



Therapy Contracts Post PDPM, How Did You Fare?

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Objectives for today:

- Review of the Patient Driven Payment Model
- Understand contractual options under PDPM
- Understand how to manage therapy costs while delivering quality with the new payment model
- Understand how to compare clinical outcomes
- Other helpful information when negotiating therapy contracts



TABLE 3: FY 2020 Unadjusted Federal Rate Per Diem—URBAN

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	\$61.16	\$56.93	\$22.83	\$106.64	\$80.45	\$95.48

TABLE 4: FY 2020 Unadjusted Federal Rate Per Diem—RURAL

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	\$69.72	\$64.03	\$28.76	\$101.88	\$76.86	\$97.25

TABLE 3: FY 2021 Unadjusted Federal Rate Per Diem—URBAN

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	\$62.04	\$57.75	\$23.16	\$108.16	\$81.60	\$96.85

TABLE 4: FY 2021 Unadjusted Federal Rate Per Diem—RURAL

Rate Component	PT	OT	SLP	Nursing	NTA	Non-Case-Mix
Per Diem Amount	\$70.72	\$64.95	\$29.18	\$103.34	\$77.96	\$98.64



Review of PT/OT Component

Payment/SNFPPS/therapyresearch.html. These proposed collapsed categories, which would be used to categorize a resident initially under the proposed PT and OT case-mix components, were presented in Table 15 of the proposed rule (and are reflected in Table 15 of this final rule).

TABLE 15: Collapsed Clinical Categories for PT and OT Classification

PDPM Clinical Category	Collapsed PT and OT Clinical Category
Major Joint Replacement or Spinal Surgery	Major Joint Replacement or Spinal Surgery
Non-Orthopedic Surgery	Non-Orthopedic Surgery and Acute Neurologic
Acute Neurologic	
Non-Surgical Orthopedic/Musculoskeletal	Other Orthopedic
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	
Medical Management	Medical Management
Acute Infections	
Cancer	
Pulmonary	
Cardiovascular and Coagulations	

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MDS Changes: New & Revised Items (1)

- SNF Primary Diagnosis
 - **Item I0020B (New Item)**
 - This item is for providers to report, using an ICD-10-CM code, the patient's primary SNF diagnosis
 - "What is the main reason this person is being admitted to the SNF?"
 - Coded when I0020 is coded as any response 1 – 13
- Patient Surgical History
 - **Items J2100 – J5000 (New Items)**
 - These items are used to capture any major surgical procedures that occurred during the inpatient hospital stay that immediately preceded the SNF admission (i.e., the qualifying hospital stay)
 - Similar to the active diagnoses captured in Section I, these Section J items will be in the form of checkboxes

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Resident	Identifier	Date
Section I Active Diagnoses		
I0020. Indicate the resident's primary medical condition category Complete only if A0310B = 01 or 08		
Enter Code	Indicate the resident's primary medical condition category that best describes the primary reason for admission	
<input type="checkbox"/>	01. Stroke 02. Non-Traumatic Brain Dysfunction 03. Traumatic Brain Dysfunction 04. Non-Traumatic Spinal Cord Dysfunction 05. Traumatic Spinal Cord Dysfunction 06. Progressive Neurological Conditions 07. Other Neurological Conditions 08. Amputation 09. Hip and Knee Replacement 10. Fractures and Other Multiple Trauma 11. Other Orthopedic Conditions 12. Debility, Cardiorespiratory Conditions 13. Medically Complex Conditions	
I0020B. ICD Code		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

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Section J – Questions regarding surgical procedures

J2000. Prior Surgery - Complete only if A0310B = 01	
Enter Code	Did the resident have major surgery during the 100 days prior to admission ?
<input type="checkbox"/>	0. No 1. Yes 8. Unknown
J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or 08	
Enter Code	Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?
<input type="checkbox"/>	0. No 1. Yes 8. Unknown

Major Joint Replacement of Spinal Surgery Section J Qualifiers – Prior Inpatient Stay

Determine whether the patient received a major joint replacement or spinal surgery during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2300, J2310, J2320, J2330, J2400, J2410, or J2420 was performed during the prior inpatient stay, then the patient is categorized into the major joint replacement or spinal surgery clinical category. If none

