Occupational Therapy's Role in **Home Health**

Occupational therapy practitioners are effective and important components of any home health agency's patient care and administrative teams. Occupational therapy practitioners can have many roles in improving efficiency, implementing new administrative requirements, and optimizing 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 therapy-only patients for whom occupational therapy "establishes eligibility" (Conditions of Participation, 42CFR484.55). For many payers (e.g., Medicaid, private insurance), occupational therapy does establish the initial eligibility for home health, even though Medicare restricts occupational therapy as a qualifying service only to when there is a "continuing need" (see below). But agencies and consumers should not restrict options for initial visits for non-Medicare beneficiaries. Occupational therapy can be a valuable resource to conduct the initial visits, increasing the number of available staff to conduct initial visits, addressing home safety issues earlier and identifying established routines to share with team members for improved participation by the patient in the plan of care.

Occupational therapy qualifies a Medicare patient for continued home health eligibility. A continued need for occupational therapy can extend eligibility under Medicare because the need for occupational therapy alone qualifies Medicare patients for continuation of the home health benefit and thus for any dependent aide and medical social work services the patient needs (Medicare Benefit 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 coverage of Medicare home health services. "Subsequent to an initial covered occupational therapy service [visit], continuing occupational therapy services which meet the requirements of §409.44(c) are considered to be qualifying services" (Beneficiary qualifications for coverage of services, 42CFR409.42(c)(4)).

Occupational therapy can collect OASIS data at any time point subsequent to the start of care. OASIS accuracy ensures that payment is appropriate and outcomes are accurate, benefiting the agency and the patient. Occupational therapy practitioners can contribute to this process. Once competency is established, occupational therapists are well prepared to perform assessments collecting OASIS data at resumption of care, other follow up, recertifications, and discharge time points (OASIS Guidance Manual). Furthermore, occupational therapists can help other agency staff understand the most effective techniques to assess patient needs, activities of daily living (ADLs), and instrumental ADLs to more correctly complete the OASIS and develop a plan of care. Occupational therapists can provide this guidance based on their unique training and perspective, which focuses on functional capabilities.

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 (Conditions of Participation, 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 toward independence in self-care, potentially speeding progress while reducing needed aide visits and the length of the home health episode.

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Occupational therapy contributes to stronger outcomes—for your patients and your agency.

Patients and their families are concerned about your patients' abilities to take care of themselves and to manage at home safely. Some patients have the potential to regain skills affected by their conditions. Other patients need strategies to prevent further loss of abilities. Regardless of specific diagnosis or condition, occupational therapy practitioners offer strategies for your patients to manage daily activities while reducing the risk of injury or further decline (Goldberg, 2009; Ryan, 2006). Occupational therapy practitioners find the right fit between patients' abilities, needed and desired activities, and their home environment so patients can manage safely and productively—*at home*.

You are also concerned about your patients' ability to *manage their conditions*. Management of chronic conditions is in large part management of daily activities. Occupational therapy brings expertise to help patients translate "doctor's orders" to manageable daily habits and routines (Bondoc & Siebert, 2010). Occupational therapy can strengthen outcomes related to:

- **Medication management:** Occupational therapy addresses strategies to enhance medication adherence and integrate medication management into patients' daily routines (Sanders & Van Oss, 2013, Touchard & Berthelot, 1999).
- **Daily management of conditions such as:**
  - *Diabetes:* Occupational therapy addresses the many aspects of diabetes management that must become daily routines: blood sugar monitoring, hygiene and foot care, meal planning and preparation, healthy coping strategies, and physical activity. Occupational therapy practitioners can also train patients with diabetes to use compensatory strategies for vision, sensory, or motor loss that may interfere with their daily activities (Sokol-McKay, 2011).
  - *Heart failure:* Occupational therapy addresses strategies to conserve energy and reduce the demands of activities, while integrating appropriate physical activity and self-monitoring. Occupational therapy practitioners can assist patients to master new activities—daily weights, modified diets—and incorporate these activities into regular routines (Branick, 2003; Norberg, Boman, & Lofgren, 2010).
  - *Chronic obstructive pulmonary disease:* Occupational therapy addresses strategies to conserve energy, reduce the demands of activities, and self-monitor to avoid exacerbations. Occupational therapy practitioners can assist patients to incorporate pacing, planning, and stress management into daily activities (Branick, 2003).
  - *Cognitive and behavioral health conditions:* Occupational therapy addresses daily routines, medication adherence, self-management, and stress management strategies. With a core knowledge base in psychosocial issues, occupational therapists can also address behavioral health conditions and train caregivers to provide appropriate cues and support to patients with cognitive limitations to optimize performance and reduce agitation or confusion.

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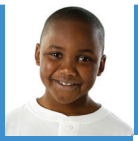
Occupational therapy enables people of all ages to live life to its fullest by helping them to promote health, make lifestyle or environmental changes, and prevent—or live better with—injury, illness, or disability. By looking at the whole picture—a client's psychological, physical, emotional, and social make up—occupational therapy assists people to achieve their goals, function at the highest possible level, maintain or rebuild their independence, and participate in the everyday activities of life.