

CUSTOMER STORIES · SENIOR LIVING & CONTRACT THERAPY · RTM, REFERRALS & EXTENSIONS

RTM is great. Data-driven referrals and care extensions are even better.

How OneStep partners start with Remote Therapeutic Monitoring for immediate return, then use the same data to refer declining residents into care — and why that is where the money, and the outcomes, really are.

\$195k

earned in one year by one five-facility therapy provider, 80% of it from referrals and extensions

117

falls avoided in six months across 75 communities — \$877,500 in avoided cost

85%

of residents measured improved or maintained function

WITH STORIES FROM



Declines happen between visits, when nobody is in the room

WHO

Contract therapy providers and senior living operators across the US

SETTINGS

Assisted and independent living, skilled nursing, CCRCs

IN THE SIX-MONTH ANALYSIS

75 communities · 1,996 residents · 25,060 assessments

PAYERS IN PLAY

Medicare Part B, Managed Care Part A, RTM (CPT 98975–98981)

PERIOD

2024 – 2026

Every senior living operator runs a fall-prevention program, and falls keep happening anyway. The reason is simple: a resident's balance drifts over weeks, not in a single moment, and the standard fall-risk assessment happens at admission and once a quarter. Between those points, a change in status is something a nurse might notice in the hallway — or might not. By the time it shows up, it is a fall, a hospitalization, a worried family and a liability.

Therapy providers in these buildings carry a second version of the same problem. They learn about declines from nursing reports, after the fact, so the residents who should be back on skilled therapy are not referred, and Managed Care plans that want evidence before approving another week of care rarely get it. Care is discharged while it is still needed.

Falls among older adults cost about \$50 billion a year in medical spending. Most of it is spent after the fall.

Subtle and gradual

Gait speed falls by a tenth of a metre per second; step length shortens by a few centimetres. The eye does not see it. The phone does.

Not measured often enough

Quarterly screens miss the decline that happens in week six. Residents need to be measured where they walk, as often as they walk.

No evidence when it counts

Without objective data there is nothing to put in a referral, a letter of medical necessity or an extension request — so the care stops.

OneStep gives these teams eyes where they had none: a resident walks with a phone in a pocket and the care team has gait speed, asymmetry, a Walk Score and a fall-risk level in minutes, every time. What follows is what our partners did with that — in the order they did it.



“OneStep has transformed our practice. Finally a tool that helps prevent rather than react.”

Christine Busby · Chief Operating Officer, Signature Rehab

CHAPTER ONE · START WITH RTM

The return is immediate, and it pays for the visibility

Most partners come to OneStep for Remote Therapeutic Monitoring. The logic is sound: therapists already collect and review patient data; RTM pays for it. Every walk a resident records is an RTM event, the app earns the patient-activity code passively by monitoring movement in the background of the phone, and OneStep tracks eligibility and generates the documentation automatically. The program typically pays for itself within the first quarter.

\$102

RTM-eligible revenue per monitored resident per month, sustained for 12 months across 29 communities (Prestige Rehab)

3.4×

growth in quarterly RTM revenue in a year, \$3,268 → \$11,235 (a five-facility therapy provider)

60 days

to first RTM revenue at Choice Rehabilitation: \$1,864 billed, \$3,383 had the program started on the first of the month

WHAT RTM GIVES THE ORGANIZATION BESIDES REVENUE

- 1 A reason to measure every resident, regularly**
RTM turns the walk from an occasional assessment into a routine. Routine measurement is what makes everything in the next chapter possible.
- 2 Documentation that writes itself**
One-click progress notes carry the objective data into the EMR — about four minutes saved per note — and the same record supports the RTM claim.
- 3 Fewer rejected claims**
Automated reports with the parameters payers look for reduced claim rejections for one partner and made the process faster.
- 4 An organization-wide view**
Administrators see eligibility, adoption and fall risk by community every month, and know where to send support.



“OneStep is by far the easiest tool I've used. We explored countless options — VR, wearables, ambient sensors — but nothing comes close. Beyond its clinical impact, the financial results have been remarkable.”

Dan Reizis · CEO, Prestige Rehab

“I look at OneStep's admin dashboard every month to see which locations are ‘at risk’. This allows us to ensure — and prove — that we do everything to prevent falls.”

