Translating Your Services and Skills to Home Health

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Presenters

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Objectives

At the conclusion, the participant will be able to:

• The learner will understand the shift in current discharge trends for post-acute care
• The learner will understand some of the key regulatory and operational considerations for the compliant delivery of rehab services in HH
• The learner will be able to discuss how environmental and social considerations might impact the POC
• The learner will be able to provide some examples of how a treatment intervention might be adapted for HH

Why Consider Home Health?
Trends in Post Acute Care

- First quarter of 2019 – 23.3% of in-patient discharges were coded to HH and 21.1% were coded to SNF.
- As of October of 2020:
  - HH referrals were trending at 109% of the calendar year 2019 baseline
  - Skilled nursing facilities were at 83%.
  - Total post acute care referrals were at 97% of baseline

Key Regulatory Considerations

• Homebound status
• Medication reconciliation
• Timely initiation of care - 48-hour rule
• Start of Care
  • OT can’t be the only initial skilled need but can open a case currently
  • If nursing is ordered, nursing must do the SOC
  • If Therapy only and nursing performs a non billable SOC, skill must be delivered the same day
• Survey requirements or agency policies that likely vary from SNF or OP
  • TB requirements, Criminal background checks, CPR
  • Infection control – clean bag technique
  • Oversight
    • Ride alongs – different vs. same discipline
    • Supervision
  • Dementia and elder abuse training requirements
• Missed Visits, 30-day reassessment rule for therapy, Recert window
**PDGM Considerations**

<table>
<thead>
<tr>
<th>Admission Source and Timing (From Claims)</th>
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<tbody>
<tr>
<td>Community Early</td>
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<tr>
<th>Clinical Grouping (From Principal Diagnosis Reported on Claim)</th>
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<tr>
<td>Nenis Rehab</td>
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<td>MMA</td>
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<tr>
<th>Functional Impairment Level (From OASIS Items)</th>
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<tbody>
<tr>
<td>Low</td>
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<table>
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<tr>
<th>Comorbidity Adjustment (From Secondary Diagnoses Reported on Claims)</th>
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<td>None</td>
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**HHRG**
(Home Health Resource Group)

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**Value Under PDGM**

- Understanding the relationship between HIPPS codes and reimbursement
- LUPA awareness
- Collaboration around DX and OASIS functional scoring
- Care Conference and care planning
- Developing continuum partners – institutional vs. community
- 30-day payment periods
Contract and Operational Considerations

Contract Considerations

• Per hour/per visit
  • Variable pricing for assistant or by payer
• Mileage
• Trip Charges
• Preferred provider vs. supplement vs. PRN
• Appeals and payment
• 1099 Contractors vs. Employees
• Alternative pricing models
Operational Considerations

- Geography/coverage area
- Your software or theirs?
- To OASIS or not to OASIS?
- Staff mix –
  - Registered to assistant
  - Discipline mix
- Hourly vs per visit pay - tracking all time to over time and state considerations
- Non time – travel, calls, non visit documentation etc.
- Training burden vs. revenue opportunity
- Tracking and management of regulatory time points
- Managing a remote work force
- HIPAA

Treatment Considerations
Treatment Planning

- Care planning – aligning with the benefit and acuity
  - Primary Dx – case management
  - PLOF
  - Risk mitigation
  - Primary need
  - Layering disciplines
  - Durability of response
  - Patient centered goals
  - Context of the benefit
  - Cognition

- Treatment planning
  - Caregiver availability
  - Energy expenditure of daily living
  - Keep the focus tied to function
  - Less equipment is more
  - Every visit must have power
  - Don’t overwhelm

Environmental and Social Considerations

- Access to food
- Utilities
- Standard of living environment - Clinician bias
- Affording medications and equipment
- Caregiver support
- Social support
- Community services/re-entry
- Abuse and neglect
- Understanding and respect for cultural norms
- Clinician safety
Therapist Expectations

• Dx specific assessments
  • Many of them work for HH but consider applicability to the environment
• Interventions for impact – not practice
• Communication and collaboration
  • OASIS accuracy
  • Transition planning
  • Care prioritization at the time of eval
• Durability of patient response
  • Slow titration of care to prevent medical decline
  • Prevents rehospitalization
• Documentation standards
  • Timeliness
  • Quality content to support
    • Homebound status
    • Medical necessity
    • Skilled service
    • Establishment of the path for progress

Treatment Strategies

• Aerobic Conditioning
  • NuStep, Restorator bike circuit training in sitting or standing
• Strengthening for sit to stand transfers
  • Leg press (Nautilus/Cybex) mini squats with decreasing seat height
• Weight shift to lower extremity for proprioception
  • side stepping PNF in standing unloading dishwasher
• UE ROM
  • Cones/Rainbow Arch placing items into cupboard, folding laundry
• Pain
  • Modalities Manual techniques, frozen peas, rice in a sock, positioning
• Simulated home environment vs. actual home environment
• Safety first - No back up – no nurse onsite
Questions?

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Resources

Conditions of Participation Guide to Surveyors


PDGM

- [https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/IH-PDGM](https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/IH-PDGM)
- [https://aegistherapies.com/categories/pdgm/](https://aegistherapies.com/categories/pdgm/)
- [https://aegistherapies.com/type/podcast/](https://aegistherapies.com/type/podcast/)

Practice

- APTA – Providing Physical Therapy in the Home and Home Health Toolbox II Tests and Measures
  - [https://aptahhs.memberclicks.net/practice](https://aptahhs.memberclicks.net/practice)
  - [https://aptahhs.memberclicks.net/e-documents1](https://aptahhs.memberclicks.net/e-documents1)
- AOTA – Guide to Home Healthcare for Occupational Therapy Practice
  - [https://myaota.aota.org/shop_aota/product/900436U](https://myaota.aota.org/shop_aota/product/900436U)