

√	Therapy Department Evaluation
	Maintains proof of clinical competencies
	Complies with supervision requirements for students, therapist assistants and technicians
	Meets standards for maintaining the physical department
	Infection Prevention and Control
	Effective admissions processes and timely new patient evaluations
	Screening processes and referrals in response to changes in function
	<p>IDT Communication</p> <ul style="list-style-type: none"> • MDS (e.g. ICD.10 coding, function scoring, SLP comorbidities, etc.) • Business Office (e.g. payor type, prior authorization/insurance approvals, Medical Review) • Dietary (e.g. mechanically altered diets, swallow impairment, adaptive equipment, etc.) • Social Services (e.g. discharge planning) • Nursing/Restorative Nursing
	<p>Clinical programs that target long and short stay QMs as relevant in areas such as, but not limited to:</p> <ul style="list-style-type: none"> • Late loss ADLs • Fall prevention and management • Pain management (including, but not limited to ROM/contracture management, positioning and the use of modalities) • Weight loss • Swallow function • Pressure Ulcers/wound care • Dementia care and behavioral health • Communication • Incontinence • Safe discharge transition to community and preventing readmissions
	Perform standardized assessments (e.g. cognitive assessment, fall risk, etc.)
	Provide Functional Maintenance Programs
	Consistently provide documentation that supports medical necessity
	<p>Highly Skilled Treatments:</p> <ul style="list-style-type: none"> ○ Clearly sophisticated, require knowledge and skill of a therapist ○ Address patient specific risk factors, deficits, and goals (all treatments do not look the same regardless of diagnosis or treatment plan) ○ Focus on function
	Modes of therapy are consistently appropriate and non-individual treatment distribution is tracked and within the limits outlined in the RAI manual
	<p>Participate in facility meetings as needed, such as, but not limited to:</p> <ul style="list-style-type: none"> • Clinical and QAPI sub-committees • Care plan • Medicare/Utilization Review • Triple Check • Compliance and Ethics
	<p>Key performance indicators are reported to administrator on established schedule e.g. weekly/monthly reports such as, but not limited to:</p> <ul style="list-style-type: none"> • KPI with employee detail based on clinical/operational goals • P&L • Productivity/utilization • Therapy Diagnosis • Modes of Treatment • PPS Billing • LOS • Labor details • Section GG Outcomes
	QA activities address primary areas of risk identified
	Medical Review error rates and PEPPER targets are monitored and within acceptable range of peer averages