Section J	Health Conditions
Surgical Procedures - Complete only if J2100 = 1	
Check all that apply	
Major Joint Replacement	
<input type="checkbox"/>	J2300. Knee Replacement - partial or total
<input type="checkbox"/>	J2310. Hip Replacement - partial or total
<input type="checkbox"/>	J2320. Ankle Replacement - partial or total
<input type="checkbox"/>	J2330. Shoulder Replacement - partial or total
Spinal Surgery	
<input type="checkbox"/>	J2400. Involving the spinal cord or major spinal nerves
<input type="checkbox"/>	J2410. Involving fusion of spinal bones
<input type="checkbox"/>	J2420. Involving lamina, discs, or facets
<input type="checkbox"/>	J2499. Other major spinal surgery

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Orthopedic Surgery (except Major Joint Replacement or Spinal Surgery) Section J Qualifiers – Prior Inpatient Stay

Determine whether the patient received orthopedic surgery (except major joint replacement or spinal surgery) during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2500, J2510, J2520, or J2530 was performed during the prior inpatient stay, then the patient is categorized into the Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) clinical category. If none of these procedures was performed, the patient did not receive

Other Orthopedic Surgery	
<input type="checkbox"/>	J2500. Repair fractures of the shoulder (including clavicle and scapula) or arm (but not hand)
<input type="checkbox"/>	J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle (not foot)
<input type="checkbox"/>	J2520. Repair but not replace joints
<input type="checkbox"/>	J2530. Repair other bones (such as hand, foot, jaw)
<input type="checkbox"/>	J2599. Other major orthopedic surgery

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Non-Orthopedic Surgery-Section J Qualifiers – Prior Inpatient Stay

Determine whether the patient received a significant non-orthopedic surgical procedure during the prior inpatient stay using item J2100. If any of the procedures indicated in items J2600, J2610, J2620, J2700, J2710, J2800, J2810, J2900, J2910, J2920, J2930, or J2940 was performed during the prior inpatient stay, then the patient is categorized into the non-orthopedic surgery clinical category. If none of these procedures was performed, the patient did not receive a significant non-orthopedic surgical procedure during the prior inpatient stay for purposes of determining the PDP/PM classification.

<input type="checkbox"/>	Neurological Surgery
<input type="checkbox"/>	J2600. Involving the brain, surrounding tissue or blood vessels (excludes skull and skin but includes cranial nerves)
<input type="checkbox"/>	J2610. Involving the peripheral or autonomic nervous system - open or percutaneous
<input type="checkbox"/>	J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices
<input type="checkbox"/>	J2699. Other major neurological surgery
<input type="checkbox"/>	Cardiopulmonary Surgery
<input type="checkbox"/>	J2700. Involving the heart or major blood vessels - open or percutaneous procedures
<input type="checkbox"/>	J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open or endoscopic
<input type="checkbox"/>	J2799. Other major cardiopulmonary surgery
<input type="checkbox"/>	Genitourinary Surgery
<input type="checkbox"/>	J2800. Involving male or female organs (such as prostate, testes, ovaries, uterus, vagina, external genitalia)
<input type="checkbox"/>	J2810. Involving the kidneys, ureters, adrenal glands, or bladder - open or laparoscopic (includes creation or removal of nephrostomies or urostomies)
<input type="checkbox"/>	J2899. Other major genitourinary surgery
<input type="checkbox"/>	Other Major Surgery
<input type="checkbox"/>	J2900. Involving tendons, ligaments, or muscles
<input type="checkbox"/>	J2910. Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver, pancreas, or spleen - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair)
<input type="checkbox"/>	J2920. Involving the endocrine organs (such as thyroid, parathyroid, neck, lymph nodes, or thymus - open
<input type="checkbox"/>	J2930. Involving the breast
<input type="checkbox"/>	J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant
<input type="checkbox"/>	J3000. Other major surgery not listed above

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FUNCTIONAL SCORES FROM GG PT & OT COMPONENT

Section GG Item	Score
GG0130A1 Self-care: Eating	0-4
GG0130B1 Self-care: Oral Hygiene	0-4
GG0130C1 Self-care: Toileting Hygiene	0-4
GG0170B1 Mobility: Sit to lying	0-4 (average of 2 items)
GG0170C1 Mobility: Lying to sitting on side of bed	
GG0170D1 Mobility: Sit to stand	0-4 (average of 3 items)
GG0170E1 Mobility: Chair/bed-to-chair transfer	
GG0170F1 Mobility: Toilet transfer	
GG0170J1 Mobility: Walk 50 feet with 2 turns	0-4 (average of 2 items)
GG0170K1 Mobility: Walk 150 feet	

