



# Delivering Care in the Home in 2022 and Beyond - Part 1

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## Objectives



### Examine

- Examine fundamental regulations specific to providing therapy in the home as well as the impact of waivers.

### Analyze

- Analyze factors impacting therapy utilization in the home setting

### Separate

- Separate fact from fiction regarding the focus of therapy care in the home setting.

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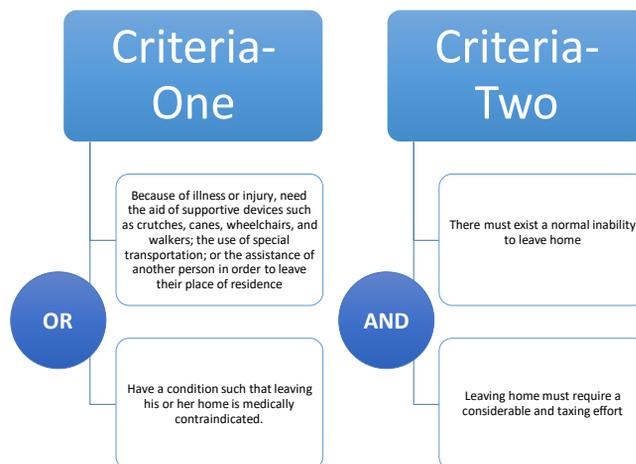
# Home Based Care

Medicare Part A or Part B

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## Medicare Part A: “Confined to Home”



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# Home Health Coverage Criteria

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- Assuming all other eligibility and coverage requirements have been met, in order for therapy services to be covered, one of the following three conditions must be met:
  - The skills of a qualified therapist, or by a qualified therapist assistant under the supervision of a qualified therapist, are needed to **restore patient function**
  - The patient's clinical condition requires the specialized skills, knowledge, and judgment of a qualified therapist to **establish or design a maintenance program**, related to the patient's illness or injury, in order to ensure the safety of the patient and the effectiveness of the program, to the extent provided by regulation
  - The skills of a qualified therapist or by a qualified therapist assistant under the supervision of a qualified therapist are needed to **perform maintenance therapy**

**MBPM Ch 7: 40.2.1**

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# Outpatient Coverage Criteria - Rehabilitative

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- Rehabilitative therapy includes services designed to address **recovery or improvement in function and, when possible, restoration to a previous level of health and well-being**. Therefore, evaluation, re-evaluation and assessment documented in the Progress Report should describe objective measurements which, when compared, show improvements in function, decrease in severity or rationalization for an optimistic outlook to justify continued treatment. Improvement is evidenced by successive objective measurements whenever possible (see objective measurement and other instruments for evaluation in the §220.3.C of this chapter). If an individual's expected rehabilitation potential is insignificant in relation to the extent and duration of therapy services required to achieve such potential, rehabilitative therapy is not reasonable and necessary.

**MBPM Ch 15: 220.2**

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## Outpatient Coverage Criteria - Maintenance

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- **Establishment or design of maintenance programs.** If the specialized skill, knowledge and judgment of a qualified therapist are required to establish or design a maintenance program to maintain the patient's current condition or to prevent or slow further deterioration, the establishment or design of a maintenance program by a qualified therapist is covered.
- **Delivery of maintenance programs.** Once a maintenance program is established, coverage of therapy services to carry out a maintenance program turns on the beneficiary's need for skilled care. A maintenance program can generally be performed by the beneficiary alone or with the assistance of a family member, caregiver or unskilled personnel. In such situations, coverage is not provided. However, skilled therapy services are covered when an individualized assessment of the patient's clinical condition demonstrates that the specialized judgment, knowledge, and skills of a qualified therapist are necessary for the performance of safe and effective services in a maintenance program.

**MBPM Ch 15: 220.2**

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## Utilization of Assistants with Maintenance

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- **MBPM Ch 7** - Assuming all other eligibility and coverage requirements are met, skilled therapy services are covered when an individualized assessment of the patient's clinical condition demonstrates that the specialized judgment, knowledge, and skills of a qualified therapist or by a qualified therapist assistant under the supervision of a qualified therapist ("skilled care") are necessary for the performance of a safe and effective maintenance program.
- **MBPM Ch 15** – Effective 1/1/21, therapy assistants can provide skilled maintenance therapy under the supervision of the qualified therapist in Medicare Part B settings, including the home. The change came with the 2021 Physician Fee Schedule Final Rule, in which CMS permitted therapists to delegate maintenance therapy services to an assistant under Medicare Part B.

