

The background features abstract, overlapping green geometric shapes in various shades, including light lime green, medium green, and dark forest green, creating a modern and professional aesthetic.

Utilizing Home Health Care and Mobile Therapy Services to Prevent Hospitalization

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What Will I learn in this Presentation?

- u What is Home Health Care?
- u Who can benefit from Home Health Care ?
- u Who Pays for Home Health Care?
- u What criteria needs to be met in order to utilize home health care?
- u What Services are included in Home health care
- u How long can I have home health care
- u How can I find a home health care provider?
- u Can I change home healthcare providers ?
- u What services can I utilize after home health care or instead of home health care?

What Will I Learn in this presentation ?

- u What is Mobile physical Therapy?
- u Who pays for this?
- u What is the criteria ?
- u How is this different than outpatient therapy ?
- u How long can I have this service?
- u How do I know which service is best for me and my situation?

What Is Home Health Care and Who can Utilize these services

- u Home health care is a wide range of health care services that can be given in your home for an illness or injury. Home health care is usually less expensive, more convenient, and just as effective as care you get in a hospital or skilled nursing facility (SNF).
- u Any individual that is looking for ways to get services in the home setting, at an independent living or assisted living instead of going out to the hospital, urgent care, or outpatient may be able to utilise these services

Who pays for Home Health Care ?

Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance) cover eligible home health services like these:

Your costs in Original Medicare

- \$0 for home health care services.
- 20% of the Medicare-approved amount for durable medical equipment (dme) . allows you to see if the client will follow through with directions.
- Tri Care
- Other private insurances pay for this as well (Check with your policy)
- VA
- Medi-Cal

What services does home health care Provide and For how long?

- Part-time or "intermittent" skilled nursing care for a period of 60 days
- [Physical therapy](#)
- [Occupational therapy](#)
- [Speech-language pathology services](#)
- Medical social services
- Part-time or intermittent home health aide services (personal hands-on care)
- Injectable [osteoporosis drugs](#) for women

Usually, a home health care agency coordinates the services your doctor orders for you.

Every 60 days the agency is able to reassess whether or not eligibility will continue

What criteria need to be met in order to use Home Health Care ?

All people with Part A and/or Part B who meet all of these conditions are covered:

- You must be under the care of a doctor, and you must be getting services under a plan of care created and reviewed regularly by a doctor.
- You must need, and a doctor must certify that you need, one or more of these:
 - Intermittent skilled nursing care (other than drawing blood)
 - Physical therapy, speech-language pathology, or continued occupational therapy services. These services are covered only when the services are specific, safe and an effective treatment for your condition. The amount, frequency and time period of the services needs to be reasonable, and they need to be complex or only qualified therapists can do them safely and effectively.

Eligibility Continued:

- To be eligible, either:
- 1) your condition must be expected to improve in a reasonable and generally predictable period of time, or
- 2) you need a skilled therapist to safely and effectively make a maintenance program for your condition, or
- 3) you need a skilled therapist to safely and effectively do maintenance therapy for your condition.
- The home health agency caring for you is approved by Medicare (Medicare certified)

Eligibility Continued:

- You must be homebound, and a doctor must certify that you're [homebound](#).
- Homebound is defined as:
 - leaving the home requires considerable and taxing effort on the part of the patient, caregiver, or both,
 - and/or requires the assistance of another person or an assistive device or special transportation.
- Nonmedical absences from the home must be infrequent and of short duration.

You may leave home for medical treatment or short, infrequent absences for non-medical reasons, like attending religious services.

You can still get home health care if you attend adult day care.

What services are not included in Home Health Care ?

- Meals delivered to your home
- Homemaker services (like shopping, cleaning, and laundry), when this is the only care you need
- Custodial or personal care (like bathing, dressing, or using the bathroom), when this is the only care you need
- Daily skilled services

How can I find a Home Health Care Provider?

Talk to your doctor and express interest in home health care

<https://www.medicare.gov/care-compare/>

Talk to your local areas on Aging

Sd county-Aging and Independent Services 1800-339-4661

Parkinsons Association <https://parkinsonsassociation.org>

This Group

Goldenage Integrative Network San Diego

<https://gainus.org/member-categories/>

Word of mouth

Find a healthcare advocate to assist you and make vetted recommendations

What should I expect:

1. Physician makes a referral to a home health agency, and an initial evaluation occurs within 48 hours of the referral.
2. RN must complete the initial evaluation unless the patient requires only physical, occupational, or speech therapy services (then the therapist performs the initial evaluation).
3. At the initial visit, the nurse determines eligibility, obtains consent for care, completes paperwork, and performs a comprehensive initial assessment. Build Rapport: Know who you are talking to and find out what makes them buy:

Continued:

1. After this initial visit, the patient receives a number of subsequent visits based on the patient's needs for care.
2. The admitting nurse or therapist develops a 60-day care plan that describes all services needed and establishes goals.
3. Referring physician reviews and signs care plan.
4. Home health care providers then proceed with the specific tasks and goals and update the care plan which the physician then periodically signs along with any new orders.