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FUNCTIONAL STATUS FROM GG

TABLE 16: Proposed PT and OT Function Score Construction (Except Walking Items)

Response		Score
05, 06	Set-up assistance, Independent	4
04	Supervision or touching assistance	3
03	Partial/moderate assistance	2
02	Substantial/maximal assistance	1
01, 07, 09, 88	Dependent, Refused, N/A, Not Attempted	0

TABLE 17: Proposed PT and OT Function Score Construction for Walking Items

Response		Score
05, 06	Set-up assistance, Independent	4
04	Supervision or touching assistance	3
03	Partial/moderate assistance	2
02	Substantial/maximal assistance	1
01, 07, 09, 88	Dependent, Refused, N/A, Not Attempted, Resident Cannot Walk*	0

*Coded based on response to GG0170H1 (Does the resident walk?).

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PT & OT Components: Payment Groups

Clinical Category	PT & OT Function Score	PT & OT Case Mix Group	PT CMI	OT CMI
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53	1.49
Major Joint Replacement or Spinal Surgery	6-9	TB	1.69	1.63
Major Joint Replacement or Spinal Surgery	10-23	TC	1.88	1.68
Major Joint Replacement or Spinal Surgery	24	TD	1.92	1.53
Other Orthopedic	0-5	TE	1.42	1.41
Other Orthopedic	6-9	TF	1.61	1.59
Other Orthopedic	10-23	TG	1.67	1.64
Other Orthopedic	24	TH	1.16	1.15
Medical Management	0-5	TI	1.13	1.17
Medical Management	6-9	TJ	1.42	1.44
Medical Management	10-23	TK	1.52	1.54
Medical Management	24	TL	1.09	1.11
Non-Orthopedic Surgery and Acute Neurologic	0-5	TM	1.27	1.30
Non-Orthopedic Surgery and Acute Neurologic	6-9	TN	1.48	1.49
Non-Orthopedic Surgery and Acute Neurologic	10-23	TO	1.55	1.55
Non-Orthopedic Surgery and Acute Neurologic	24	TP	1.08	1.09

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TABLE 4: FY 2021 Unadjusted Federal Rate Per Diem—RURAL

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Per Diem Amount	\$70.72	\$64.95	\$29.18	\$103.34	\$77.96	\$98.64

Medical Management			10-23	TK	1.52	1.54
URBAN	TK for Physical Therapy	$\$62.04 \times 1.52$				$= \$94.30$
URBAN	TK for Occupational Therapy	$\$57.75 \times 1.54$				$= \$88.94$



SLP CASE MIX

- **Clinical Categories**
 - Acute Neurologic
 - Non Neurologic
- **Presence of:**
 - Swallowing Disorder (K0100Z)
 - Mechanical Diet (K05110C2)
- **Presence of:**
 - SLP related comorbidity
 - Mild to severe cognitive impairment



Speech Therapy Component

1. Acute Neurologic?

PDPM Clinical Categories

- SNF patients are first classified into a clinical category based on the primary diagnosis for the SNF stay
- ICD-10-CM codes, coded on the MDS in **Item I0020B**, are mapped to a PDPM clinical category
 - Clinical classification may be adjusted by a surgical procedure that occurred during the prior inpatient stay, as coded in Section J
 - ICD-10 mapping available at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPFS/PDPM.html>

PDPM Clinical Categories	
Major Joint Replacement or Spinal Surgery	Cancer
Non-Surgical Orthopedic/Musculoskeletal	Pulmonary
Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	Cardiovascular and Coagulations
Acute Infections	Acute Neurologic
Medical Management	Non-Orthopedic Surgery

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Speech Therapy Component

2. Speech Related Comorbidities?

SLP Comorbidities

- Twelve SLP comorbidities were identified as predictive of higher SLP costs
 - Conditions and services combined into a single SLP-related comorbidity flag
 - Patient qualifies if any of the conditions/services is present

SLP Comorbidities	
Aphasia	Laryngeal Cancer
CVA, TIA, or Stroke	Apraxia
Hemiplegia or Hemiparesis	Dysphagia
Traumatic Brain Injury	ALS
Tracheostomy (while Resident)	Oral Cancers
Ventilator (while Resident)	Speech & Language Deficits

