

Tool: Home Health Clinical Services Self-Assessment — PT

Purpose: To identify level of knowledge related to Medicare skilled services

Instructions: Answer the questions below and submit to _____.

1. What is required when establishing eligibility for the Medicare Home Health Benefit? Answer “Y” for yes and “N” for no.
 - _____ Patient must be confined to the home (homebound).
 - _____ The patient is an eligible Medicare beneficiary.
 - _____ The patient must have a willing and able caregiver.
 - _____ The patient must be under the care of a physician or non-physician practitioner, such as nurse practitioner or physician assistant.
 - _____ The patient must be under the care of a physician.
 - _____ The patient must receive services under a plan of care established and periodically reviewed by a physician.
 - _____ The patient must be in need of skilled nursing care on an intermittent basis or physical therapy or speech-language pathology.
 - _____ The patient must have a continuing need for occupational therapy.
2. What is the correct sequence for admission of a Medicare patient to home health? (Number 1 through 6)
 - _____ Select the G code for the skilled service provided during the visit.
 - _____ Provide the ordered skill, if applicable.
 - _____ Obtain the physician order for the skilled intervention (if not provided with the verbal order to admit to home health).
 - _____ Establish that the patient is eligible for the Medicare home health benefit.
 - _____ Perform the OASIS comprehensive assessment.
 - _____ Provide required verbal or written information regarding HIPAA, payment, consent, emergency planning, etc. as required by agency, state and/or federal regulations.
3. Enter “T” for true or “F” for false for the following questions about consolidated billing.
 - _____ A patient is admitted for Physical Therapy only for a qualifying Medicare home health episode. The patient also has had a colostomy for seven years and is independent with its care. He has a company that delivers colostomy supplies. Because nursing is not involved, the agency is not required to provide colostomy supplies. In this situation, Medicare allows the colostomy supplies to be provided by the DME.

- _____ All non-routine supplies must be included in the plan of care. If the physician prefers not to order supplies for a condition not related to the reason for home health care, the physician may write a PRN order for non-routine supplies if needed during the episode of care.
- _____ If the patient has a chronic condition that requires the use of non-routine supplies, it is important to monitor the use of supplies during skilled visits so you can inform the patient that the supply will be provided if needed. If the patient has adequate supplies to last the expected three week therapy episode, it is not necessary to say anything about supplies.
4. Enter "T" for true or "F" for false for the following questions about timely initiation of care.
- _____ The therapy-only patient is discharged from the hospital on Friday and asks if it would be okay to wait until Monday for the resumption of care. It is acceptable to obtain an order to complete the resumption of care on Monday as long as the physician is in agreement that the delay does not have the potential to harm the patient and is willing to sign an order specifying Monday as the resumption-of-care date.
- _____ It is agency policy for the registered nurse to complete all start of care (SOC) OASIS comprehensive assessments for therapy-only cases. A patient requires physical therapy on Saturday after a Friday discharge, but the registered nurse is booked solid and cannot do the OASIS comprehensive assessment. The therapist also works for another agency, where she routinely completes OASIS starts of care. She volunteers to complete the OASIS comprehensive assessment in the interest of good patient care. This would be acceptable because the therapist is a qualifying service under the Medicare home health benefit and is permitted to complete OASIS by Medicare.
- _____ The therapy-only patient is discharged from the hospital on Friday and asks if it would be okay to wait until Monday for the start of care. It is acceptable to obtain an order to complete the start of care on Monday as long as the physician is in agreement that the delay does not have the potential to harm the patient and is willing to sign an order specifying Monday as the start-of-care date.
5. Enter "T" for true or "F" for false for the following questions about changes to the ordered frequency.
- _____ The therapist is ordered to visit a patient twice a week and has scheduled Mondays and Thursdays for four weeks. The following Monday, the patient requests a change from Thursday to Friday for that week's second visit due to an appointment. The therapist is not required to send a missed visit notification to the physician.
- _____ The therapist is ordered to visit a patient on Mondays and Thursdays for four weeks. The following Monday, the patient requests a change from Thursday to Friday for that week's second visit due to an appointment. The therapist is not required to send a missed visit notification to the physician because the visit is still in the same week and it is per patient request.
6. Enter "T" for true or "F" for false for the following questions about home health aide services and supervision.
- _____ In a therapy-only case, Medicare does not require that the home health aide be present during supervisory visits by the physical therapist.
- _____ In a therapy-only case, Medicare allows the physical therapist to call the patient for telephone supervision if the patient requests it.
- _____ In a therapy-only case, the home health aide is required to perform personal care services ordered by

the physician and as directed by the physical therapist but if the patient requests a change, such as a bed bath instead of a shower due to being tired, the home health aide may oblige the patient.