Regional VP of Operations · Blue Stone Therapy

CHAPTER TWO · THEN REFER INTO CARE

The same data finds the residents who need more care — and justifies it

Once residents are measured regularly, OneStep does two things RTM alone never did. It flags decline: a Walk Score trending down, a fall-risk level moving to high or very high, a care action telling the clinician that gait speed has dropped significantly. And it documents it in a form a payer accepts. Partners use that to refer residents into skilled therapy who would otherwise have been missed, and to extend care for Managed Care patients who still need it.

2–5

residents per facility per month referred into therapy who would otherwise have been missed (across partners)

42%

of residents not on therapy identified as clinically in need of it; 18% of restorative-program residents referred back (Signature Rehab)

5.5 days

average Managed Care Part A extension approved on OneStep data, at ~\$500 a day (Choice Rehabilitation)

WHAT EACH OUTCOME IS WORTH

Figures from partner results, 2024–2026

One resident on RTM, one month | ~\$100

One Managed Care extension (5.5 days × ~\$500) | ~\$2,750

One fall avoided | \$7,500

One facility, one year of referrals into care | \$15,912

One Managed Care extension is worth roughly 27 resident-months of RTM. One year of referrals from a single community averaged \$15,912 across the 75-community analysis. RTM pays for the program; referrals and extensions are where the return lives — and every one of them is a resident who got care they would not have had.

“I submitted the OneStep Patient Summary report for a Managed Care A patient and the objective mobility data provided enough justification for the patient to receive 7 more days of care. Getting insurance to approve the care patients need is a frequent challenge, so this is really amazing.”

A.M. · Director of Rehabilitation, Choice Rehabilitation

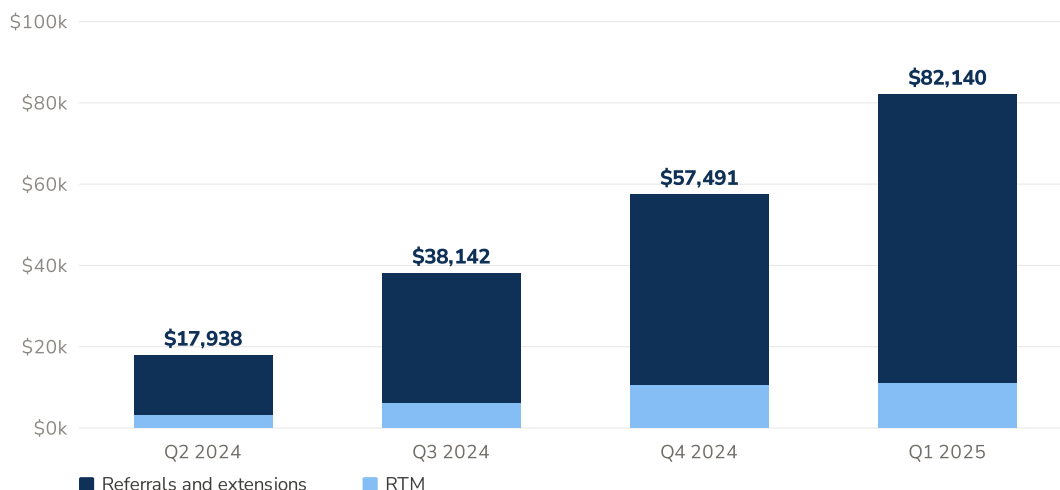
CHAPTER TWO · THEN REFER INTO CARE

One provider's year: \$195,000, four-fifths of it from referrals and extensions

A contract therapy provider serving five senior living communities came to OneStep for RTM. Within a quarter its therapists were using the same data to bring residents back into therapy before small problems became falls, and to document extensions for Managed Care patients. RTM grew steadily. Referrals and extensions grew more than four-fold. The company's name is withheld at its request; the figures are its own.

QUARTERLY REVENUE ATTRIBUTABLE TO ONESTEP

Five communities · Q2 2024 – Q1 2025 · \$195,712 in total



+5 days

average increase in length of stay for residents whose care was extended

\$82k

in a single quarter across five communities

4.5 days

a week that residents actively engage with the app

How the referral happens

A resident on RTM reports feeling fine. Her gait parameters say otherwise: speed down, asymmetry up. OneStep flags her as high fall risk and notifies the therapy team, who bring her back into therapy that week and attach the objective data to the referral. The resident does not fall; the provider is paid for the care; the payer avoids a hospitalization. The same pattern repeats two to five times a month per community.



“With OneStep we identify 2–3 residents each month in each facility who could benefit from care. We could not have identified them otherwise.”