What are my rights?

- be fully informed of all his or her rights and responsibilities by the home care agency;
- choose care providers;
- appropriate and professional care in accordance with physician orders;
- receive a timely response from the agency to his or her request for service;
- be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed;
- receive reasonable continuity of care;
- receive information necessary to give informed consent prior to the start of any treatment or procedure;
- be advised of any change in the plan of care, before the change is made;
- refuse treatment within the confines of the law and to be informed of the consequences of his or her action;
- be informed of his or her rights under state law to formulate advanced directives;

Rights continued:

- have health care providers comply with advance directives in accordance with state law requirements;
- be informed within reasonable time of anticipated termination of service or plans for transfer to another agency;
- be fully informed of agency policies and charges for services, including eligibility for third-party reimbursements;
- be referred elsewhere, if denied service solely on his or her inability to pay;
- voice grievances and suggest changes in service or staff without fear of restraint or discrimination;
- a fair hearing for any individual to whom any service has been denied, reduced, or terminated, or who is otherwise aggrieved by agency action. The fair hearing procedure shall be set forth by each agency as appropriate to the unique patient situation (i.e., funding source, level of care, diagnosis);
- be informed of what to do in the event of an emergency; and
- be advised of the telephone number and hours of operation of the state's home health hot line, which receives questions and complaints about Medicare-certified and state-licensed home care agencies.

Which Company is Best ?

- u Reputable companies will contact you within 24-48 hours to start care
- u They. Will notify you of the plan and frequency
- u They will call before coming over
- u They will have access to multiple clinicians, including speech and social workers
- u DO not go just by medicare ratings but take in into consideration
- u They will notify. You that a discharge is coming within. Reasonable time frame so that you can plan
- u They will offer you a social worker to help you with additional resources

Mobile Outpatient Physical Therapy Eligibility

- u No requirement for being homebound.
- u No authorization or referral required (Medicare)
- u Must require the need of skilled physical therapy care
- u Care can start immediately but ultimately requires physician to sign plan of care with in 30 days of evaluation.
- u 16-24 visits per calendar year is typical (Medicare)
- u Cannot be utilized in conjunction with home health (most insurances).
- u Patient receiving hospice care CAN use mobile outpatient.

Who Pays For Mobile Outpatient PT?

- u Traditional Medicare
 - u Medicare pays 80% and beneficiary is responsible for 20%
 - u Typically the 20% is \$40 for evaluations and \$25 for follow up appointments.
 - u Medicare supplement plans will pay the 20%.
- u Medicare Advantage Plan
 - u Most PPO's are covered.
 - u HMO plans offer do not cover
 - u Each plan should be individually checked and may vary
- u Tricare
- u VA Community
- u Commercial plans
 - u Many commercial PPO plans are out-of-network
 - u HMO plans often do not cover
 - u Each plan should be individually checked and may vary









Case Scenario

Home Health or Mobile physical therapy services ?

- u Susie 96 year old
- u Hip Fracture
- u Diagnosis of Parkinsons
- u Wound on heels

- u Family does not want her to go to skilled nursing as they are worried about COVID and her wishes are to go home
- u Discharges from hospital with supplemental home care to assist with activities of daily living such as bathing, dressing, eating
- u Orders home health
- u Susie gets physical therapy 3 x per week, a nurse to do wound care and teaches the family how to manage medications
- u Social worker is ordered for additional supports due to financial stressors, dx of parkinsons and family caregiver, burnout
- u Occupational therapy is ordered for upper body strength as pt is weak from hospital stay and side effects of Parkinson's

Case Scenario:

- u Jim: 75 years old
- u Diagnosis of Parkinsons
- u Recent Hospitalization for electrolyte imbalance with suspicion for cardiovascular event- 4 days
- u On discharge it is noticed there is a decline in mobility, poor balance, and decreased endurance.
- u Jim feels like he is going to fall when walking around the house.
- u Medication self managed/helped by wife.
- u No need for nursing is noted

- u Jim calls “mobile outpatient physical therapy” to evaluate and address issues related to mobility, poor balance, and decreased endurance.
- u After evaluation Jim is seen 2x per week and given exercises that he and his wife can work on together.
- u Jim’s doctor is called by PT to inform initiation of care and plan of care is signed by doctor.
 - u This happens simultaneously as treatment has started

- u Any coordination of care including DME is done on an outpatient basis.

Questions?

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