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CMS SLP Comorbidities

Table 5: SLP-Related Comorbidities

MDS Item	Description
I4300	Aphasia
I4500	CVA, TIA, or Stroke
I4900	Hemiplegia or Hemiparesis
I5500	Traumatic Brain Injury
I8000	Laryngeal Cancer
I8000	Apraxia
I8000	Dysphagia
I8000	ALS
I8000	Oral Cancers
I8000	Speech and Language Deficits
O0100E2	Tracheostomy Care While a Patient
O0100F2	Ventilator or Respirator While a Patient



Speech Therapy Component #3 Cognitive Impairment?

Cognitive Score

Under PDPM, just as under RUG-IV, a patient's cognitive status is assessed using either the Brief Interview for Mental Status (BIMS). In cases where the BIMS cannot be completed, a Staff Assessment for Mental Status is completed. The Cognitive Performance Scale (CPS) is then used to score the patient based on the responses to the Staff Assessment.

Under RUG-IV, the BIMS and the CPS produced separate scores, with no single measure of cognitive status that allowed comparison across all patients. The new PDPM Cognitive Score is based on the Cognitive Function Scale (CFS), which combines scores from the BIMS and CPS into one scale that can be used to compare cognitive function across all patients.

PDPM Cognitive Score Classification Methodology

Cognitive Level	BIMS Score	CPS Score
Cognitively Intact	13-15	0
Mildly Impaired	8-12	1-2
Moderately Impaired	0-7	3-4
Severely Impaired	-	5-6



Speech Therapy Component #4 Mechanically Altered Diet?

Determine whether the resident has a mechanically altered diet. If K0510C2 (mechanically altered diet while a resident) is checked, then the resident has a mechanically altered diet.

K0510: Nutritional Approaches

K0510. Nutritional Approaches		
Check all of the following nutritional approaches that were performed during the last 7 days		
	1. While NOT a Resident	2. While a Resident
1. While NOT a Resident Performed while NOT a resident of this facility and within the last 7 days. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank.		
2. While a Resident Performed while a resident of this facility and within the last 7 days.		
	↓ Check all that apply ↓	
A. Parenteral/IV feeding	<input type="checkbox"/>	<input type="checkbox"/>
B. Feeding tube - nasogastric or abdominal (PEG)	<input type="checkbox"/>	<input type="checkbox"/>
C. Mechanically altered diet (require change in texture of food or liquids (e.g., pureed food, thickened liquids))	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)	<input type="checkbox"/>	<input type="checkbox"/>
Z. None of the above	<input type="checkbox"/>	<input type="checkbox"/>

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Speech Therapy Component #5 Swallowing Disorder?

Determine whether the resident has a swallowing disorder using item K0100. If any of the conditions indicated in items K0100A through K0100D is present, then the resident has a swallowing disorder. If none of these conditions is present, the resident does not have a swallowing disorder for purposes of this calculation.

K0100: Swallowing Disorder

K0100. Swallowing Disorder	
Signs and symptoms of possible swallowing disorder	
↓ Check all that apply ↓	
<input type="checkbox"/>	A. Loss of liquids/solids from mouth when eating or drinking
<input type="checkbox"/>	B. Holding food in mouth/cheeks or residual food in mouth after meals
<input type="checkbox"/>	C. Coughing or choking during meals or when swallowing medications
<input type="checkbox"/>	D. Complaints of difficulty or pain with swallowing
<input checked="" type="checkbox"/>	Z. None of the above

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SLP Component: Payment Groups

Presence of Acute Neurologic Condition, SLP Related Comorbidity, or Cognitive Impairment	Mechanically Altered Diet or Swallowing Disorder	SLP Case Mix Group	SLP Case Mix Index
None	Neither	SA	0.68
None	Either	SB	1.82
None	Both	SC	2.66
Any one	Neither	SD	1.46
Any one	Either	SE	2.33
Any one	Both	SF	2.97
Any two	Neither	SG	2.04
Any two	Either	SH	2.85
Any two	Both	SI	3.51
All three	Neither	SJ	2.98
All three	Either	SK	3.69
All three	Both	SL	4.19



