aveanna | HOME HEALTH & HOSPICE

Maintenance Therapy

Guidelines and Clinical Application for Therapy 10.27.25

THE FUTURE OF HOMECARE

Maintenance Analogy

- Just like a car needs regular oil changes, tune-ups, and tire rotations to keep it running smoothly and prevent breakdowns, similarly maintenance therapy helps patients **preserve their level of function and prevent decline.**
- After the initial phase of intensive rehabilitation—much like repairing a car after an accident—ongoing maintenance through **periodic therapy assessments, supervised exercise, or hands-on care ensures that mobility, strength, and balance are sustained over time.**
- Without consistent maintenance, a car gradually deteriorates and eventually malfunctions. Likewise, without maintenance therapy, **patients risk losing their functional gains, leading to decreased independence and increased likelihood of hospitalization**

Guidelines - Maintenance

- **Guidance for Maintenance therapy:**
  - Chapter 7 – Medicare Benefit Policy Manual, Section 40.2 Skilled Therapy Services
  - Medicare Benefit Policy Manual, Chapter 15, Section 220 and 230
  - Local Coverage Determinations (LCD) for PT, OT, and ST.
    - In addition to supporting Chapter 7 language, this can document provides details on coverage limitations as well as what is necessary to support skilled care unique to each discipline.

Guidelines - Maintenance

Medicare Definition of Maintenance Therapy

"The performance of therapy services to maintain the patient's current condition or to **prevent or slow further deterioration."**

Coverage Criteria:

1. Services are covered if the **complexity** of the therapy or the patient's condition **requires** a **qualified therapist** to *perform* or *supervise* the therapy *safely and effectively*. Even if no functional improvement is expected, therapy **may still be reasonable** and **necessary** if it **maintains current capabilities or prevents decline.**
2. Coverage is allowed when the **skills of a therapist are needed** to *design, implement*, and/or *periodically evaluate* a maintenance program

Prevent or Slow further Deterioration:

In practical terms:

- **Prevent deterioration:** The therapist's interventions help the patient **maintain stability** and avoid decline that would likely occur without therapy.

  Example: A patient with Parkinson's receives PT to maintain balance and gait safety, preventing falls and loss of mobility allowing them to remain at home with his elderly wife who cares for him.

- **Slow deterioration:** Even when decline is inevitable due to disease progression, therapy helps **delay** the rate of decline.

  Example: A patient with ALS receives therapy to prolong safe transfers and delay wheelchair dependence.

MAINTENANCE KEY POINT – For coverage and skillful purposes, there MUST be a FUNCTIONAL reason for the prevention – not just weakness or ROM as the sole reason. This must be clearly documented and tied to the WHY continuing service is important unique to the patient circumstances. This is documented in the THERAPY ASSESSMENT/PLAN

Complexity Requires a Qualified Therapist

1. **The therapy techniques or interventions are complex enough that only a licensed therapist can perform or safely supervise them.**

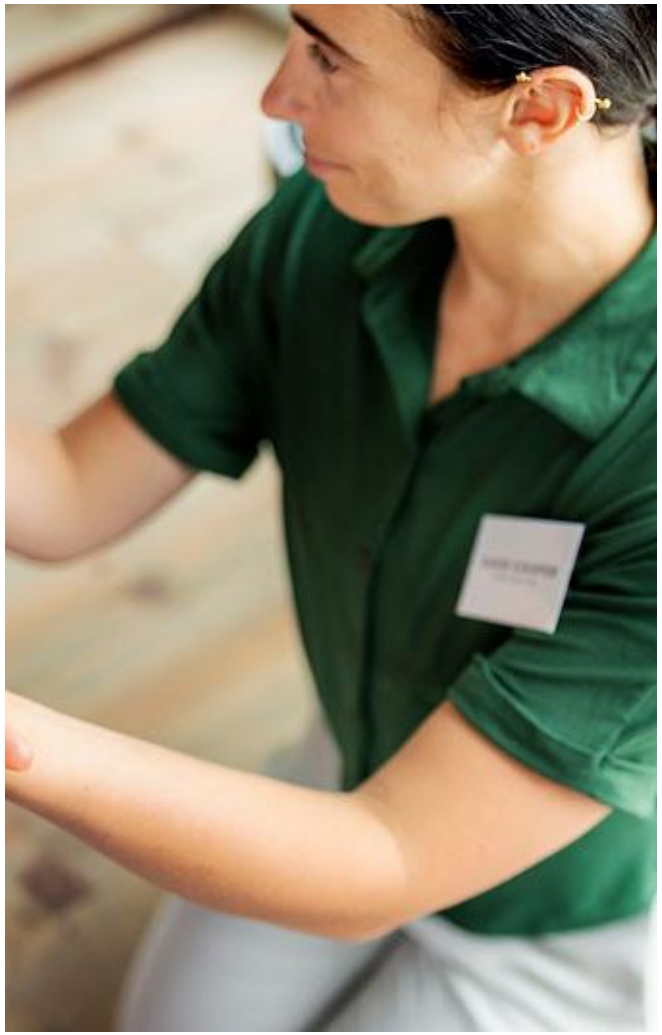
Example: Therapist uses neuromuscular re-education techniques to restore proprioception and postural control after a stroke — not appropriate for an untrained caregiver to perform.

