Occupational Therapy in Medicare Home Health

Support the Medicare Home Health Flexibility Act

Occupational therapists have long been recognized as a critical aspect of home health care, qualifying patients for therapy services upon a continuing need basis. However, current Medicare regulations create an imbalance among skilled therapy services. Occupational therapy is frequently ordered on a physicians’ initial plan of care (alongside qualifying services such as physical therapy and speech language pathology) but occupational therapists are not permitted under Medicare to conduct the required initial and comprehensive home health assessments.

The Medicare Home Health Flexibility Act (S. 977) would specifically allow home health agencies the flexibility to use the most clinically appropriate skilled service to open cases and conduct the initial and comprehensive assessments. It would not alter in any way Medicare’s criteria for establishing eligibility for the home health benefit. This bill is bipartisan and was introduced by Senators Ben Cardin (D-MD) and Dean Heller (R-NV) and is on track to be reintroduced in the House by Rep. Meehan (R-PA) and Rep. Doggett (D-TX) 115th Congress soon.

The Problem

- Occupational therapists cannot conduct the initial and comprehensive assessments for home health services even when occupational therapy is ordered in the plan of care alongside one or more qualifying services.

The Fix

- S.977 would allow home health agencies to have occupational therapists perform the initial and comprehensive assessments exclusively within cases where skilled nursing care is not ordered.

The Cost

- Zero. The provision was included in CBO’s score 2009’s Affordable Health Care for America Act (H.R. 3962) and found to have no cost.

Occupational therapists are qualified to perform the initial and comprehensive assessments based on their unique training and perspective, which focuses on functional capabilities. This discrepancy causes un-needed inefficiencies and barriers to home health agencies providing patients with effective, timely, and appropriate therapy services. In areas where access to physical therapy or speech-language pathology clinicians are limited, the inability of occupational therapists to perform the initial and comprehensive assessments can lead to delays in the administration of home health therapy services and increased costs to Medicare.

This change in policy would apply to rehabilitation only cases and be limited to instances in which skilled nursing is not identified by the ordering physician; nurses must conduct the initial and comprehensive assessments whenever they are involved in home health cases and this bill does not change that policy.

The Medicare Home Health Flexibility Act has been introduced in previous Congresses and received bipartisan support. It was part of the House-passed health reform package where it was given a zero score from the Congressional Budget Office (CBO). Additionally, it has received support from the broader community’s major stakeholders, including the National Association of Home Care and Hospice (NAHC), the American Physical Therapy Association (APTA), the American Speech-Language Pathology Association (ASHA) and nursing groups that recognized the need for increased flexibility to perform the initial assessment.