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Any two	Both	SI	3.51
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URBAN $\$23.16 \times 3.51 \text{ (SI)} = \81.29 daily speech per diem

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Other Variable Components

- Nursing 25 Case mix Groupers & Section GG (other splits)
- Non-Therapy Ancillary – 50 conditions or services (point system)



PDPM Contracting

- Many creative approaches were circling the market prior to PDPM
 - Episodic payment
 - One flat capitated daily per diem rate
 - Value based purchasing models
 - Per minute
 - Tiers or levels (a per diem for a set amount of therapy per day or per week)
- Most landed on agreeing to paying a percentage of the PDPM grouper for physical therapy, occupational therapy, and speech therapy



Per Diem by PDPM Therapy Group

- Charge based on each therapy PDPM group
 - 16 Physical Therapy Groups
 - 16 Occupational Therapy Groups
 - 12 Speech Therapy Groups



Percentage of Case Mix Grouper Example at 40%:

• Physical Therapy TK Grouper	\$94.30	Therapy Cost	\$37.72
• Occupational Therapy TK Grouper	\$88.94	Therapy Cost	\$35.58
• <u>Speech Therapy SI Grouper</u>	<u>\$81.29</u>	<u>Therapy Cost</u>	<u>\$32.52</u>
	\$264.53		\$105.82

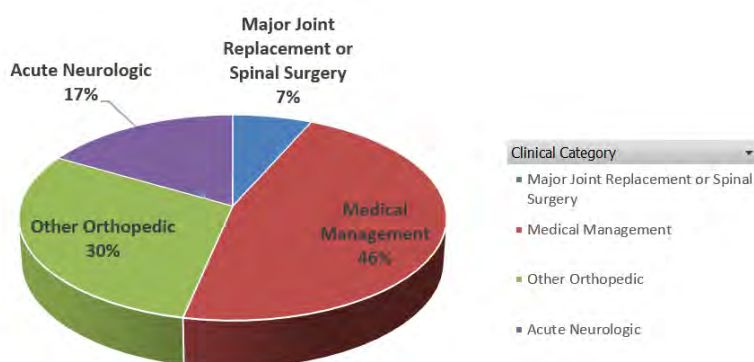


Questions if your model is a percentage of PDCM Case Mix Grouper

- How much therapy was delivered in our example of the \$105.82 per diem?
- Does my case mix groupers match the therapy invoice?
- How much did each minute cost?
 - Easy equation, ask for a detailed invoice, look for the total minutes delivered, divide by the total charge and you can find your cost per minute.
 - Some are seeing wide variations of the per minute cost.
- How does my therapy delivery compare to the RUGS model?

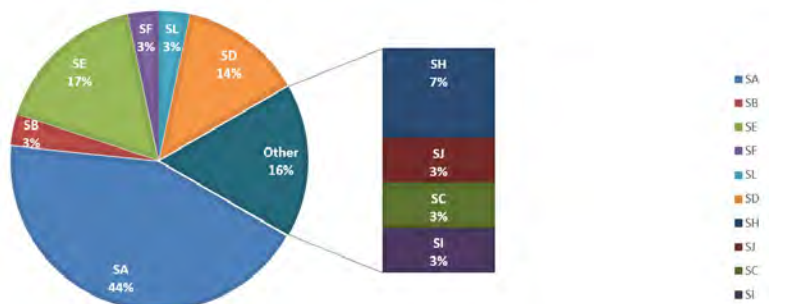
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Does that match your data?



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Speech Therapy Case Mix Groupers