2. **The patient's medical condition is unstable, fragile, or unpredictable—requiring the therapist's judgment to modify treatment safely.**

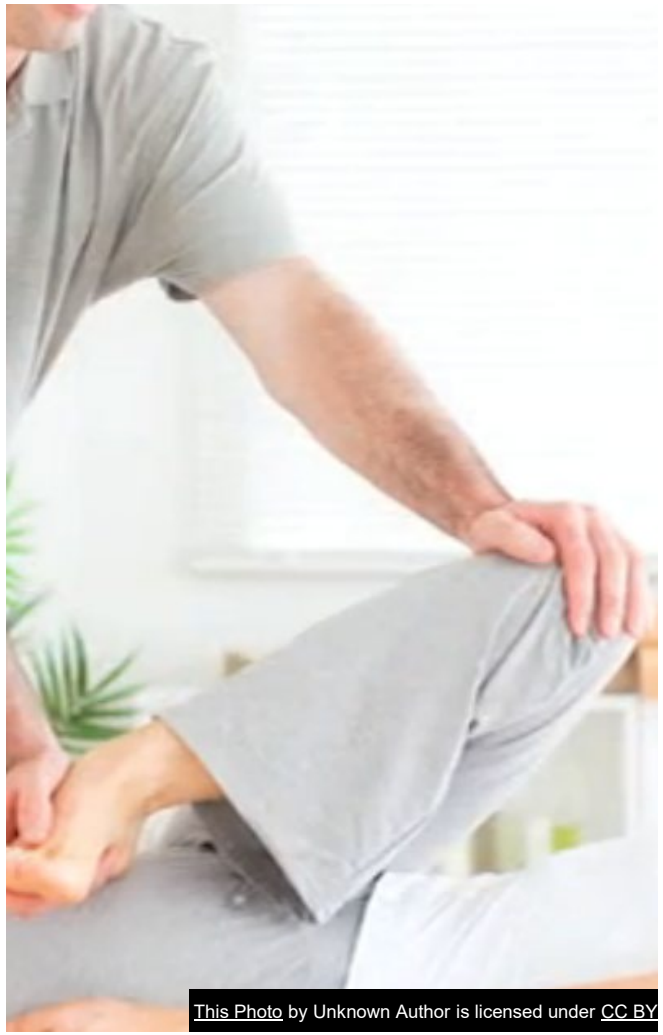
Example: Patient with congestive heart failure and fluctuating vitals requires close monitoring and graded activity progression based on clinical response

3. **The skills of a therapist are needed to assess, cue, progress, or adapt exercises or functional tasks to ensure safety and effectiveness**

Example: Therapist provides ongoing verbal and tactile cueing to maintain safe gait mechanics to clear foot over thresholds, carpet etc. in a patient with Parkinson's disease who freezes during turns.



Complexity Requires a Qualified Therapist



4. **The therapy involves specialized clinical knowledge, such as neuromuscular re-education, gait analysis, or advanced manual techniques.**
   Example: Therapist performs joint mobilization to reduce capsular tightness post–shoulder surgery or customizes a gait training program for a patient with unilateral neglect.

5. **Caregiver training or maintenance program instruction requires professional expertise to ensure proper technique and prevent harm.**
   Example: Therapist teaches spouse safe transfer methods and correct use of gait belt for a patient with hemiplegia, ensuring safety and preventing injury to both.