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## Skilled Care

### Skill

- proficiency, facility, or dexterity that is acquired or developed through training or experience; an art, trade, or technique

### Reasonable

- governed by or being in accordance with reason or sound thinking; not excessive or extreme

### Necessary

- Absolutely essential; needed to achieve a certain result or effect; requisite



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## Impact of Waivers

Therapy (PT, OT, SLP) can complete the admission / comprehensive assessment even when nursing is part of the plan of care

- This is NOT a change to the actual regulations

In "therapy only" cases, OT can complete the admission / comprehensive assessment when ordered with PT and/or SLP

- This IS a regulatory change (PPS 2022 Final Rule)

Telehealth

- Part A = NO \$ / Part B = \$



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# Evidence Base for Telehealth: AHRQ White Paper

- “A solution to current problems and an innovation whose time has come.”
- *Mapping the Evidence for Patient Outcomes from Systematic Reviews*
  - Telehealth is beneficial for specific uses and patient populations
  - A large amount of the evidence supports telehealth for patients with chronic conditions
    - Remote home monitoring
    - Communicating and counseling
    - Psychotherapy as part of behavioral health



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# AHRQ White Paper

- What does it mean?
  - While available evidence cannot promise that telehealth will solve the complex problems the healthcare system faces, it is reassuring that most of the research evidence gathered before the pandemic demonstrates that telehealth can benefit groups of patients.
- Where do we go from here?
  - Resource professional associations and organizations
  - Establish goals/desired outcomes
    - Agency, discipline-specific (clinical), patient-centered
  - Formulate a work plan
  - Develop policies & procedures for technology as a tool use in care

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# Technology and Therapy

- In physical therapy, patients/clients are asking for more time-efficient and less costly care models – consistent with the healthcare system overall
- Telehealth in therapy already has taken root
  - Consultation, care flexibility, care monitoring, greater capacity for delivery
  - Payers recognize and reimburse for physical therapy services offered via telehealth (not Medicare, currently)
  - Study has shown patient satisfaction (independent of age, therapist type, visit type/duration/reason) in having their concerns addressed, therapist communication, treatment plan development, treatment plan execution, convenience and overall satisfaction

Source: [www.apta.org](http://www.apta.org)

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# The Impact of PDGM on Therapy

Industry preparation for, and response to, PDGM resulted in the following impact to therapists and therapy services in the home health post-acute space:

- Q3-Q4, 2019: Industry gradual shift in therapy practices and processes for delivery of service
- Q1, 2020: CMS response to initial industry response to PDGM re: therapy triggered Feb, 10, 2020 MLN Resource

Impact of Pandemic Health Emergency (PHE)

- March, 2020: confounding factor in analysis of PDGM impact due to insufficient completed episodes prior to occurrence
- Emergence of waivers with opportunities to advance use of telehealth activities in home health space

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# CMS Speaks Out – SE20005



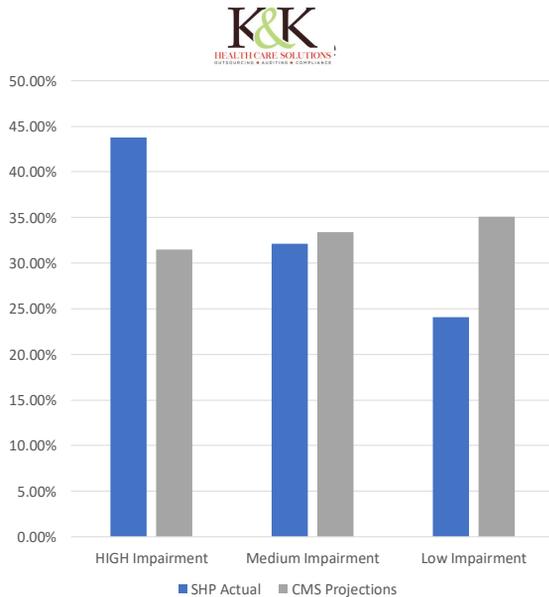
- The Role of Therapy under the Home Health Patient Groupings Model (PDGM)
  - Q: Has eligibility and coverage changed under PDGM?
  - A: NO. PPS continues to be a bundled payment meant to cover all home health services as described at 42 CFR 409.44
- The continued role of therapy under PDGM:
  - The need for therapy service under PDGM remains unchanged.
  - While the principal diagnosis helps define the primary reason for HH services, it does not in any way direct what services should be included in the plan of care.