_____ The patient has skilled nursing and physical therapy services. The RN visits once a month for Foley catheter changes and home health aide supervision. The physical therapist agrees to provide supervision on the alternate two week periods. This is acceptable by Medicare because therapy is allowed to supervise home health aides.

7. Enter "T" for true or "F" for false for the following questions about physician orders or answer the question asked.

_____ The physician orders the therapist to change the dressing as follows: "Cleanse wound with wound cleanser, pat dry with sterile gauze, apply calcium alginate to the wound bed, cover with dry dressing and tape in place." The physical therapist routinely uses skin prep on the area surrounding the wound to protect it from tape burns. It is not necessary for the therapist to obtain an order for the skin prep because it is not directly related to the wound care. (Mark NA if therapist does not perform wound care.)

NA _____ The physician orders the physical therapist to evaluate and treat the patient for a Medicare home health episode of care. The therapist evaluates the patient, establishes a therapy plan of treatment and begins to implement the treatment plan. The physician received the therapy treatment plan for signature a week later, after two treatments have been provided. These treatments would not be reimbursable. Why? _____.

NA _____ The physician orders the therapist to monitor pain and report if pain is >5 on a 0 to 10 scale. The patient has a prescription for a pain medication with instructions to take for moderately severe pain every 4 to 6 hours. The patient reports unremitting pain of 9 on a scale of 0 to 10 during therapy, so the therapist advises the patient to take the prescribed pain medication 30 to 45 minutes before the next therapy visit. There are two reasons this is not acceptable. What are they? _____.

8. Enter "T" for true or "F" for false for the following questions about the Drug Regimen Review.

_____ The physical therapist notes on admission that the patient has resumed using a comparable pain medication for the pain she is experiencing. This medication is not listed on the reconciled discharge medication list that was provided by the hospital. Because the medication the patient has on hand was prescribed by the home health attending physician before the hospital admission, it is acceptable for the patient to continue this medication until the patient sees the physician for follow-up in two days.

_____ The physical therapist notes that the patient reports Percocet relieves the pain she is experiencing. Upon review of the ordered medications the therapist finds that Percocet is not included. He informs the patient that the Percocet must be confirmed with the physician and calls the physician from the home to clarify the order. The therapist is taking the correct action.

_____ The patient uses oxygen 2l/min via nasal cannula while sleeping. The therapist notes on recertification that the previous therapist, who did the start of care, had not added the oxygen to the medication profile. The therapist confirms with the physician that the order for oxygen is correct and adds to the medication profile in the home and in the home health agency clinical record. This is the correct action.

_____ During the Drug Regimen Review (M2000), the therapist is uncertain about the cardiac medications

and places a call to the pharmacist to collaborate before answering M2000. The therapist obtains the information needed and then selects the response in M2000 that the therapist determines is most appropriate for the patient. This type of collaboration is addressed in agency policy and is a longstanding policy. This is not acceptable.

NA

During the Drug Regimen Review (M2000), the therapist finds that the patient has many medications that the therapist has never heard of. The therapist knows that the patient has an appointment with the physician the next day and instructs him to take the medications to the physician's office to review. The therapist selects "0 — Not assessed or reviewed" and documents the instructions given to the patient. Why is this not correct? _____

9. Enter "T" for true or "F" for false for the following questions about coordination of care.

_____ In a therapy-only case, the physical therapist determines that a home health aide is appropriate for the patient, obtains an order from the physician and completes the home health aide assignment. The home health aide is very experienced and always calls if there are any questions. The therapist notifies the scheduler to schedule the aide and to instruct her to call if she has any questions. This is acceptable because the therapist has instructed the aide to call if there are any questions.

_____ The therapist notes on admission that the patient reports back pain of 8 on a scale of 0 to 10. The therapist knows that the patient has long-term pain and that the home health attending physician is his surgeon of many years. The patient assures the therapist that the doctor knows he has pain. On visit #2, the patient reports pain of 8. On visit #3, the patient reports pain of 9. On visit #4, the patient is in so much pain that he cannot participate in therapy. The therapist calls the doctor to report the unremitting pain because therapy does not seem to be helping. If you do not agree with the therapist's action, list what you would have done: _____

_____ The therapist observes the assisted living facility staff assisting the patient from bed to wheelchair in an unsafe manner. He instructs them in the proper procedure for safe transfer, observes them performing transfer correctly, documents the instructions and then locates the charge nurse to discuss the actions taken, the reasons and to determine if there are any other staff who might require instructions in safe transfer for the patient. The therapist went above and beyond what is expected. He is only required to address the immediate safety issue for the patient.

Clinician Signature

Title

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