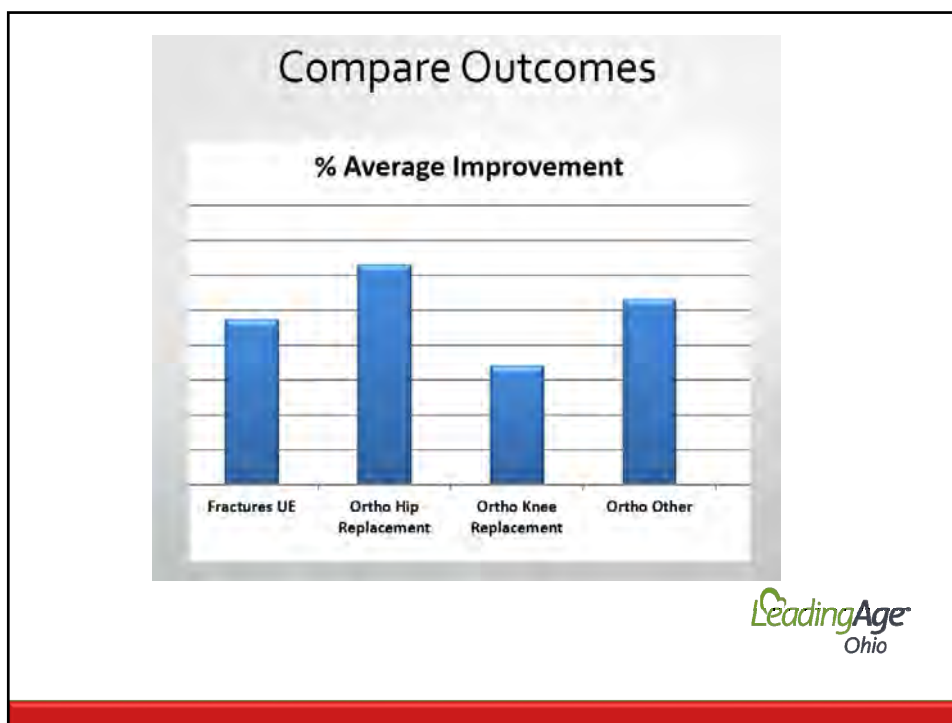


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How are your clinical outcomes compared to prior to PDPM?

Patient Outcomes		
Facility		
Division / Region / District / Facility	<input checked="" type="checkbox"/> Improvement %	YTD Improvement %
Improvement Percent		
ALL (10)	71.25%	81.62%
Region 7 (3170)	71.25%	81.62%
District 700 (700)	71.25%	81.62%
Center for Rehab	71.25%	81.62%
Grand Total	71.25%	81.62%

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Introduction

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Other Helpful Information Related to Therapy Contracting – MPPR Multiple Payment Procedure Reduction

Medicare Part B – Typically a Percentage of the Physician Fee Schedule

Service Code	Description	Effective Date	Work Component	Practice Component	Malpractice Component	Conversion Factor	Full Rate	Institutional MPPR Rate	Non Institutional MPPR Rate
97161	Physical therapy evaluation: low complexity	1/1/2020	1.20000	1.10566	0.04800	36.089600000	\$84.94	\$64.99	\$64.99
97162	Physical therapy evaluation: moderate complexity	1/1/2020	1.20000	1.10566	0.04800	36.089600000	\$84.94	\$64.99	\$64.99
97163	Physical therapy evaluation: high complexity	1/1/2020	1.20000	1.10566	0.04800	36.089600000	\$84.94	\$64.99	\$64.99
97164	Re-evaluation of physical therapy established plan of care	1/1/2020	0.75000	0.83393	0.02880	36.089600000	\$58.20	\$43.15	\$43.15
97165	Occupational therapy evaluation: low complexity	1/1/2020	1.20000	1.24621	0.04800	36.089600000	\$90.02	\$67.53	\$67.53
97166	Occupational therapy evaluation: moderate complexity	1/1/2020	1.20000	1.23684	0.04800	36.089600000	\$89.68	\$67.36	\$67.36
97167	Occupational therapy evaluation: high complexity	1/1/2020	1.20000	1.23684	0.04800	36.089600000	\$89.68	\$67.36	\$67.36
97168	Re-evaluation of occupational therapy established plan of care	1/1/2020	0.75000	0.93700	0.02880	36.089600000	\$61.92	\$45.01	\$45.01
97530	Therapeutic activities	1/1/2020	0.44000	0.61842	0.01920	36.089600000	\$38.89	\$27.73	\$27.73
97533	Sensory integration	1/1/2020	0.48000	0.90889	0.01920	36.089600000	\$50.82	\$34.42	\$34.42
97535	Self care management training	1/1/2020	0.45000	0.46850	0.01920	36.089600000	\$33.84	\$25.39	\$25.39
97537	Community/work reintegration	1/1/2020	0.48000	0.40291	0.01920	36.089600000	\$32.56	\$25.29	\$25.29

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Other Helpful Information

- Flat Rate Daily Per Diem – Therapy cost per minute
 - Baseline of therapy delivery should be set
- Medicaid – Therapy cost per minute

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Questions?

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