Source: [www.cms.gov](http://www.cms.gov)

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## Initial Data Findings – Strategic Healthcare Programs (SHP)

- **Source:** National Association of Home Care and Hospice (NAHC) Finance Managers Conference (FMC). Presentation by C. Attaya, July 21, 2020.
  - Q1-Q3, 2020: Functional impairment levels



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## Initial Data Findings – Strategic Healthcare Programs (SHP)

- **Source:** National Association of Home Care and Hospice (NAHC) Finance Managers Conference (FMC). Presentation by C. Attaya, July 21, 2020.
  - Q1-Q3, 2020: 2020 Therapy Visits v Baseline LDS data 2018; All Visit Trends during same period

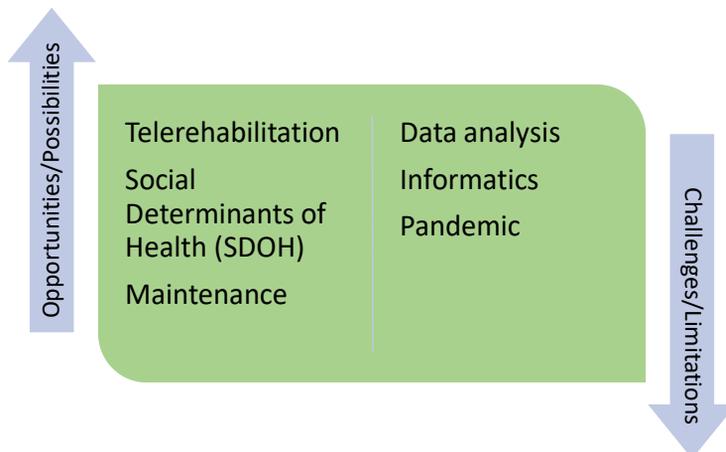


Clinical Group	Therapy visits SHP Jan 20 - May 20 Claims		
	LDS 2018	CY 2020	Difference
MMTA - Other	3.9	4.31	0.41
Neuro/Stroke	7.1	6.27	(0.83)
Wounds	2.3	1.37	(0.93)
Complex Nursing	1.5	1.03	(0.47)
MS Rehab	6.7	6.63	(0.07)
Behavioral Health	3.3	3.39	0.09
MMTA - Surgical Aftercare	3.8	3.50	(0.30)
MMTA - Cardiac	3.5	3.48	(0.02)
MMTA - Endocrine	3.1	3.25	0.15
MMTA - GI/GU	3.7	3.43	(0.27)
MMTA - Infections Disease	3.1	3.03	(0.07)
MMTA - Respiratory	4.1	3.89	(0.21)

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## Redefining Therapy Care

- The pandemic health emergency (PHE) + current/future payment methodologies in the home health post-acute space provide us with opportunities and challenges



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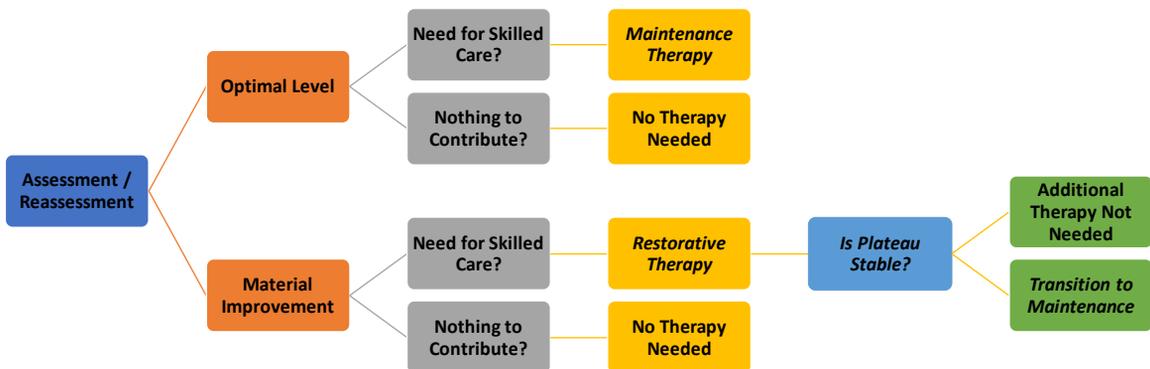