Christine Busby · Chief Operating Officer, Signature Rehab

CHAPTER THREE · EVERYONE WINS

Fewer falls, engaged residents, reassured families, a stronger operator

Over six months, OneStep looked at 75 assisted and independent living communities that measured residents with the app — 1,996 residents, 25,060 assessments. The clinical result is the one that matters most, and it is the one that makes the economics work.

85%

of residents measured improved or maintained function over six months

117+

falls avoided in six months —
\$877,500 in avoided cost, about
\$7,500 per fall

\$15,912

average annual revenue per
community from referrals into care

Residents

They see their own Walk Score, and they want it to go up. Partners report residents asking for their scores, joining walk “dates” and wellness fairs, and pushing themselves between sessions.

“Residents love seeing their walk score, and the wellness fairs became the highlight of the month.”

Director of Rehab · HTS

Families

A number a daughter can follow replaces reassurance. Care conferences run on cadence and gait speed; changes to the care plan come with the data behind them.

“We had a family member come to us concerned about the level of care. We showed her OneStep data — and her attitude changed immediately.”

Director of Nursing · Rockport Rehabilitation

Clinicians

A resident in his late eighties with dementia was flagged very high fall risk — slow, inconsistent, unsafe turns. Four weeks on a targeted program: walking speed 0.5 → 0.8 m/s, step rate 76 → 95, Timed Up and Go 21.3 → 13.8 seconds, turns back in the normal range. Measured, not guessed.

Operators and payers

A therapy partner that shows measured outcomes across the building, and can prove it did everything to prevent a fall, is a different proposition from one that promises. Payers approve care they can see the need for — and avoid the \$7,500 they would have spent after the fall.



“We have not only seen a sharp decline in falls, but also a boost in quality and efficiency of documentation.”

Cassie Murray · Chief Operating Officer, HTS

IN THEIR WORDS · CHOICE REHABILITATION

\$7,243 in sixty days, and the residents who did not fall

Choice Rehabilitation provides PT, OT and speech therapy in skilled nursing and assisted living. It wanted three things from OneStep: justify Managed Care Part A extensions, reduce falls, and add RTM revenue. In the first sixty days it did all three — two extensions approved at an average of 5.5 additional days (\$5,379), \$1,864 of RTM, 60 care actions sent to clinicians in a single month, and 62–77% of residents in two facilities identified as high or very high fall risk and put on a prevention protocol.

\$7,243

return in the first 60 days from extensions and RTM

5.5

additional days approved per extension

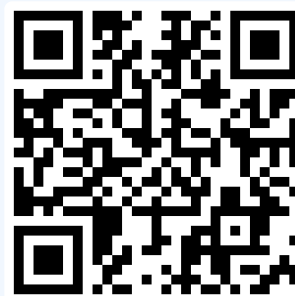
60

care actions in one month flagging changes in resident status



“OneStep has been an amazing addition to our team's toolbox. We're already seeing great outcomes, patient engagement and extensions of care.”

Kelli Baumert · Regional Vice President, Choice Rehabilitation



Watch the story

How Choice Rehabilitation is justifying care extensions with OneStep — two minutes. Scan, or visit vimeo.com/1107037202.

The order matters. RTM gets a team measuring every resident. Measuring every resident is what finds the decline. Finding the decline is what earns the extension — and prevents the fall.

HOW THEY DID IT

Five practices from the partners who get the most out of OneStep

1 Hold screening and wellness events

Measure at intake, at quarterly screens and at wellness fairs; let residents take the app home for daily walks. You don't have to be a PT to run a screening.

3 Inform, engage and educate families

Bring the Walk Score trend to care conferences. Explain changes to the care plan with the measurement that prompted them.

5 Go beyond falls and into wellness

Communal exercise sessions, walk "dates" between residents, most-active-resident-of-the-month. Movement is the intervention; the score is the motivation.

2 Use objective data to refer into care

Set a rule: every high or very high fall-risk flag and every falling Walk Score gets a therapy review that week. Attach the data to the referral or the extension request.

4 Put the data in the record and your systems

One-click documentation into the EMR for every resident; the admin dashboard every month to see which buildings need attention.

"Simply encouraging movement — that's all it takes to make a meaningful impact on our residents' lives. And OneStep helps us do it."

Program Manager · Presbyterian Homes & Services

START WITH RTM. DON'T STOP THERE.

OneStep turns any smartphone into a clinical-grade gait lab — 30+ validated parameters, no wearables — with RTM tracking, care actions and EMR documentation built in. It is used today by senior living operators, contract therapy providers, health systems and medical device companies across the US.

Ready to learn how OneStep can help your organization?

Email us at info@onestep.co · www.onestep.co