

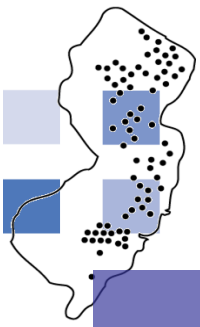


# HOME CARE TODAY AND TOMORROW...

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COMMUNITY MEDICAL CENTER HOME HEALTH AND  
VAN DYKE HOSPICE

# Home Health Care Services

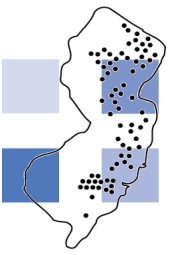
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**Approximately 7.6 million people in the US require some form of home health care.\***



\*Source: Basic Statistics About Home Care, The National Association for Home Care & Hospice



## What is Home Health Care?

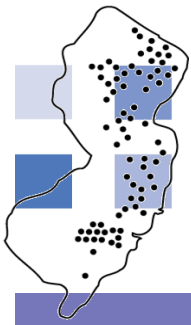
- Skilled Nursing\*
- Therapeutic Treatment
- Assistance with Activities of Daily Living

\*There is a difference between skilled and non-skilled care.



# Home Health Care Services

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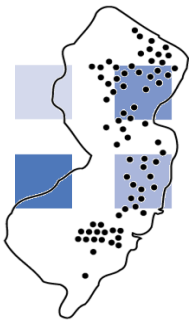
## There are many services provided by home care agencies including:

- Wound Care
- Diabetic instruction and management
- Cardiac Management
- Ostomy Management
- Medication Management
- Orthopedic & Neurological Disease Management
- Urological Management
- Pain Management
- Gastric Tube Feeding
- Infusion Therapy
- Tracheostomy Care and Management
- Administration of prescribed injectable medication
- Nutritional Counseling
- Pediatric Services
- Maternal-Child Health



# Home Health Care Services

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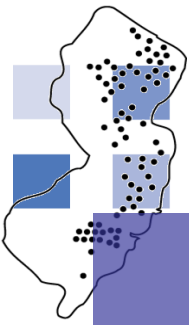


## Specialty Programs

- Joint Replacement Home Recovery Program
- Stroke Recovery Program
- Congestive Heart Failure (CHF) Program
- Cardiac Conditioning Program
- Falls Prevention Program
- Medication Management Program
- Certified Home Health Aide Program



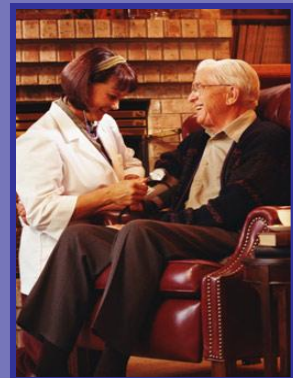
# Home Health Care Services



## Who can benefit from Home Health Care Services?

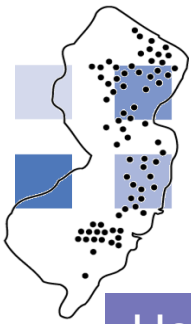
### Patients who are:

- Discharged from the hospital
- Discharged from the Emergency Department
- Discharged from a rehab center or skilled nursing facility
- Diagnosed with a change in condition from a physicians office



# Home Health Care Services

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Hospital Readmission within 30 days of discharge are now being measured by Medicare.

Home Health can prevent readmissions for:

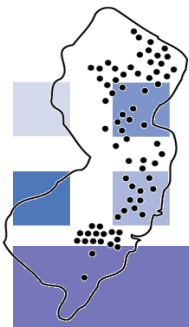
- \* Heart Attack
- \* CHF
- \* Pneumonia

Home Health plays a vital role as part of the continuum of care for your patient. Home Health reportable outcomes are in direct alignment with the acute care setting. This partnership ensures that your patients' care plan will continue to be implemented.



# Home Health Care Services

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**What is required for a referral to home care?**

**Physicians order**

**Face to Face Encounter**

**Homebound patient with a skilled need**

**All Services are covered 100% by Medicare**

**Referrals can be made from:**

**MD office**

**Hospital**

**Nursing Home**

**Sub acute**

**Rehab**





# Home Health Care Services

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## Medicare Definitions:

### **Homebound\*:**

An individual does not have to be bedridden to be considered to be confined to his home. The condition of these patients should be such that there exists a normal inability to leave the home and consequently leaving the home would require a considerably and taxing effort. If the patient does leave the home they are still considered homebound if the absences from the home are infrequent and relatively short in duration or are for medical treatment. Medical treatment includes: adult day medical centers to include medical care, dialysis, chemo, radiation, diagnostic testing, MD visits, etc. Occasional absences from the home for non medical purposes are acceptable, for example; a walk around the block, a drive a trip to the barber, religious services, etc.

A beneficiary is considered to be homebound if he or she has a condition due to an illness or injury which restricts the ability to leave the place of residence except with the aid of supportive devices or use of special transportation or assistance of another person or a condition which is such that leaving the home is medically contraindicated.

\* Medicare Home Health Agency Manual through HCFA transmittal #276 204.1

# Home Health Care Services

## Place of Residence\*:

A patient's place of residence is wherever he makes his home. This may be his own dwelling, an apartment, a relative's home, a home for the aged or some other institution. However, certain institutions may not be considered a place of residence.

- SNF
- Rehab
- Acute Care Hospital
- Any institution receiving payment under Medicare Part A or B

## Skilled Care\*:

For any home health services to be covered by Medicare, the beneficiary must meet the qualifying criteria as specified in S204 including having a need for skilled nursing care on an intermittent basis, physical therapy, speech therapy or a continuing need for occupation therapy as defined in this section.



\*Medicare Home Health Agency Manual through HCFA transmittal #276 204.1B,206.5.1



# Home Health Care Services

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## Healthcare Reform's impact on Home Health

- Face to Face encounters
- Co-pays
- Bundling
- Declining Reimbursements





## Home Health Care Services

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# Questions???