# Thinking Beyond the Visit Count / CPT Codes



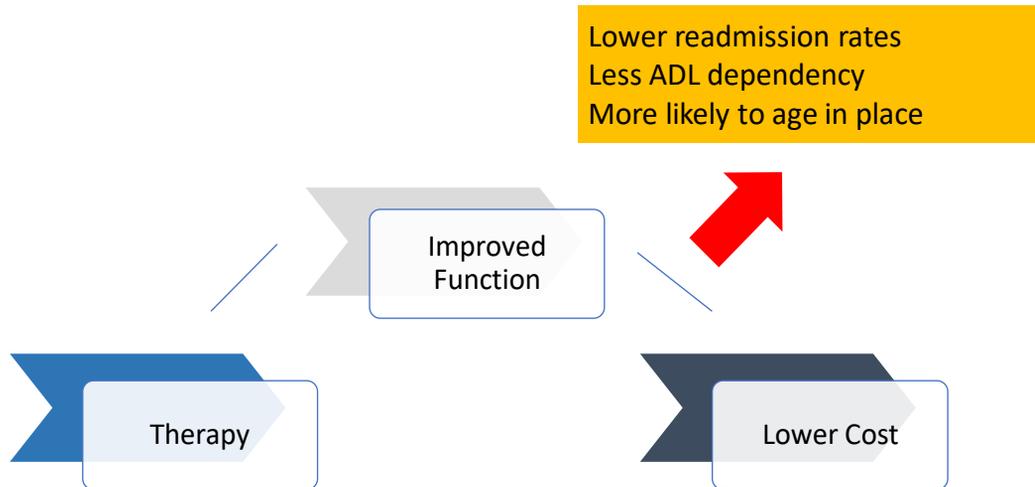
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# Using the Full Scope of the Benefit



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## Home Based Therapy & Reduced Healthcare Costs



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## Function and Readmission

- Importance of function is **MORE THAN FALLS**
- Function is both a critical outcome for HH PT **AND** a biomarker for hospitalization
- Being able to articulate **WHY** function improves outcomes during and after HH episodes is critical for showing value

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## Service Utilization: SN, PT & Function

- At the threshold dose of 1 PT or 2 SN visits/week, higher visit intensity significantly reduced the hazard of rehospitalization in these patients by up to 82% for PT
  - The effect of PT on reducing the risk of rehospitalization was more pronounced in patients with low versus high functional limitation
    - Threshold: 1 PT visit/week
    - Risk lowered: up to 82%
  - SN was only effective in reducing the hazard of rehospitalization in the low functional limitation, but not in the high functional limitation group
    - Threshold: 2 SN visits/week
    - Risk lowered: 48%

Whag, J, et.al. Inverse Dose-Response Relationship Between Home Health Care Services and Rehospitalization in Older Adults. JAMDA 20, pp 736-742, 2019.

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## Research: Did You Know??

- Hospital **readmission rates** after acute care discharge are **3x higher** if physical therapist discharge recommendations are replaced with less intensive interventions.
- Declines in self-reported ADL ability is **strongly linked** to poor outcomes following hospitalization.
- Older adults who return home with **unmet needs for ADL assistance** have a **66% increase** in the odds of hospital readmission when compared to those whose needs are adequately addressed after discharge.
- Older adults who walk < 4,691 steps per day over the 1<sup>st</sup> week post discharge are ~6x more likely to be readmitted within 30 days.

Falvey, JR, et.al. Role of Physical Therapists in Reducing Hospital Readmissions: Optimizing Outcomes for Older Adults During Care Transitions From Hospital to Community. Phys Ther. 96:8, pp 1125-1134, 2016.

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## Defining Hospital-Associated Deconditioning

- Multi-system decline in function partially avoidable occurrence resulting from prolonged immobility during period(s) of hospitalization
  - Decline in ADL performance
  - Prolonged periods of bed rest/relative inactivity
    - Older adults spend ~83% of hospital stay in bed
    - Older adults spend ~12% of hospital stay in chair



Falvey, JR, et.al. Rethinking Hospital-Associated Deconditioning: Proposed Paradigm Shift. Phys Ther. 95:9, pp 1307-1315, 2015.