6. **Periodic re-evaluation by a therapist is needed to adjust the plan, confirm safety, or determine ongoing medical necessity.**
   Example: Therapist reassesses range, strength, and safety with home program every 30 days for a patient with progressive MS to update goals and prevent decline.

Perform or Supervise Therapy for Safely and Effectivness

- The therapist must either **personally carry out** the treatment and or **directly oversee it** to ensure safety and effectiveness — because unskilled personnel, caregivers, or the patient themselves **could not do so independently** without risk or loss of benefit.

1. **Safety Risk Due to Complex Condition**

Example: A patient with advanced Parkinson's disease receives gait and balance training to maintain mobility. The therapist must supervise to prevent falls, manage freezing episodes, and **adjust technique based** on fatigue — tasks too complex for untrained caregivers.

2. **Specialized Techniques Needed for Safe Maintenance**

Example: A patient with severe spasticity after a stroke requires therapist-administered stretching and positioning to maintain joint mobility. The **level of tone and risk** of injury make it unsafe for family to perform without skilled supervision

Perform or Supervise the Therapy Safely and Effectively

3. **Ongoing Skilled Judgment Required**

- Example: A patient with heart failure performs a maintenance exercise program. The therapist monitors exertion levels, modifies intensity based on symptoms or vital signs, and determines safe tolerance — something beyond the scope of a home aide or family member.

4. **Adaptive Equipment or Technique Adjustment**

- Example: A therapist supervises continued transfer training for a patient with progressive MS, *adjusting technique based on skilled assessment* ensuring wheelchair setup and technique remain safe as strength declines so the caregiver can safely assist.

5. **Periodic Supervision Ensures Program Effectiveness**

- Example: A therapist periodically observes a patient performing a maintenance home exercise routine to *confirm proper form, prevent compensatory movements, and update the plan* as disease progression change's ability.

What Maintenance Therapy is Not

- **Patient is going to show progress and improvement**
  - This is Restorative therapy. Patients will be at PLOF or max rehabilitation potential when considering maintenance.
- **Routine, repetitive exercises that don't require therapist oversight.**
  • Example: Independent exercise program without need for modification or monitoring.
- **Passive range of motion performed solely for convenience.**
  • Example: Passive movement provided to a stable patient with nc contracture risk.
- **Services aimed only at general wellness or fitness or appear as such.**
  • Example: Continuing therapy just to "keep patient active" after plateau..

What Maintenance Therapy is Not

- **Lack of complexity or medical necessity.**
  • **Example:** Therapist providing minimal assistance to an independent, **stable patient.**
- **Excessive or prolonged therapy without justified skilled need.**
  • Example: Ongoing therapy without real changes or clinical adjustments
- **Caregiver or patient instruction already completed**.
  • Example: Continuing visits after caregiver safely manages program independently.
- **No reasonable expectation of maintaining function**.
  • Example: Continuing therapy in late-stage dementia where no measurable benefit occurs.

When Can You Begin Maintenance Therapy

At the Initial Evaluation

Purpose: Establish that the patient's condition requires skilled therapy to **develop or initiate** a maintenance program, ensure safety, and set measurable maintenance goals.

Skilled Focus:

- Therapist evaluates current functional status, risk factors, and decline potential.
- Designs a maintenance plan to prevent or slow further deterioration.
- Begins caregiver/patient instruction if appropriate.

Examples:

- *PT Example:* Patient with progressive multiple sclerosis demonstrates gait instability and fatigue after 10 feet. Therapist establishes baseline, designs a maintenance exercise and transfer program to preserve independence and prevent falls.
- *OT Example:* Patient with Parkinson's disease has increased difficulty with fine motor ADLs. Therapist develops a home activity program and adaptive technique plan to maintain self-feeding and dressing ability.
- *SLP Example:* Patient with early dementia receives training to maintain safe swallow strategies and communication ability; spouse education initiated.

When Can You Begin Maintenance Therapy

Transition After Re-evaluation

Purpose: Determine if in the middle of an episode patient has met restorative ability and whether a **maintenance program is appropriate for the patient to remain safe and prevent decline from restorative gains.**
Skilled Focus:

Maintenance Key Point: Medicare Chapter 7

….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.
….. 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).

When Can You Begin Maintenance Therapy

At Recertification

Purpose: Demonstrate that **skilled maintenance services remain reasonable and necessary**, and that the therapist's ongoing involvement is required for safety or effectiveness.

