary.
- Examples that would present with complexities:
 - ALS, MS, Parkinson's, Alzheimer's/Dementia, Involved CVA, CHF (Class 3-4 NYH), COPD, Patients with a history of recurrent falls/adverse events, Patients with multiple co-morbidities.

Step Two: What type of therapy?

MAINTENANCE THERAPY DECISION TREE



Step Three: Justifying the Maintenance program

The Assessment – Make an argument to support the need for the service

- *“When the skilled service is being provided to either maintain the patient’s condition or prevent or slow further deterioration, the clinical notes must also describe:*
 1. *A **detailed rationale** that explains the need for the skilled service in light of the patient’s overall medical condition and experiences,*
 2. *The **complexity of the service** to be performed, and*
 3. *Any other pertinent characteristics of the beneficiary or home”*
- Prior to initiating a maintenance program make the case in the **assessment as to the rational** for such, point out the risk to patient / caregiver if not established, the reasoning of why you may be necessary for complex procedures, the intent, etc. Make the case to your CM.
- We are making the argument as to why this service is necessary – Think of an attorney with a jury
- This would be in the assessment narrative in HCHB

Step Four: Type of Maintenance Therapy

Establish or design a maintenance program

*The patient's clinical condition requires the **specialized skills, knowledge, and judgement of a qualified therapist to establish or design a maintenance program** related to the patient's illness/injury, in order to ensure the safety of the patient and effectiveness of the program."*

- This is where the therapist must **teach the patient, patient's family or caregiver's** necessary techniques, exercises, and precautions as necessary to treat the illness or condition.
- **This must be clearly documented with details of training and not just a list of exercises – document the parameters regarding teaching (Vitals, position, specific frequency/duration, precautions etc.)**
- Handouts and Materials need to be provided so there is carry over and documented.
- **Note patient/caregiver ability and status of learning instructions. (For example: % teach back)**
- Once the program is established it may require the therapist to return to do periodic re-evaluations of the maintenance program to ensure the safety and effectiveness of the program.

Step Four: Type of Maintenance Therapy

Therapist is needed to perform maintenance therapy.

The skills of a qualified therapist or by a qualified therapist assistant under the supervision of a qualified therapist are needed to perform maintenance therapy.

- This is where the therapist is active with hands on care and or supervision providing skilled therapy to the patient.
- This type of maintenance treatment typically is required because the patient has a condition, precautions, risks (O2 saturation issues, Blood pressure, medical precautions, hyper or hypo tonicity management etc.) that require a trained professional to be able to adapt or modify the plan.
- All of this must be documented in the record. Documentation must go beyond assist level with ADLS for example – non-skilled individuals can provide assistance for safety.
- Complexity and sophistication of what a therapist is trained in comes into play for documentation

Clinical Manager / Clinician Collaboration – Assessment Tool

- Due to high denial rate all therapy plans of care that will focus on maintenance therapy have to be assessed to ensure the service is valid and reasonable.
- Guidelines:
 - There must be a collaboration between the therapist and clinical manager **2 weeks before** proceeding with a POC that is maintenance based.
 - The clinical manager should use the Maintenance Therapy Assessment Tool to help determine if the case is viable for maintenance care.
 - This is a tool and not part of the medical record.
 - The back of the tool has detailed information to help the CM understand the items intent and answer properly. Once familiar with the sections you may not need to refer to often .
 - Questions are yes and no, some NA.
 - If the case is challenging and assistance is needed, the tool should be completed via PDF and send to the therapy leadership email by your CM
 - ◆ Therapyleadership@aveanna.com
 - ◆ We will review and will respond with our recommendations.

Maintenance Therapy Assessment Tool

Clinical Manager Maintenance Therapy Assessment Tool	Yes	No	NA	Details to Item
1) A maintenance program can be completed in last few visits of restorative plan of care.				
2) Patient has a primary diagnosis that is chronic, complex and or degenerative in nature I.e. MS, ALS that places patient at risk for decline. *				
3) Patient has the real possibility of further decline without skilled intervention. *				
4) The patient is functioning at or near PLOF. *				
5) If the patient has completed a restorative therapy plan of care, were all goals met and or not attainable with patient plateauing in ability to improve.				
6) Patient has special medical complications and or safety concerns that require the specialized skills of a licensed therapist/assistant. *				
7) The patient's clinical condition requires the specialized skills, knowledge, and judgment of a qualified therapist to establish or design a maintenance program , related to the patient's illness or injury, in order to ensure the safety of the patient and the effectiveness of the program **				
8) Patient requires complex skills and judgement of therapist to provide maintenance therapy (I.e. Monitor spasticity changes, risk for fractures, aspiration, special therapeutic techniques).If developing and establishing maintenance program only then select NA. **				
9) Projected goals for maintenance services are specific to preventing functional decline. *				

