

HOME CARE

(Review *What Internists Need to Know* books in preparation)

GOAL: To familiarize the learner with home care system and its rules.

OVERVIEW:

- I) WHAT IS HOME CARE?
- II) WHO IS IT FOR?
- III) WHO ARE THE PAYERS?
- IV) GOALS & EFFECTIVENESS
- V) ROLE OF PHYSICIAN
- VI) MEDICAL NECESSITY DETERMINATION
- VII) QUALIFICATIONS OF MEDICAL NECESSITY
- VIII) SKILLED SERVICES--frequency & duration
- VIII) HOSPICE
- IX) FRAUD

I) WHAT IS HOME CARE?

- "the provision of equipment and services to the patient in the home for the purpose of restoring and maintaining their maximal level of *comfort, function and health*".*

II) WHO IS IT FOR?

-consenting patients whose medical needs can be safely managed at home when required time, financial, physical and emotional resources have been considered.

III) WHO ARE THE PAYERS?

- Medicare-----main determiner of all guidelines
- Medicaid
- private insurance
- long-term health insurance
- "out of pocket"

IV) GOALS

- improve health and quality of life
- reduce need for hospitalization & institutional placement
- support of care giver
- reduce emergency room visits
- reduce hospital length of stay and readmission
- terminal patients to die at home in comfort
- enhance functional potential for patients on life sustaining devices

V) **ROLE OF PHYSICIAN**

- 1) management of medical problems
- 2) **identification of home care needs**
- 3) **establish? and approve plan**
- 4) **identify short and long term goals**
- 5) evaluate new problems
- 6) provide continuity of care (home<-->institution<-->community)
- 7) communicate with and support team members
- 8) **participation as needed in home care/family conferences**
- 9) **evaluate quality of care**
- 10) documentation
- 11) provide 24 hour call coverage

(Let's review of some specific areas of "THE ROLE of the Physician")

2) **identification of home care needs**

Identification of main problems

Functional assessment (to review additional areas needing help)

- ADL's
- IADL'S
- GAIT/BALANCE ASSESSMENT
- SENSORY ASSESSMENT
- MENTAL STATUS

Psychosocial

Nutritional

Medication use/compliance

Care giver assessment

The *Burden*

- # hours worked per day (at task or out of home)
- nature of care task
- physical/psychological stress related to illness and care

The *Care giver*:

- acceptance of responsibility
- emotional competence
- physical capabilities
- willingness to learn
- history of family relationships

Environmental assessment

- safety of home, neighborhood.
- telephone
- access to toilet, food, water, meads.
- access to emergency services
- fire safety plan
- alternate electricity for life support equip.

VI) **MEDICAL NECESSITY DETERMINATION**

3 main areas to consider

- 1)-Acute/severity of illness
- 2)-Comorbidities
- 3)-Dependencies

That may require:

- equipment and training
- assistance of another (skilled or unskilled)
- education for self-care
- rehabilitative therapy
- prevention of excess disability/risk management

VII) **QUALIFICATIONS OF MEDICAL NECESSITY**

1) MEDICARE

Guidelines for “the reason”: “**reasonable and necessary**” for the treatment of an illness and injury”

Provides: “**part-time, intermittent, skilled**” services by a Medicare certified home care agency under a physicians plan of care in the residence of the **homebound** patient.”

-**part-time** = only portions of the day

-**intermittent** = only portions of the week

-**skilled services** (any of the 4 below)

- a) nurse (R.N.)
- b) physical therapist
- c) speech therapist
- d) continuing care of OT¹

-other services may be added only if one of the 3 skilled services is needed

- e.g.
- social work
 - home health aide
 - O.T.

-homebound: The Definition": of Homebound

- if leaving the home would require a considerable and taxing effort.

And

-if the patient has a condition due to illness or injury which restricts their ability to leave home except with the aid of supportive devices such as crutches, canes, wheelchairs and walkers, *the use of special transportation or the assistance of another person or if the condition is such that leaving the home is medically contraindicated.*

Note: the homebound can leave home if:

-the absences from the home are infrequent

or

-for periods of relatively short duration

or

-for the purpose of receiving medical treatment.

(Infrequent is often interpreted as once a week in non-medical outings)

Medical outings can be often e.g. dialysis can be 3 or more times per week

VIII) SKILLED SERVICES--frequency & duration

A) Frequency of service:

factors to consider

-acuity/instability, and therefore the need for observation and intervention

-complexity of treatment prescribed

-patient and/or care giver -education

-support to manage at home

B) Duration of service

factors to consider:

-achievement of expected goals and outcomes of care

-overall prognosis

-unanticipated complication

-continued need for services as patient and/or care giver are unable to provide needed services.

C) Prolonged services:

The criteria:

- "underlying conditions or complications such that only a skilled nurse can ensure that essential non-skilled care is achieving it's purpose.

or

- "the complexity" of the unskilled services that are necessary part of the treatment must require the involvement of a registered nurse to promote the patient's recovery and safety in view of the patients overall condition."

D) High Technology home services

- IV antibiotics
- transfusion therapy
- chemotherapy
- dialysis
- enteral and parenteral nutrition
- long term oxygen
- hydration
- x-ray
- mechanical ventilation
- sleep studies

E) Hospital discharge planning

- prescriptions written and instructed on
- expected course of illness
- date and location of next physician visit
- other home care providers involved
- how/when/whom to contact for problems

F) Frequency of continued physician assessment:

- enough visits to remain current
- enough visits that would be comparable to management in any other setting of similar problem.

MEDICAID

What does Nebraska cover?

Will cover many un-skilled services that Medicare will not cover, in managed care situations the cost must be less than a nursing home.

Each state is different . Most states cover part time nursing and aide services, medical equipment and supplies.

HOSPICE:

characteristics:

- patient life expectancy is ≤ 6 months
- interdisciplinary team including spiritual people
- 24 hour on-call nurses for home visits
- pain* management and *symptom* control are the primary focus
- family counseling and bereavement services are available for 1 year after

death

- palliative rather than curative
- patient signs statement choosing hospice instead of standard Medicare

benefits for terminally ill

IX) FRAUD

- A) Recognition
- B) Safe practices to avoid contributing

A) Recognition:

Antikickback statute: "It is illegal to knowingly and willfully solicit , receive, offer or pay anything of value to induce, or in return for, referring, recommending or arranging for the furnishing of any item or service payable by Medicare or Medicaid"

examples of abuse:

- payment of a fee for sign off on plans of care.
- disguising referral fees as salaries
(Contracts protect)
- home health agencies offering free services if they switch providers
- providing hospitals with discharge planners to induce referrals
- providing free services to retirement homes, in return for referrals
- offering uncovered services (grocery shopping) in return for Medicare

identification numbers

1997: most abusive home health practices fell under one of the four:

- unnecessary visits and services
- patients not homebound
- no valid physician orders
- insufficient documentation

B) Safe practices to avoid contributing

- 1) Read what you sign and don't sign on patients you don't see
- 2) Do you agree with the eligibility?
- 3) Correct any errors on plan and date and initial, keep copy in you chart.
- 4) Ask patient (periodically)
 - are they satisfied with services
 - how long they feel they need the service
 - what are they receiving
- 5) Contracts for medical directorships

10/13/00evv

1.Requirements for Certifying a Medicare Beneficiary for Home Health Care Services. Center for competitive advantage ACP 2000