Skilled Focus:
•Document that without skilled oversight, the patient would decline functionally, or safety would be compromised.
•Reaffirm measurable maintenance goals and the need for therapist reassessment at regular intervals.

Examples:
•*PT Example:* Patient with ALS continues to require skilled monitoring to maintain sitting balance and safe transfers. Therapist adjusts positioning program as weakness progresses.
•*OT Example:* Patient with advanced Parkinson's maintains ADL independence with therapist's periodic reassessment and adaptive equipment updates.
•*SLP Example:* Patient with progressive dementia continues to benefit from skilled monitoring of swallow safety and periodic modification of diet and compensatory strategies

Deciding if Maintenance is Right for My Patient

Step One – Patient has a Complexity

- There is not specific guidance on diagnosis that qualities for maintenance care. It is based on patient need and skilled care.
- The patient ***must 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.

Deciding if Maintenance is Right for My Patient

Step 2 –Not Restorative and Real Possibility for Decline

- **Prior Level of Function**
  - Is the patient able to recover to a PLOF?
    - Yes = restorative candidate
  - Is the patient functioning **at or near PLOF?**
    - Yes = probable maintenance candidate

- **Functional Decline**
  - Does the patient have the real possibility of further decline without skilled intervention?
    - Yes = maintenance therapy indicated.

Documentation - 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.

Documentation Example for Justifying Maintenance

Example of Assessment Language

The patient has plateaued with regards to restorative goals but ***is at continued risk for functional decline due to chronic recurrent history of CHF and hospitalizations*** *in last two months. Patient has a daughter that is willing to follow through with patient's plan. Will establish a maintenance program to* ***train the caregivers and patient on home exercise program with specific parameters on RPE, SPO2 and activity frequency duration****. Due to patients* ***fluctuating blood pressure*** *we will monitor the effectiveness and safety of the program in follow up assessments. Goal is for her to maintain current 2-minute step test as noted in evaluation to allow her to sustain activity tolerance with home activities.*

- For continuation of care, therapists must show that there is a continued need for skilled care AND the absolute stabilization cannot yet be confirmed with complete confidence.

Type of Maintenance Therapy – Program Design (No hands on care)

*"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."*

Documentation Example:

*"**Baseline modified BORG value established with patient to** not exceed intensity of 6/10 during activities. Recovered to 6/10 after 6-minute rest post step test. Patient was able to reach 58 steps slightly below age related norm. Caregiver and patient instructed to perform daily interval marching at counter twice a day. Morning **session 3 sets of progressive reps 40 steps, 50 steps, 70 steps respectively with resting period as noted above for 6 minutes and intensity of 6/10**. Afternoon session 4 sets of 50, 60, 70 and 80 steps respectively with intensity and rest as noted. Patient **02 saturation was monitored and stable at 93% d**uring activity and returned to 98% post activity."*

Type of Maintenance Therapy – Hands On Care

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.***

- *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.***

Type of Maintenance Therapy – Documentation Example Hands On

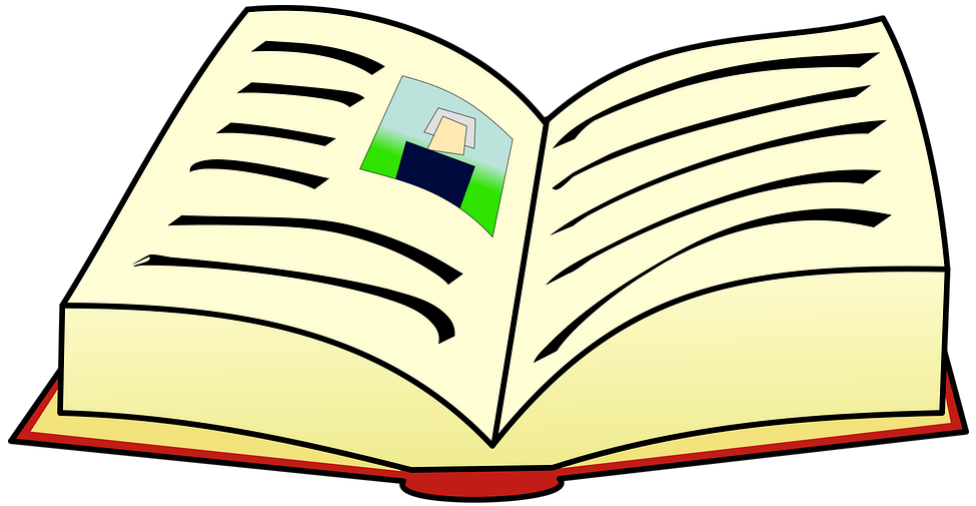
The skills of a qualified therapist or by a qualified therapist assistant under the supervision of a qualified therapist are ***needed to perform maintenance therapy.***