Instructions:

- * In order to support the service, any item with an * and at least one with ** must be answered with a YES response to justify an maintenance plan of care.
- * Refer to back page for specific instructions on condition items and how to answer. Always look at unique condition of each patient.
- * This must be completed within 2 weeks prior to new episode or as soon as clinician believes transition to maintenance I.e. Re-eval.
- * If you need assistance in a decision, you can complete form and email to @TherapyLeadership who will review and respond. Provide branch location in email.

Maintenance Therapy Assessment Tool

The tool intent is to guide the clinician and clinical manager in establishing supported maintenance services. What follows below are details for each condition item on how to properly assess.

Condition 1) In general it is the expectation is that a therapy restorative plan of care will address a maintenance program by the end for those patients who are appropriate. When assessing this item, if there is time remaining in the POC then a maintenance program should be addressed with the goal to complete by discharge then select **YES**. Select **NO** if a maintenance program **cannot be** completed by the time of DC and / or a patient requires a maintenance program POC that will go into a new certification from restorative plan. Obtain specific details as to why not. Select NA if new patient.

Condition 2) To answer **YES** - The patients primary diagnosis should support that it is a reasonable expectation for functional decline in order to corroborate this type of service. Diagnoses to support this are generally neurodegenerative conditions, chronic conditions that can exacerbate, or patient has complex medical history of comorbidities resulting in such. **Diagnosis outside of this description or non-complex wouldn't support this care therefore select NO** to this item in those cases. List primary diagnosis in details.

Condition 3) To answer **YES** - Clinician must provide specific functional reason(s) as to what kind of decline is expected and why. List information on detail. If no **functional decline reason select NO**. I.e. maintain strength. Functional reasons would include but are not limited to slide board transfers, transfers, gait to extent to remain safe/in home, self care that could result in poor hygiene/infection, prevention of pressure injuries, feeding.

Condition 4) To answer **YES** patient must have reached all restorative goals and or is at PLOF. If there is room to improve from one level to next they are a restorative candidate and select **NO**. Recertification under restorative would be appropriate in those cases. Add any details as needed.

Condition 5) To answer **YES** - There should be no longer any restorative goals remaining if a patient is transitioning into maintenance care. All goals should be met or not attained if outside of patients physical ability. If improvement is still possible they are restorative and the answer selected would be **NO**. Provide any additional details if need. Select NA if new patient as this wouldn't item would apply.

Condition 6) To answer **YES** - Specify medical complications and or safety issues that require a therapist to be able to manage. These items speak to the complexity and risk to the patient. In details specify items. If there is neither select **NO** as an answer.

Condition 7) To answer **YES** - Patient must require the specialized skills and knowledge of a professional clinician to design/establish a maintenance program. These special skills include but are not limited to, what parameters needed (vital signs, exercise based) to keep patient safe, patient unique medical conditions/risk to consider, etc. List information in details. If no complexity select **NO**. Select NA if not developing/establishing a program. (Note patient can have both education and direct care condition items at same time but must have one of these to qualify)

Condition 8) To answer **YES**- Therapist **MUST** specify what technical / complex skills are required that a patient or caregiver cannot do safely on there own. These would include but not limited to risks, precautions, special medical conditions that contribute to needing expertise of therapist. I.e. spasticity, fracture concerns, skin breakdown, vital signs specifics, therapy techniques etc. Select **NO** if there is no complex care noted beyond a supervision. If no direct care will be provided then select NA. (Note patient can have both education and direct care items at same time but must have one to qualify)

Condition 9) To answer **YES** - Therapist must state measurable goal(s) that are related preventing/sustaining a functional decline (I.e. Mobility, self care, safety). If no functional goal stated select **NO**.

HCHB Care Pathway – Maintenance

- The Pathway Design
 - The pathway is designed as a template for the therapist to fill out. The intervention details are all required to be selected and completed for each visit. The details reflect all the components of what is noted in the bolded regulatory language above. Maintenance therapy is highly scrutinized by the payer sources to ensure it is a billable service and not just activities for the “general welfare” of the patient. Documentation is key.

