HOME HEALTH 101

Home health is a bridge between a significant medical event (e.g.: falls, a hospitalization, or worsening disease) and increased independence/support in the home for a person.

It is meant to be temporary in nature, often connecting a person to necessary long-term services or more sustainable programs (like a diabetes clinic at their doctor's office).

To qualify for home health, a **qualifying event** must have occurred in the **last 14 days**. This could be a fall in the home, a trip to the emergency room for uncontrolled pain, a new diagnosis of diabetes, or making significant errors taking medications that are impacting safety.

To receive home health, a doctor must refer the person. This usually can occur with what is called a "Face to face" appointment with a physician (an in-person visit to a doctor), or a doctor at the hospital can refer them.

Once the doctor initiates the referral, it is sent to a home health agency. For example, it may be faxed to Kaiser Home health. Kaiser home health has a team of referral coordinators who look at the referral and assess the legitimacy of it. If Kaiser home health doesn't have the capacity to take on the referral (Medicare has a rule that a person must be seen 48 hours after referral is sent to remain in compliance), they will send it to a different agency so that the person can be seen as soon as possible.

Homebound Criteria

To be eligible for home health, you also need to meet the Medicare **homebound criteria**. Essentially, this means it's very difficult for a person to leave home and they need help to do so.

To deem someone homebound under Medicare guidelines is an incredibly gray area:

1. You need the help of a supportive device (cane, walker, wheelchair, etc.) or another person to get out of the house OR your doctor believes your illness could get worse if you leave home.
2. It takes a great deal of effort for you to leave home (Medicare calls this a "considerable and taxing effort"), so:
    - You don't leave home often; and
    - If you do leave home, it's for a short time and to do something you really need to do. For example, you generally can:
        - Visit your doctor or get medical treatment
        - Get a haircut or visit the beauty parlor
        - Attend religious services
        - Go to a licensed or accredited adult daycare
        - Attend an important event like a wedding, family reunion, graduation or funeral

There are also exceptions for individuals with diagnoses such as agoraphobia or extreme paranoia where leaving home puts a person under a great deal of stress.

It does NOT deem someone homebound if they do not have the means of transportation to get to an appointment. For example, if someone was just deemed unsafe to drive but is otherwise in good physical condition, they would not be considered homebound.

The Home Health Team

Home health has nurses, occupational, physical, and speech therapists, social workers, and bath aides.

Nurses: Nurses can perform a variety of different roles for the home health patient. They may educate someone on the proper diet for their chronic disease (like diabetes or heart failure). They may provide wound care/educate caregivers on how to take care of a wound on non-nursing visit days. They may educate on side effects of medications and the importance of taking meds at certain times of the day. They may educate on the progression of a disease and risk factors for making it more complicated.

OT: Occupational therapists help people return to their meaningful activities. These can be things they need to do (managing medications, showering, feeding themselves) or things they want to do (walk their dog, play bingo without getting distracted). OTs often recommend adaptive equipment to help people return to these daily tasks, such as a shower chair, a reacher, or a sock aid. They often will assess a person's cognition and determine which aspects of their cognition are impaired and what their strengths are, and then create adaptive methods in the person's routines to help them succeed in their daily tasks. They also work on exercises (mainly of the upper extremity) to help people return to strength they need to get things done.

PT: Physical therapists focus on the (you guessed it) physical aspects of a patient's capacity. They assess strength, balance, gait/walking, reaction time, endurance, and ability to transfer from one place to the next safely. They may recommend a different type of walker or wheelchair, and they are essential in assisting with applying for a power wheelchair if someone is in need.

ST: Also known as a speech language pathologist, speech therapists do much more than their name suggests. They also assist with swallowing difficulties someone may experience. If someone has difficulty swallowing pills, coughs a lot after eating, or has a history of aspiration pneumonia, it may be helpful for them to see a speech therapist. They also help with perfecting speech after a stroke, assistive communication devices for someone losing their speech with a neurological illness, or creating activities to help with word finding. Speech therapists often assess a person's cognition and collaborate with OTs to help create exercises and activities to either work on re-establishing brain connections or compensatory strategies to make up for loss.

MSW: Medical Social Worker's role is to collaborate with the resource team a person already has in addition to connecting them with resources (temporary or permanent in nature) to help them succeed in their environment. For example, initiating a Meals on Wheels referral, providing them with a TriMet lift application, working with their caseworker to get re-assessed for more in-home caregiving hours, etc.

Bath Aide: We offer this service as a temporary assist to help someone with bathing while they are waiting for a caregiver or are working on the strength and equipment to do it themselves. A bath aide can stay in as long as someone is receiving home health services, so it is not long term.

How is home health different than in-home services someone may qualify for via Medicaid coverage?

If someone qualifies for in-home services via Medicaid, the program pays for someone to assist with various ADLs and/or IADLs. Usually, they qualify for a given number of hours per month. I always encourage folks to connect with their caseworker to get re-assessed after a significant medical event, because oftentimes they qualify for more hours due to impaired functional capacity.

We often train caregivers in home health to show a person how to properly transfer a person in/out of a car, assist with bathing while promoting independence, or setting up medications each week. Our goal is to maximize independence for the individual while also utilizing the support they qualify for.

I am sure our friends at CareOregon can provide more information on this area, but this is a helpful document I've referenced in the past to understand the process.

https://oregonlawhelp.org/files/CCDACC15-944D-570E-7F1F-7BBF3DEC0018/attachments/DE01D730-2330-4547-8DAD-29B2C2BFF98E/medicaid-in-home-services-advice.pdf

Questions?

I would LOVE to help. Please don't hesitate to reach out with questions about a potential home health patient, patient safety, etc.

Katy Danforth Staley, OTD, OTR/L

Occupational Therapist and Clinical Supervisor at Kaiser Home Health

katyedanforth@gmail.com