

Tailored Activity Program (TAP)

Quick Reference Guide

After Referral for LTC or ALF/ILF residents with cognitive deficits

1. Evaluation Process:

i. Assessment *and* Interview to establish a baseline:

1. Review of patient medical file for relevant or potential comorbidities affecting current abilities
2. Objective Tests completed with primary caregiver for initial staging. Any and all as needed to assist with treatment. The CATG is required. At LEAST one objective cognitive assessment. If outbursts or change in behavior is the reason for referral, a Behavior Profile must be completed. *Found under TAP → Assessments*
3. Translate the results to determine the level of severity of dementia for physical and cognitive level.
4. Interview with patient (if possible), staff, and family to determine current functional level, patient's history and occupational profile.

2. Medicare Justification for Services:

i. Choose most relevant. Cut and Paste EXACT wording.

1. "Individuals with dementia and Alzheimer's have a high risk of falling and are three times more likely to have an injury due to a fall resulting in a fracture which can lead to immobility and debility. Through the use of purposeful activity, the Tailored Activity Program (TAP) is an occupational therapy intervention shown to reduce behavioral symptoms, decrease risk of falls, and decrease caregiver burden."
2. "People with Alzheimer's Disease or related dementias frequently experience challenges in maintaining their abilities to participate in occupations that contribute to their QOL, their health, and wellness. Further, the physical and cognitive decline that characterizes these diseases (such as higher risk for falls, sleep disturbances, depression/anxiety) is commonly accompanied by behavioral symptoms that contribute to significant morbidity and mortality among both patients and caregivers. Research shows that medications have been largely ineffective in managing these symptoms and carry significant adverse effects. Non-pharmacological interventions, such as the Tailored Activity Program, have been recommended to precede the utilization of pharmacological treatments and have proven to be effective in managing all the aforementioned and reduce overall health care utilization costs."

3. Billing for services and Care Plan:

- i. Up to 8 visits in 4 weeks to establish a cognitive and physical baseline, assess environmental stimuli, create a Tailored Activity Program, and then train and assess caregiver/staff follow-through.
- ii. Potential ICD 10 Medical codes: Alzheimer's, Dementia, Vascular Dementia, Dementia with Lewy Bodies, Frontotemporal dementia with/without behavioral disturbances, etc.
- iii. Potential *SECONDARY* ICD 10 Treatment codes: History of falls (Z91.81), repeated falls (R29.6), Need for continuous supervision (Z74.3), Restlessness and agitation (R45.1), Excessive crying of adult (R45.83), Hostility (R45.5), Not limited to the above! *These may not stand-alone.*

4. Sample Short or Long-Term Goals:

i. Short Term (1-2 weeks):

1. Patient and/or caregivers will identify 3-5 ____ (activities of interest, meaningful occupations, etc.) to facilitate the creation of tailored activity program.
2. The patient will engage in activities with no more than ____ # of cues (based on ACL level) for initial instruction for up to ____ minutes (based on ACL level).
3. Caregivers will report 100% understanding of therapist recommendations of environmental modifications, routine modifications, and/or adaptive strategies, as needed, in order to __ (“minimize patient behavioral outbursts”, “decrease risk of falls” etc.)
4. The patient will demonstrate a decrease in behavioral and psychological symptoms as indicated by a change in their BEHAVE-AD score by ____.

ii. Long Term (2-4 weeks):

1. The patient and/or caregivers will demonstrate 100% understanding of Tailored Activity Program in order to __ (“decrease risk of falls, decrease caregiver burden, decrease behavioral outbursts, increase social participation” etc.) and maximize safety and quality of life with participation in meaningful activities.
2. Caregivers will report decreased or less severe behavioral outbursts as indicated by successful redirection of behavior on _/_ occasions with use of TAP.
3. The patient will demonstrate a decrease in behavioral and psychological symptoms as indicated by a change in their BEHAVE-AD score by ____.

5. Intervention and Discharge Process:

i. Tailored Activity Program:

1. Ideas and supplies under TAP ➔ Resources ➔ Professions
2. *Obtain items via family or activities coordinator 1st. Summit Care Expense must be pre-approved.*
3. Trial and error, adjusting to increase engagement in customized activities through increasing complexity or decreasing complexity as needed. Ensure tasks are meaningful to increase engagement and participation.
4. Handout - provide handout to the primary caregivers with written instructions including supplies in the kit, how to use each item, environmental modifications if appropriate, and verbal cues or instructions to give the patient, found in TAP ➔ Handouts.

ii. Training:

1. For the last few sessions, save time for education to all primary caregivers.
2. Staff should then educate replacing staff (day shift to night shift etc.)
3. Assess for carryover and adjust. This is very important!

iii. 6-8 weeks Follow-up Post Discharge, Complete Follow-up Primary Caregiver Questionnaire: Found under TAP ➔ Handouts to assess for carryover and continuity

iv. Provide the completed Questionnaire to your Director of Rehab.

Any other questions, please feel free to email Aubreym@summitcare.net

