


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

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Why Consider Home Health?

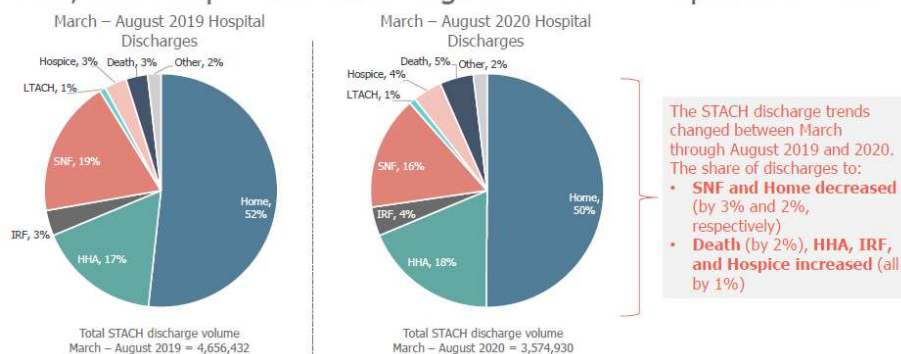
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Trends in Post Acute Care

PRELIMINARY COVID CLAIMS ANALYSIS – CHART BOOK

STACH discharges shifted from SNF and Home to Death, HHA, IRF, and Hospice in March-August 2020 as compared to 2019



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Data Source: 100% Medicare FFS claims incurred January 2019 – August 2020 and paid through September 2020

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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 SNF¹**
- **As of October of 2020²:**
 - 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

1. <https://homehealthcarenews.com/2019/11/home-health-care-tops-skilled-nursing-as-most-likely-referral-destination/>

2. <https://medcitynews.com/uploads/2020/12/CarePort-SNF-referrals-down.jpg>

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Key Regulatory Considerations

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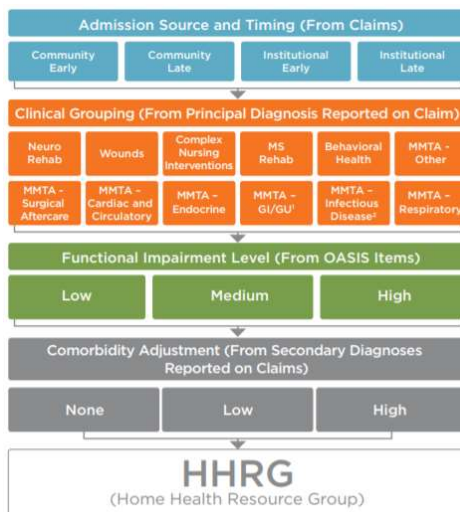
Regulatory Considerations



- **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**

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PDGM Considerations



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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

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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**

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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

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Treatment Considerations

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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

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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**

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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

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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**

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Questions?

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Resources

Conditions of Participation Guide to Surveyors

- https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/som107ap_b_hhapdf

PDGM

- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/HH-PDGM>
- <https://aegistherapies.com/categories/pdgm/>
- <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/e-documents1>
- AOTA – Guide to Home Healthcare for Occupational Therapy Practice
 - https://myaota.aota.org/shop_aota/product/900436U

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