PT01 - SCHEDULING, DEMO J

Template

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PT000

Order Text

PHYSICAL THERAPY TO DESIGN OR ESTABLISH A MAINTENANCE PROGRAM AND / OR PERFORM MAINTENANCE THERAPY INTERVENTIONS.

Goal Text

THE PATIENT WILL BE ABLE TO MAINTAIN THEIR ABILITY TO * (ENTER FUNCTIONAL ACTIVITY) AS EVIDENCED BY * (ENTER OBJECTIVE MEASURE/SCORE) PREVENTING THE PATIENT FROM REGRESSING AND REMAIN SAFELY IN HOME BY *.

Visit Interventions and Goals

Interventions: Visit Number 1
DESIGN OR ESTABLISH A MAINTENANCE PROGRAM (Select all Intervention Details)
Goal:
PATIENT / CAREGIVER WILL DEMONSTRATE SAFE ABILITY TO EXECUTE MAINTENANCE PROGRAM.

Interventions: Visit Number 1
PHYSICAL THERAPIST TO PERFORM MAINTENANCE THERAPY INTERVENTIONS (Select all Intervention Details)
Goal:
PATIENT MAINTAINS FUNCTIONAL STATUS AND REMAINS SAFE IN HOME ENVIRONMENT

Save Cancel

Maintenance Pathway

Problem Statement, Goal and Order

Select the problem Statement: **MAINTENANCE THERAPY REQUIRED**

POC Order: PHYSICAL THERAPY TO DESIGN OR ESTABLISH A MAINTENANCE PROGRAM AND / OR PERFORM MAINTENANCE THERAPY INTERVENTIONS.

POC Goal: THE PATIENT WILL BE ABLE TO MAINTAIN THEIR ABILITY TO * (ENTER FUNCTIONAL ACTIVITY) AS EVIDENCED BY * (ENTER OBJECTIVE MEASURE/SCORE) PREVENTING THE PATIENT FROM REGRESSING AND REMAIN SAFELY IN HOME BY *.

Customize the goal by filling out the sections noted by the *. The information noted in () is a guide of what is required.

Example:

POC Goal: THE PATIENT WILL BE ABLE TO MAINTAIN THEIR ABILITY TO TRANSFER TO AND FROM WHEELCHAIR AS EVIDENCED BY SBA OF CAREGIVER PREVENTING THE PATIENT FROM REGRESSING AND REMAIN SAFELY IN HOME BY 10/19/22.

INTERVENTION

Select the intervention(s) you plan to use with patient. You can select one or both depending on need. There are two options

I. INTERVENTION: DESIGN OR ESTABLISH A MAINTENANCE PROGRAM (Select all Intervention Details)

II. INTERVENTION: PHYSICAL THERAPIST TO PERFORM MAINTENANCE THERAPY INTERVENTIONS (Select all Intervention Details)

I. INTERVENTION: DESIGN OR ESTABLISH A MAINTENANCE PROGRAM (Select all Intervention Details)

This option is selected when a maintenance program will be custom designed for a patient. This is essentially a home program that is being individualized for the patient and is assessed/updated by the therapist based on patient assessment. Take note of the parenthesis in the intervention above instructing the clinician to **select all details** to ensure the components for coverage are documented. For the noted intervention, there are 4 Intervention details that must be selected and in each detail is specific topics to address to support it.

- EDUCATION / ENVIRONMENTAL SET-UP TO FACILITATE ENGAGEMENT AND PROGRESSION OF MAINTENANCE PROGRAM ACTIVITIES
 - SPECIFIC PATIENT/ CAREGIVER/ EDUCATION *
 - PATIENT /CAREGIVER TEACHBACK % REGARDING EDUCATION. *
 - ENVIRONMENTAL SET-UP *
- VITAL SIGN PARAMETERS /SPECIAL MEDICAL CONDITIONS MONITORED BY THERAPIST
 - PARAMETERS MONITORED (I.E. BORG/RPE SCALE, VITAL SIGN PARAMETERS / PRECAUTIONS) *.
 - INDICATE STATUS OF VITALS DURING SESSION *"
- MAINTENANCE PROGRAM DESIGN
 - SPECIFIC VERBAL AND TACTILE CUES GIVEN TO ENSURE SAFE EFFECTIVE EXECUTION OFACTIVITIES/EXERCISES *.
 - SPECIFIC ACTIVITES/EXERCISES PERFORMED*.
 - THERAPEUTIC PARAMETERS FOR MAINTENANCE PROGAM (SETS/REPS/FREQUENCY/REST PERIODS) *.
 - PATIENT/CAREGIVER RESPONSE TO TRAINING AND TEACHBACK %*
- THERAPIST ASSESSMENT OF CURRENT PROGRAM
 - EFFECTIVENESS OF CURRENT PROGRAM *
 - UPDATES MADE TO CURRENT PROGRAM BASED ON FINDINGS FROM TODAYS VISIT *
 - REASONS FOR CHANGE TO PROGRAM *

