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
IX) HOSPICE
X) 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 OT\(^1\)
   -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 its 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 $\leq 6$ 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 your 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

10/13/00 etv
1. Requirements for Certifying a Medicare Beneficiary for Home Health Care Services. Center for competitive advantage ACP 2000