Documentation Example:

"Therapist hand placed **proximal to fracture** to maintain **proper alignment/stabilize** while performing PROM to maintain ROM of the left shoulder. PROM provided into abduction to 96 degrees, flexion to 101 degrees and ER to 12 degrees. Pain monitored with reported no greater than 4/10 maintained pre and post care. Manual therapy provided up to pain with **soft end feel** no post therapy discomfort noted. Patient exhibited **splinting at times and required cues to control muscle contractions**." Shoulder flexion remains at 95 degrees passively with no changes from prior session".

Ongoing Documentation In Subsequent Notes

- **Chapter 7 Medicare Benefit Policy Manual – Specific to Maintenance.**
- Must provide a clear picture of the treatment, as well as “next steps” to be taken.
- Include a detailed rationale that explains the need for the skilled service considering the patient’s overall medication condition.
- Describe the complexity of the service performed/to be performed.
- Expected to tell the ***story of the patient’s*** achievement towards his/her goals as outlined in the Plan of Care.



Goal Setting – Sustained/Maintained – Functional Focus

- Key Elements:
  - Should be ***observable and measurable.***
  - Focused on ***sustaining or maintaining.***
  - Intended to impact functioning and ***are patient-specific***
    - Make it unique to the patient's situation / select functional item that defines the biggest impact toward safety for this patient.
  - Should support telling the story of the patient.

- Do not just list ROM or Strength to maintain – must have reason.

- Example:

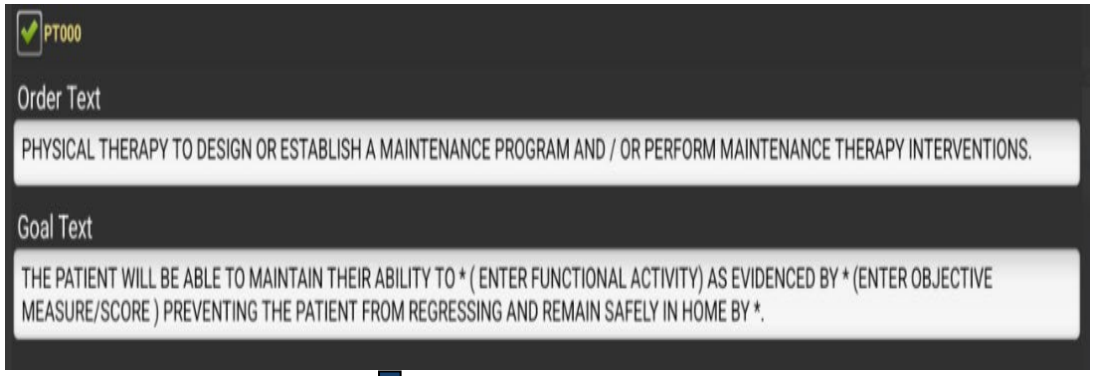
1. Patient will maintain 100 degrees of hip flexion with slight abduction to allow caregiver to provide perineal hygiene and prevent recurring infections by 10.31.25
2. Patients LE strength will maintain are related norm of 12 repetitions on 30 second sit to stand to transfer into wheelchair and vehicle to attend medical appointments by 10.31.25.

