



# Guidance for Site Restrictions/Limitations

## Examples of Restrictions/Limitations:

- Facility has limited what patients may be seen by therapy
  - Facility is not allowing treatment of patients in AL/IL/OP
  - Not allowing any LTC therapy patients to be seen
  - Only allowing 1 discipline to continue to treat the patient
- Facility has stopped taking any new admissions to the facility
- Facility has completely restricted therapy access to all patients
- For a specified period of time
  - They've asked us to discharge the patients
  - They've asked to put the patients on a temporary hold
- Or indefinitely (no date given)

If a customer is restricting access, in any way, during the COVID-19 emergency, please follow these guidelines for communicating the information:

1. Regional Manager/RVP to gather all details and **email** the COVID-19 Task Force at [COVID19taskforce@healthpro-heritage.com](mailto:COVID19taskforce@healthpro-heritage.com). Copy the SVP and the QAC lead on the email.

**\*\*Do NOT do anything until a member of the Task Force contacts you.**

Details that need included when communicating with the Task Force:

- The day the customer communicates a restriction to the RD/PM/Regional, the information must be sent to the Task Force by end of business that day
- Name of facility, city and state facility is located
- SVP and RVP region that the facility is located in
- Nature/specifics of the restriction the customer put in place
- Date the restriction went into effect by the facility
- Please attach any communication from the facility to the email

## 2. Documentation Considerations

a. Documentation will not be completed until the following has happened:

- QA lead will Contact Nicole Clark for discussion of what needs to happen with the documentation based on the facility scenario
- QA lead will provide direction to RD/PM and clinicians based on facility specific scenarios
  - Staff to utilize the Documentation Guidance for COVID-19 for SNF/AL/IL



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- QA and RVP/RM will complete documentation audit to ensure compliance with guidelines within 24 hours of notification of documentation completion
  - b. For LTC sites in which therapy services have been restricted or skilled patients have been put on hold, RD/PM to collaborate with MDS re: presence of skilled nursing services being provided. Consider patients that are exhibiting acute signs and symptoms of medical instability, including patients with an *acute* diagnosis of COVID-19, that has caused the treatment hold. Once confirmed, the Optima Therapy Case should be converted to a Non-Therapy Case. Refer to Compliance 309G for steps to complete.
  - c. If virtual supervisory visits still need to occur, does the Supervisor have a computer or have access to paper copies?
    - Refer to Virtual Supervisory Visit with examples
3. Equipment Considerations
- a. Does the RD/PM need to take a laptop home for remote EOM close?
    - RD/PM to communicate closely with Regional
  - b. Please refer to Compliance Policy #108E- for Temporary Department Closure re: steps for handling equipment from the department. RD/PM will need to communicate and work with IT.
4. If site has restricted RD/PM/staff from entering building, please refer to Compliance 309H- End of Month Reconciliation Remote, for guidance on completing EOM closeout accordingly.