

## **EVALUATION PROCESS**

### **1. Skilled Beds**

- a) Obtain and ensure orders are complete for eval and treat
  - If not complete
    - Request RN contact the MD and obtain orders
    - Await order to be entered in chart / Must have order in chart prior to initiation of therapy
    - If MD denies therapy, Therapy evaluation and treatment cannot be provided.
    - Ensure communication with other disciplines and family as appropriate
- b) In RO, Open Case identifying payer for therapy and open Tracks for all appropriate disciplines
- c) Evaluate
  - For Medicare: check number of days remaining if not a new 100 days
  - Frequency – specific/no ranges; Duration – Max 90 days. Set Freq and Duration based on the needs of the patient to attain LTGs, exception SAK and Good Samaritan sites: 30 day certification
  - Consent is obtained by Admissions Coordinator
- d) Complete Clarification Order if required by facility
  - Alden: Input into PCC directly; Others: Utilize pre-printed POS form
  - Include frequency, duration, and plan of care as of eval date.
  - Issue clarification order to RN to call MD and place in chart/EMR

### **2. Non-Skilled Bed**

- a) Obtain/ensure orders are complete for eval and treat
  - If not complete
    - Request RN contact MD and obtain orders.
    - Await order to be entered in chart / Must have order in chart prior to initiation of therapy
    - If MD denies therapy, Therapy evaluation and treatment cannot be provided.
    - Ensure communication with other disciplines and family as appropriate
- b) Confirm primary insurance/payer source via Insurance Verification Process
- c) Obtain consent, authorization, etc as per the Insurance Verification process
- d) In RO, Open Case identifying payer for therapy and open Tracks for all appropriate disciplines
- e) Evaluate:
  - Frequency – specific/no ranges; Duration – Max 90 days. Set Freq and Duration based on the needs of the patient to attain LTGs
- e) Complete Clarification Order if required by facility
  - Alden: Input into PCC directly; Others: Utilize pre-printed POS form
  - Include frequency, duration, and plan of care as of eval date.
  - Issue clarification order to RN to call MD and place in chart/EMR

## **PAPERWORK AT EVAL**

- 1. RO EVAL FORM – discipline appropriate; facility has access thru PCC, print Signature page
- 2. RO Treatment Encounter note for each billing code
- 3. Care Plan in PCC or on paper if PCC not available (Alden only)
- 4. Clarification Orders in PCC (Alden sites only)
- 5. Complete a Functional Assessment Test (FAT)
- 6. Med A only: Section GG in RO completed at time of eval, completed by day 3

## **ADDITIONAL ITEMS**

***Obtain MD signature on Eval*** – Either ensure E-signature completed or Print Eval and send it out per facility policy for MD signature and date -MD has 30 days to sign and date the POC

### ***Scan into EMR (PCC or RO)***

1. Copy of signed MD orders on POC/Eval if not e-signed
2. Copy of consent
3. Copy of Ins forms, Therapy approval forms, etc
4. Copy of FATs

### ***Input Billing Data***

Record all minutes for eval or treatment under all appropriate codes

### ***Complete HMO or Private Insurance Communication***

1. Fax copy of eval (may have a special form to use depending on Insurance) to Case Manager or issue copies to HMO liaison in facility
2. Once authorization is obtained, maintain copy of the authorization # in RO or on a manual list, depending on inter-departmental process.