Frequency / Duration of Maintenance Therapy

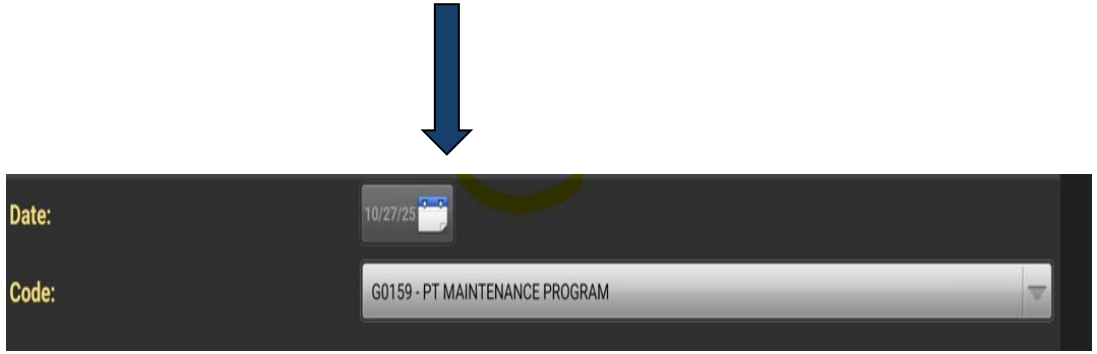
- **Maintenance therapy** is based on the same foundational criteria as restorative therapy—care must be **reasonable, necessary, and require the skills of a licensed therapist**.
- Because the conditions managed under maintenance care are typically **chronic or long-standing**, treatment intensity is often lower than in acute or restorative phases. **Weekly or biweekly sessions** are common for ongoing exercise training, reassessment, and progression.
- For **hands-on interventions**, frequency may be higher when therapist involvement is needed to ensure safety, proper technique, or effective carryover into the patient's routine.
- The primary **challenge in maintenance therapy** lies in consistently demonstrating the ongoing need for skilled intervention over the long term.
- Importantly, maintenance therapy **does not have to be continuous**. Once the patient and/or caregiver have been effectively trained to carry out the program, the patient may be discharged. As the patient's condition changes, therapy can appropriately **resume under maintenance** to reassess, modify, or advance the plan of care.

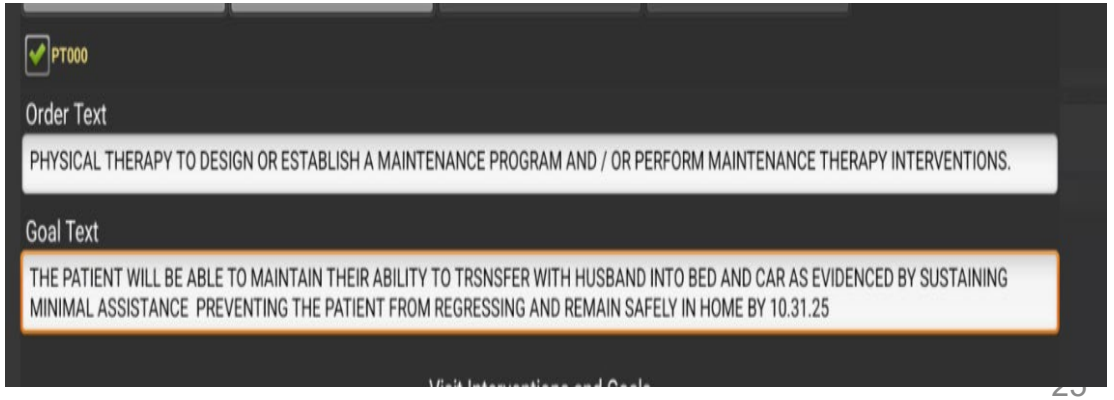
Homecare Homebase

- Must have order specifically for maintenance therapy.
  - Physician order specifically indicating maintenance therapy or
  - Therapy evaluation plan of care indicating maintenance therapy with appropriate problem statements selected to create the order for MD to sign.
    - Select the Maintenance Therapy Pathways / Problem Statements to document care.



- At each subsequent visit notes, select the G-code at the end of the visit indicating maintenance therapy.





References

- 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)
- Home Health LCD: PT (L34564), OT (L34560) , ST LCD (L34563)
- Medicare Benefit Policy Manual Chapter 15: Covered Med Services
  - 220.2 - Reasonable and Necessary Outpatient Rehabilitation Therapy Services (Rev. 255, Issued: 01-25-19, Effective: 01-01-19, Implementation: 02-26-19)
- Electronic Code of Federal Regulations (e-CFR) Title 42 - Public Health CHAPTER IV - CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES SUBCHAPTER B - MEDICARE PROGRAM PART 409 - HOSPITAL INSURANCE BENEFITS Subpart D - Requirements for Coverage of Posthospital SNF Care § 409.33 Examples of skilled nursing and rehabilitation services
- https://www.cms.gov/Center/Special-Topic/Jimmo-Settlement/FAQs
- https://docs.aveanna.com/home/therapy-education-maintenance-therapy

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Questions?