



Occupational therapy practitioners

can be effective and important components of any home health agency's patient care and administrative teams. Occupational therapy practitioners can be used in improving efficiency, implementing new administrative requirements, and maximizing outcomes for patients.

Occupational therapy can perform admission visits.

Occupational therapists can conduct the initial assessment visit and the start of care comprehensive assessment on rehabilitation-only patients for whom OT "establishes eligibility." ([MedicareCOP]-42CFR484.55) For many payers (e.g., Medicaid, private insurance), OT does establish the initial eligibility for home health, even though Medicare restricts OT as a qualifying service to "continuing need." Don't restrict your options for non-Medicare beneficiaries when OT can be a valuable resource to conduct the initial visits.

Occupational therapy does qualify a Medicare patient for continued home health eligibility.

A continued need for occupational therapy alone qualifies the Medicare patient for the home health benefit and thus for any dependent aide and medical social work services the patient needs. (Benefits Policy Manual, Chapter 7, Section 40.24)

Occupational therapy may be the only continuing service needed by patients, but it is sufficient to qualify for continued Medicare home health services.

Occupational therapy can assist in aide supervision and in training of aides to maximize effectiveness and promote patient recovery.

An occupational therapist may supervise the home health aide when nursing services are not on the plan of care, but occupational therapy is on the plan. (COP, 42CFR484.36) (Note: Some states require nursing to always supervise aides; check your state regulations.) Whether supervising or not, occupational therapy can "fine tune" the aide care plan so that aide services help to move the patient towards independence in self-care, potentially reducing the number of aide visits required and the length of the home health episode.

Occupational Therapy

Skills for the Job of Living
for your patients

Skills for Achieving Outcomes
for your home health agency



Occupational therapy involvement can maximize the value of home health aide services.

Home health aide service time can be used to enhance patient fulfillment of therapy plan goals. This is possible because aide services do not have to be limited to the provision of personal care services. (Benefits Policy Manual, Chapter 7, Section 50.2) It is particularly useful for patients who need the presence of another person to practice ADL or IADL safely. An OT can develop an aide participation plan that clearly describes what the patient is expected to do and what the aide is expected to do in fulfilling the occupational therapy objectives. Such use of aide time provides the patient with opportunities to practice skills and techniques developed by the OT, while the aide's presence assures that the task is done safely and effectively. The occupational therapist can provide support and training for the aide to assure appropriate implementation and thus achieve improvement and accomplishment more quickly.

Occupational therapy can enhance outcomes and OBQI reports.

Occupational therapists are experts in addressing ADL and IADL performance. Occupational therapists are trained to analyze the demands of an activity, to assess performance skills, and to identify the appropriate match of demands and skills to achieve optimal outcomes in functional skills. Occupational therapists accurately assess cognitive, psychological, and motor aspects of performance according to OASIS parameters and tailor intervention plans to achieve favorable outcomes.

Occupational therapy participation can improve OASIS accuracy.

Occupational therapists can teach staff ADL and IADL assessment strategies based on their unique training and perspective. To promote coordination and consistency, occupational therapists can make joint visits with skilled practitioners of other disciplines to model or share approaches or to enhance specific competencies. This type of participation can improve interrater reliability and data accuracy on the OASIS functional status items. OASIS accuracy insures that payment is appropriate, benefiting the agency and the patient.

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Occupational therapy can bring specialized knowledge that can enhance outcomes for particular patient conditions.

For diabetic patients, for instance, occupational therapists are qualified to address vision and sensory losses that often accompany diabetes and interfere with both diabetic management and general safety and independence. Occupational therapists identify techniques and adaptations to the environment or behavior to compensate for limited vision or loss of feeling. Occupational therapists' analysis of routines and activities and how they affect diabetes management can result in effective ways to incorporate positive strategies into daily living.

For patients with dementia and other cognitive impairments, including Alzheimer's disease, the occupational therapy perspective of addressing the interaction of the individual and the environment, including family, can provide caregiver instruction and environmental adaptations. These approaches can enhance safety, improve management of ADL, and reduce caregiver burden, producing improvement or non-worsening outcomes in ADL and IADL. Medicare recognizes that patients may benefit from therapy at all stages of dementia (PM AB-01-135).

For patients with behavioral health disorders, occupational therapists, with their core knowledge base in psychosocial issues, can work with psychiatric nurses to address the needs of patients with DSM-IV™ diagnoses. An occupational therapy perspective regarding activity can address the reestablishment of daily routines, strategies to enhance medication compliance, self-management, and stress management strategies. ■

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Citation abbreviations

COP Medicare Home Health Conditions of Participation
PM Medicare Program Memorandum



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Occupational Therapy: Skills for the Job of Living