



How to Provide Compliant Maintenance Therapy

Presented Via Zoom on Wednesday, January 10, 2024 from 8:00– 9:00 a.m. Pacific

DESCRIPTION

This educational session has been designed to help clarify the documentation requirements for skilled therapy services. A review of the MAC perspective on therapy documentation will be discussed with details surrounding rehabilitative versus maintenance therapy and the documentation requirements of each. Attendees will be offered a review of references and resources, as well as NGS contact information for future questions regarding Medicare regulations.

OBJECTIVES

- Define skilled therapy and the similarities/differences between restorative and maintenance therapy in a home health episode.
- Learn what medical reviewers are looking for in documentation and how verbiage may differ for therapists showing progress and continued deficits.
- Review case studies of acceptable maintenance therapy cases under the Medicare benefit and those that would be denied on review.

FACULTY



Mandy Collins, RN, Home Health & Hospice Provider Outreach & Education Team, NGS

Madeleine “Mandy” Collins is a Registered Nurse with 30 years of experience with an advanced knowledge base to include both clinical and Medicare practices. Mandy is a member of the NGS Provider Outreach and Education Home Health & Hospice Team where she works to develop and deliver Medicare instruction for live and virtual audiences. Additionally, Mandy carries a wide range of medical record review and appeals experience for Medicare/Medicaid/Commercial contracts. Mandy possesses a strong fundamental understanding of Medicare policy, compliance and interpretation which has been vital in her previous role as a subject matter expert in Administrative Law (ALJ) hearings for both the CMS Qualified Independent



Contractor (QIC) and CMS Recovery Audit Contractor (RA). Mandy's clinical career highlights include recent Hospice experience as a case manager/admission nurse, extensive experience in acute care specializing in critical care, long term care management and numerous outpatient environments. Mandy proudly served as an enlisted member of the US Army Reserve Nurse Corps.

CONTINUING EDUCATION CREDITS

This program has been designed to meet the continuing education requirements for the Minnesota Board of Nursing for 1.0 contact hours. It is the responsibility of the participant to assure that this program meets the licensing and continuing education requirements of their state board and to retain the required documents in their personal file. Attendees must participate in the entire presentation in order for contact hours to be awarded – partial credit will not be available. To apply for nursing contact hours, within one week following webinar participation, a completed sign-in sheet and evaluations from each individual must be returned to MHCA. Certificates will then be issued by e-mail.

WHAT'S A WEBINAR?

Enjoy the convenience and cost-efficiency of a webinar – watch the speaker's slide presentation on the internet while listening by telephone or through your computer's microphone and speakers (VoIP). The cost of this education is **per person**.

Prior to the webinar, a Zoom Webinar link will be e-mailed to you. You will need to click on this link to access the webinar, a dial-in number and an access code to listen in via telephone. You will also be sent any pertinent handouts if available and evaluation link.

WEBINAR RECORDING

You will be sent the recording link following the presentation and it will be available for 1 month following the webinar. The webinar format allows a concise and low-cost format plus the additional bonus of having access to the materials for 1 month and provides additional flexibility to ensure you have an opportunity to access the information.

HANDOUTS

Handouts, evaluation forms, sign-in sheets and related materials will be sent to you shortly before the program to the email address you provide.

QUESTIONS?

Please contact Brandy Sweet at bsweet@oahc.org with questions.



REGISTRATION

Name: _____

Agency: _____

Email: _____ Phone: _____

Address: _____

City, State, Zip: _____

Registration Fees:	Standard Rate
Member Rate	\$110 (per person)
Non-Member	\$168 (per person)

PAYMENT INFORMATION

Visa MasterCard Check (payable to OAHC)

Name on Card: _____

Card Number: _____ Amount: _____

Exp. Date: _____ Security Code: _____ Date: _____

Fax completed form with payment to (877) 458-8348 or Mail to OAH C, 417 2nd St. Ste. 101, Lake Oswego, OR 97034.