

Decisions. Decisions.

Therapy Delivery Options Under PDPM

Key considerations for therapy services	Therapy models		
	Y=Yes	N=No	M=Maybe
	Contracted	In-House	Management
Financial			
Ability to shift financial risk to rehab partner during and after PDPM transition	Y	N	N
Working capital float (immediate payroll payment vs delayed invoice payment)	Y	N	N
Fixed vs variable staff cost difference and ability to adjust staff real-time	Y	M	M
Therapy staff buyout costs from current vendor	N/a	M	M
ADR and denials support; contract indemnification protection	Y	N	M
Guaranteed and predictable profitability on rehab	Y	N	M
Clinical			
Clinical programming development capability (network participation, marketing, caseload, outcomes)	Y	M	M
Clinical pathway development capability (outcomes, compliance, staffing requirements and costs)	Y	M	M
Knowledge and experience implementing and optimizing group and concurrent treatment	Y	M	M
Focus on long-term residents' part B programming	Y	M	M
Ability to bring market intel and best practices to bear	Y	M	M
Rehab specific EMR and analytics	Y	M	M
Ability to address VBP, network inclusion, managed care plan variation, conveners, quality reporting	M	M	M
Staffing			
Projecting staff level requirements and costing in ambiguous minute world	N/a	M	M
Allows for more time and focus on nursing and NTA PDPM competencies	Y	N	M
Therapy specific PDPM readiness training	Y	M	M
Ability to attract and retain PDPM trained therapists	Y	M	M