Intervention Details

For each detail there are sections on what needs to be entered for that detail. Do not delete a section from the detail as these are all important to support documentation.

EDUCATION / ENVIRONMENTAL SET-UP TO FACILITATE ENGAGEMENT AND PROGRESSION OF MAINTENANCE PROGRAM ACTIVITIES

The focus of this intervention detail is to **address patient/caregiver education and unique characteristics of the home environment**. Document specific (not general) details of teaching. Teach-back initial and progression percentages through the episode are key. The patient may reach 100% teach back on one item and then new education arises where education starts over with associated progression. This should be progressive throughout the episode, but goal should be 100% by DC. If there are no further home changes you can indicate this once all changes have been made. Below are examples of content expected to show complexity of visit.

- a. SPECIFIC PATIENT/ CAREGIVER EDUCATION *.
- b. PATIENT /CAREGIVER TEACH-BACK

VITAL PARAMETERS /SPECIAL MEDICAL CONDITIONS MONITORED BY THERAPIST TO ENSURE SAFE EXECUTION OF PROGRAM

The focus of this intervention detail is to **highlight the special medical circumstances surrounding this patient**. This supports the skilled need for therapist to be involved to make critical decisions. This establishes the complexity of the patient needs. Note status of the parameters addressed, changes and adjustments to treatment during care.

Below are examples of content expected to show complexity of visit.

- a. PARAMETERS MONITORED (I.E. BORG/RPE SCALE, VITAL SIGN PARAMETERS / PRECAUTIONS) *.
- b. INDICATE STATUS OF VITALS DURING SESSION *

MAINTENANCE PROGRAM DESIGN

The focus of this intervention detail is to **indicate the unique individualized plan established for the patient**. The program cannot be simply a list of exercises. There must be a reason therapy is involved to teach and perform these exercises which ultimately are geared toward patient and family being taught to self-manage including details on cues beyond just noting verbal and tactile cues. Describe what they are. There may be similarities from note to note, but this section should not be cloned and be different every visit. Teach-back % should show progression, and there should be updates to parameters and exercises throughout that require a therapist education. Below are examples of content expected to show complexity of visit.

- a. SPECIFIC VERBAL AND TACTILE CUES GIVEN TO ENSURE SAFE EFFECTIVE EXECUTION OF ACTIVITIES/EXERCISES *.
- b. SPECIFIC ACTIVITIES/EXERCISES PERFORMED*.
- c. THERAPEUTIC PARAMETERS FOR MAINTENANCE PROGRAM (SETS/REPS/FREQUENCY/REST PERIODS) *.
- d. PATIENT/CAREGIVER RESPONSE TO TRAINING AND TEACHBACK %*.

THERAPIST ASSESSMENT OF CURRENT PROGRAM

The focus of this intervention detail is to **show constant evaluation of the program and its effectiveness**. This should be ongoing and is expected with these complex patients. If there are no changes it can be indicated, but expectation is that we are always providing ongoing assessment on where the program is at. Below are examples of content expected to show complexity of visit.

- a. EFFECTIVENESS OF CURRENT PROGRAM *
- b. UPDATES MADE TO CURRENT PROGRAM BASED ON FINDINGS FROM TODAY'S VISIT *
- c. REASONS FOR CHANGE TO PROGRAM *

INTERVENTION: PHYSICAL THERAPIST TO PERFORM MAINTENANCE THERAPY INTERVENTIONS (Select all Intervention Details)

This option is selected when a therapist will be performing maintenance care on a patient. This is direct care from the therapist and needs to show complexity. Take note of the parenthesis in the intervention above. The clinician **must select all details** to ensure the components for coverage are documented. For the noted intervention there are 4 Intervention details that must be selected:

