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Home Health 101

* Home Health services are prescribed by a physician by way of verbal order to evaluate or admit to home care. The SOC must be completed within 48hrs of receiving the referral. Some companies require the SOC to be completed within 24hrs of receiving the order. In any case, if the patient requests a delayed SOC, you must obtain physician orders for a delayed SOC explaining why the SOC was delayed.
	+ Communication Notes are imperative, especially as a contract therapist. Always submit communication notes when you attempt to call and schedule a SOC or Evaluation, or when attempting to call the doctor for Verbal Orders. *If you don’t document it, it never happened*!
	+ Verbal orders are required after the evaluation or SOC is completed to continue skilled intervention with your plan of care. This must be documented as a physician order once obtained.
* An RN, PT or ST can complete the Start of Care OASIS and then must obtain orders for further services.
	+ The SOC OASIS is a data collection of changes noted in the past 14 days consisting of factual information.
* The Verbal Order is documented in locator 23 on the 485. The 485 is the home health summary including your evaluation, the evaluation of other disciplines and the POC (plan of care). The physician signing the 485 is responsible for the face to face documentation as well as overseeing all home health services. The 485 must be signed by the MD before the episode can be billed by a home health company. State licensing boards for therapists and nurses in every state require that physician orders must be followed.
	+ Face to face document – must be completed by the physician 90 days prior to the initiation of home health services (i.e. from a regular PCP visit) or within 30 days after the initiation of home health services/home health start of care date.
* Home Health services are paid for by Medicare, managed care plans etc. It requires an order from an MD who will oversee the 60 day episode of care (each certification period is 60 days). It requires that the patient is homebound (taxing effort to leave their home and is medically necessary to be completed at home rather than an outpatient facility). It requires that the service be medically necessary and that the services must be ‘skilled’ (while teaching can be a skill, consider if it is medically necessary for a home health clinician to do the teaching).
	+ Medicare pays 50-60% of the expected cost of care up front
	+ Less than 5% of the nations claims are audited (so when you wonder why you “got away with it at another agency’ no you know
	+ In 2013 of the tiny percentage of records that medicare and its contractors reviewed over 40% were in “in error” euphemism for fraudulent.
* The certification period begins on the first day of the start of care. However, plotting visits for the entire certification period must be validated by standard measuring tools. Most managed care organizations will only allow up to 6 visits total in a certification period (i.e. Kaiser 6 total for Physical Therapy, 4 for Occupational Therapy and 4 for Speech Therapy). If the patient requires more than one certification period (i.e. re-certification), you will need to validate reasons why to include progression towards goals, but has not met all goals or max functional independence. This would be followed by obtaining a physician order to recertify, discussion with the home health agency to ensure they are supportive of this recert process and a re-evaluation/recert OASIS.
* Only one clinician will complete an OASIS at a time for the Start of Care (SOC), Recertification (recert), Transfer, or Discharge OASIS. All other clinicians on the case will complete either the evaluations/re-evaluations. Therefore it is imperative to communicate regularly with other disciplines on the case. Be sure to complete communication notes for interdisciplinary communication documentation. *If you don’t document it, it never happened.*
* Documentation required to support a claim for home health episode (POC, Medical Necessity, Physician Order, Skilled Need):
	+ Face to face encounter from a physician
	+ POC that has been developed with a physician and serves as a physician order
	+ OASIS assessment which documents support for medical necessity and tracks the outcome performance of the agency
	+ Visit notes that document services that are IN ACCORDANCE with the POC.
* Common Mistakes:
	+ A home health clinician documents a pulse oximetry reading on the record when no pulse oximetry is ordered (it is considered a medical test and not a vital sign measure)
	+ The POC contains orders to obtain pulse oximetry readings PRN respiratory symptoms when no problems with respiratory system are documented on the 485.
	+ The POC is not followed
	+ The POC for every patient a clinician see’s has the same frequency (i.e. 1w1, 2w8 for all frequencies)
	+ Over utilization of therapy (i.e. commonly known as 25 visits or more in one certification period total including PT, OT and ST visits)
* Parameters for Vital Signs (make sure to include these parameters in all SOC OASIS. A separate document with these parameters are located on the main website.
* Plan of Care Content must include all pertinent diagnoses such as mental status, types of services, supplies, equipment required, frequency of the visits to be made, prognosis, rehabilitation potential, functional limitations, activities permitted, all medications and treatments, safety measures to protect against injury, instructions for timely discharge or referral and any additional items the home health agency or MD choose to include. It means it is a MD order and your state licensing board requiring a clinician to follow the MD orders. It must include the frequency, expected duration, measurable goals, and an overall description of a course of treatment which is consistent with the qualified therapist assessment of the patient’s function.
	+ Frequency example: 1w1 (typically covers the evaluation or SOC), 2w4, 1w4 (meaning 2x a week for 4 weeks, and 1x a week for 4 weeks) = 13 visits total for skilled PT intervention within the 60 day certification period.
	+ Over Utilization of frequency typically means more than *24* visits total in a certification period, which can be justified if all three disciplines (PT,OT,ST) are treating a patient for a necessary diagnosis.
* HHA’s: In order for home health agencies (HHAs) to be paid, an MD signature must be legible and dated, prior to billing the end of the episode claim, verbal orders must be signed before billing the claim, current medication including the drug, dosage, route and frequency must be signed as well as part of the 485.
* Homebound status: In order for a patient to qualify for home health services, the patient must be considered home bound (i.e. it is a taxing effort for them to leave their home on a regular basis).
* Qualifications for HH therapy: new onset or acute exacerbation of diagnosis, acute change in condition, changes in treatment plan as a result of changes in condition, changes in caregiver status, complicating factors such as wound care needs, homebound status is supported, need for skilled service is supported)
* Visit notes: Once Verbal Orders are obtained and written as a physician order on the patient chart, regular visits can be scheduled.
	+ Every note must be signed, dated with correct time in and out. Every visit must be signed in the ZUUM app.
	+ Notes reflect progress towards goals.
	+ Notes must reflect communication between assistant and therapist every week (when assistant is completing visits)
	+ Reassessments & Supervisory notes must be completed once every 30 days and no later, therefore must be completed on average between 20 – 30 days.
	+ Visit notes must include documentation that the intervention ordered took place and follows the POC.
* Missed Visits: You can make up visits any time in the Medicare work week (Sunday to Saturday), but if the visit cannot be made up you must document reasons why the visit was missed, notify the MD and document it as such to include the person you spoke to, time of day and date on the patients chart. Missed visits are a breach of physician orders and must be documented as such.
* When to call MD: when there is a change in patients condition, vitals are outside of parameters, patient refusal to continue HH services, or any other concerns or changes to the POC.
* Bag technique: You must make sure to review Bag techniques and be prepared with necessary items and documentation, when entering a patients home. Please review bag technique on the website for details.
* ORGANIZATION is key for scheduling and keeping up with home health documentation requirements.