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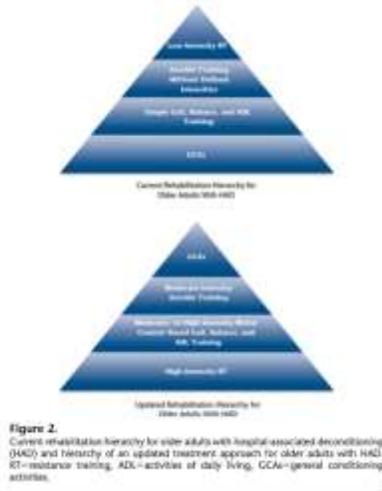
## Exercise Prescription: The Issue of Underdosing

- Functional Reserve (def): the capacity for older adults to handle additional stressors or illnesses without loss of independence
- Older adults discharged with poor physical function have 3x the odds of being re-hospitalized within 30 days as compared to:
  - Older adults with medically complex conditions, &
  - Older adults with high physical function
- Most common PAC physical therapists choose low-intensity exercises (“safer”)

Falvey, JR, et.al. Rethinking Hospital-Associated Deconditioning: Proposed Paradigm Shift. Phys Ther. 95:9, pp 1307-1315, 2015.

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## Exercise Prescription: Paradigm Shift



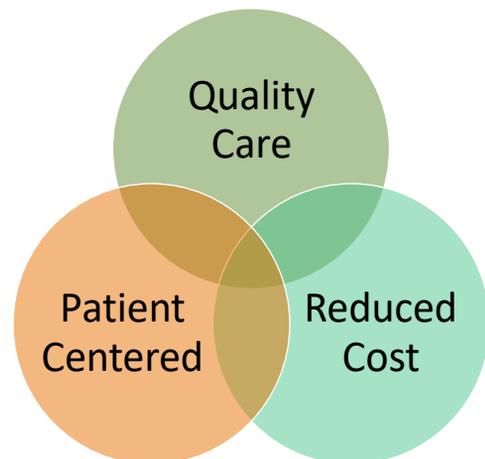
- Focus of Interventions in HAD:
- High intensity resistance training
- Mod to high intensity motor control-based gait, balance, ADLs
- Mod intensity aerobic training
- General conditioning activity

Falvey, JR, et al. Rethinking Hospital-Associated Deconditioning: Proposed Paradigm Shift. Phys Ther. 95:9, pp 1307-1315, 2015.

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## Demonstrating the Value of Therapy

- Impact on Publicly Reported Outcomes
  - Self-Care, ADLs
  - Mobility/Locomotion
- Reduction in the Use of Higher Cost Centers of Care
  - Urgent, Emergent Care Centers
  - Unplanned Physician Office Visits
  - ED, (re-) Hospitalizations
- Positive Patient Experience



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## Housekeeping: Asking Your Questions

- Please use the **Q&A box** to type in any questions you have regarding today's programming.
- Those listening to a recorded version may ask questions by using the email address provided in this handout.

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## For Additional Information:

**Therapy Outcomes in Post-Acute Care Settings: Study Summary**

Jointly Commissioned by



A five-year study shows that physical therapy and occupational therapy interventions to promote independence in post-acute care settings, including measures to the functional status of patients and reduce dependence on long-term care. The study involved data from 12 states. Medicare covers that the Centers for Medicare & Medicaid Services made available for the first time. The findings have implications for CMS' ongoing implementation of cost-allocation payment system reforms, as well as the development of any value-based performance payment system.

**Background and Objectives**  
The American Occupational Therapy Association and the American Physical Therapy Association jointly commissioned a study assessing the benefits of occupational therapy and physical therapy services for patients who receive care in post-acute care settings, skilled nursing facilities, and home health agencies under the Medicare program. The purpose of this study, conducted by Diverse Solutions and Associates, was to compare the effectiveness between patient populations who receive therapy services in each of the post-acute care, or PAC, settings and the resulting functional outcomes of therapy. The two associations urge policymakers to include this study data in their deliberations about future post-acute care payment policies.

