



Date: August 9, 2019
To: Nursing Facility Providers
Subject: Information Letter 19-23
Rehabilitative Services Best Practices Documentation
Requirements

The Texas Health and Human Services Commission (HHSC) submits the information letter to nursing facilities (NFs) to provide guidance on the clinical documentation requirements for Medicaid reimbursement of rehabilitative services.

In accordance with the Medicaid program policy guidelines, NFs are responsible for the clinical documentation and physician orders necessary to establish a rehabilitative resource utilization group (RUG).

NFs failing to maintain documentation required by program rules are subject to corrective action which could include repayment of Medicaid funds.

NFs are encouraged to review the Texas Administrative Code guidelines referenced below:

[Title 40, Part I, Chapter 19 Subchapter N Rehabilitative Services](#)

[Title 40, Part 1, Chapter 19 Subchapter K Nursing Practices](#)

As a result of recent HHSC Office of Inspector General (OIG) investigations of NF therapy services¹, HHSC offers the following rehabilitative services best practices:

- Resident functional declines that do not warrant a significant change in status assessment (SCSA) should be clearly documented in the clinical record to support therapy evaluation and treatment orders.
- Therapy evaluation and treatment orders should have the appropriate therapist and physician signatures.

¹ [OIG Audit Report: Financial Impact of Clustering Therapy Services During MDS Assessment Look-Back Periods for Texas Medicaid Residents of Long-Term Care Nursing Facilities](#)

- Therapy should be provided in the amount, duration and frequency as reported on the most recent Minimum Data Set assessment (MDS). If there has been a change in the resident's therapy treatment plan since the most recent MDS, this should be clearly documented in the clinical record.
- Therapy treatment that is delivered at a different level than the physician's orders or the therapist's orders, as noted in the individual's therapy plan of care, should be clearly documented in the clinical record to support the change in therapy levels. This would include treatments that are increased from a "3 times per week" to "5 times per week" interval during a look-back period, along with a clear rationale for the increase.

HHSC acknowledges the MDS Resident Assessment Instrument (RAI) manual allows NFs to set the assessment reference date; however, the following practices have been monitored by OIG:

- therapy provided at greater frequency only during the MDS lookback periods; and
- therapy orders, to evaluate and treat, received just prior to MDS assessment periods.

If you have questions regarding the content of this letter, please send them to: Managed_Care_Initiatives@hhsc.state.tx.us.

Sincerely,

[signature on file]

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