1. EDUCATION / ENVIRONMENTAL SET-UP TO FACILITATE ENGAGEMENT AND PROGRESSION OF MAINTENANCE PROGRAM ACTIVITIES
2. THERAPIST ASSESSMENT OF CURRENT PROGRAM
3. VITAL PARAMETERS /SPECIAL MEDICAL CONDITIONS MONITORED BY THERAPIST TO ENSURE SAFE EXECUTION OF PROGRAM
4. COMPLEX CARE PROVIDED BY THERAPIST
 - SPECIFIC MAINTENANCE THERAPY PROVIDED TO SUSTAIN PATIENT FUNCTION WITH (ROM/GAIT/TRANFERS ETC) *
 - THE FOLLOWING SPECIALIZED TECHNIQUES WERE UTILIZED (SPECIFY VERBAL CUES/HANDS ON SKILLS/MANUAL TECHNIQUES/ASSIST LEVEL, DETAILS ON TRAINING): *
 - PATIENT RESPONSE TO INTERVENTION*"

Definitions and examples for items 1, 2 and 3 have been provided in the above instructions for the prior intervention. The one unique to this intervention is the complex care provided by the therapist to the patient.

COMPLEX CARE PROVIDED BY THERAPIST

The focus of this intervention detail is **to highlight the complex and sophisticated nature of therapy**. This is the most common reason to deny services. In this section the clinician needs to provide specific detail of any direct care techniques being performed with this patient. The description provided should answer the question of why a therapist is needed versus a non-professional. Complete each section under this detail. Below are examples of content expected to show complexity of visit.

- a. SPECIFIC MAINTENANCE THERAPY PROVIDED TO SUSTAIN PATIENT FUNCTION WITH (ROM/GAIT/TRANFERS ETC) *
- b. THE FOLLOWING SPECIALIZED TECHNIQUES WERE UTILIZED (SPECIFY VERBAL CUES/HANDS ON SKILLS/MANUAL TECHNIQUES/ASSIST LEVEL, DETAILS ON TRAINING): *
- c. PATIENT RESPONSE TO INTERVENTION*

Documentation Throughout the Episode

There needs to be evidence from note to note that each session shows variability to the patient care based on ongoing assessment. Adjustments based on this should be noted and documented as this supports the complex nature of the patient.

Knowledge Base <https://docs.aveanna.com/home>

Home

Glossary

Aveanna

Recover Health

Welcome to Aveanna!

Refine Search for articles...

Welcome to Aveanna's Knowledge Base!

To access the Contractor Knowledge Base, click here.

Knowledge Base is Aveanna's repository for all processes and accessible by all Aveanna employees 24/7 on the web and from any device.

Processes are organized into articles stored by the role(s) performing that part of the process. Employees play one or more roles depending on the branch size.

There are three objectives of Knowledge Base.

1. First, by using the general and role specific training logs, we ensure every new employee gets a similar baseline understanding of company wide and role specific expectations.
2. Second, the only thing constant is change. Regulations, policies, and technology rapidly change. We ensure existing employees have a place to go to observe changes to the previously mentioned processes.
3. Third, this also means that all company training and support on process should occur from a Knowledge Base process. Consistency across 31 branches and 1500 employees start with consistent training. Knowledge Base attempts to take some of the variation of different trainers out of the picture.

The most popular articles, new articles and updated articles are listed below. You can search on the top left or navigator to your job role using the navigation to your left. If you have questions, please work with a peer, mentor, supervisor or contact us!

Urgent support issues should continue to go to the appropriate support teams:

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Maintenance Therapy

Home Exercise Programs

HCHB Point Care Navigation of Medical Records

Therapy Clinical Bag and Handouts

Welcome to Therapy Services Video

Home » Aveanna » Therapy

Maintenance Therapy

Last Modified on 10/28/2022 11:20 am EDT

Purpose:

To provide a single location for all materials and process related to maintenance therapy.

Educational Materials:

- Maintenance Therapy Aveanna Clinical Manager Education 8.22.pdf
- Maintenance Decision Tree.pdf
- Clinical Manager Tool for Maintenance 8.22.pdf
- Maintenance Case Studies.pdf
- Maintenance Therapy Part 1.pdf
- Maintenance Part 2.pdf
- Maintenance Part 3.pdf
- Maintenance Pathway Education 10.22.pdf

Process for Therapist to Start Maintenance Therapy:

1. Therapist identifies patient that may benefit from maintenance therapy. At least 2 weeks prior to projected transition to Maintenance.