The final PAC setting, the Therapy Outcomes in Post-Acute Care Settings – TOPS – examined patterns of therapy intensity, differences in therapy utilization, and relationships between therapy provision and the outcomes of functional status and readmission rates.

TOPS included Medicare fee-for-service beneficiaries discharged from an acute care hospital to their first PAC setting between Oct. 1, 2015, and Dec. 31, 2018. Using Medicare administrative claims and functional assessment data, including data on therapy volume, the TOPS study measured therapy utilization, change in the resident-rated for assistance with care activities of daily living from the start to the end of a PAC stay, and readmission to an acute care hospital.

For additional information, review the AOTA and APTA Joint Statement and Chartbook at [www.aota.org/TOPS](http://www.aota.org/TOPS) and [www.apta.org](http://www.apta.org). You can also contact us at:



[regulatory@aota.org](mailto:regulatory@aota.org)

[advocacy@apta.org](mailto:advocacy@apta.org)

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# APTA: Telehealth Resources ([www.apta.org](http://www.apta.org))

## Sample: Information/Links/Templates



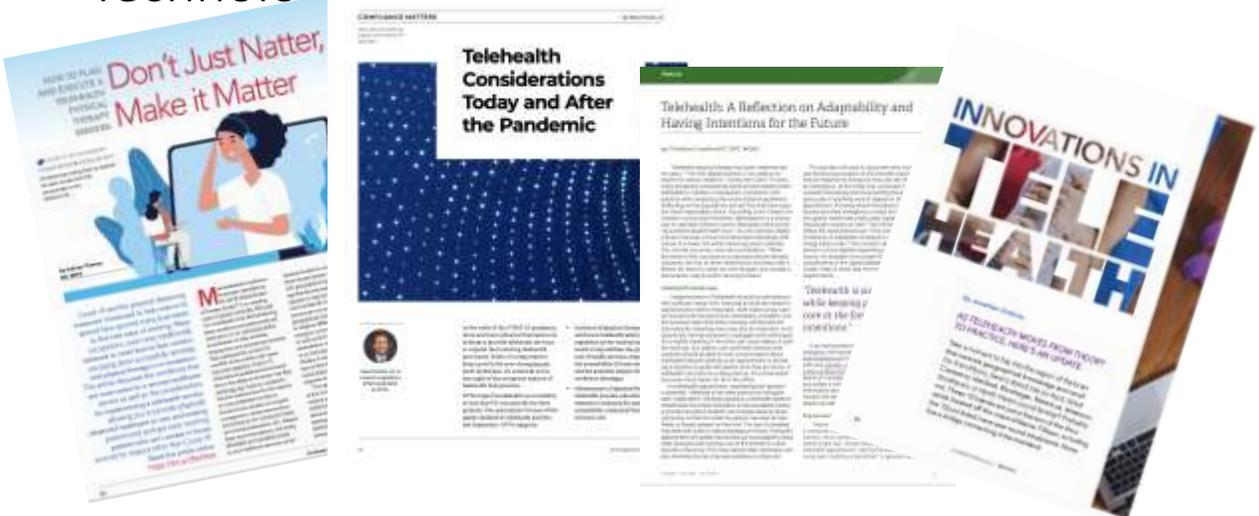
## Sample: Recommended Resources

### Recommended Resources

- HIPAA and Telehealth – 02/26/2019**  
A free APTA Learning Center webinar that discusses what physical therapists need to know to ensure compliance with regulations established by HIPAA and the APTA Code of Ethics when using telehealth and mobile health technology. This webinar is not intended to cover every legal, ethical, or practice consideration.
- HPA the Catalyst, Technology Special Interest Group**  
Provides a forum for Health Policy & Administration members with a common interest in technology.
- Telehealth Ethics, Best Practice, and the Law: What You Need to Know – 08/28/19**  
Blog highlighting ethics, best practice, and law considerations for practicing Telehealth.
- Telehealth and Physical Therapy: Merging of Practice and Technology in the New Frontier – 08/28/2017**  
Purchase this course to learn what you need to know in order to implement telehealth into your practice. This course is co-sponsored by HPA the Catalyst.
- APTA Position Paper on CONNECT for Health Act (ed)**  
APTA supports the Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act of 2019 (H.R. 4932S, 114), legislation that would expand the use of telehealth services and ease restrictions on telehealth coverage under the Medicare program.

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# References and Resources: Therapy and Technology



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