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## A New Opportunity for Occupational Therapists to Open Cases in Home Health

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## A New Opportunity for Occupational Therapists to Open Cases in Home Health

### Abstract

As of January 1, 2022, licensed occupational therapists have the permanent ability to open home health cases for the first time since 1999. This ability creates opportunities for occupational therapists to case-manage in the home health setting and showcase the benefits of occupation-based interventions for their clients. Further, occupation-based interventions create opportunities to establish aging-in-place and other cost-saving strategies. Occupational therapists will need to inform their home health agencies about this new ability, emphasizing the benefits of a more substantial presence in home health episodes of care. They will also need to develop new skills in the admission process or hone previous ones to maximize this opportunity. This article aims to provoke thought and conversation regarding the new option for occupational therapy to admit home health clients and the profession's future in this setting.

### Keywords

home health, aging in place, case management, occupational therapy, Medicare

### Cover Page Footnote

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

### Credentials Display

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Pressure on the United States (US) health care system amid the COVID-19 pandemic created a demand for flexibility in health care delivery, resulting in multiple waivers designed to help contain the spread of the disease while improving access for homebound individuals. One of the waivers issued by the Centers for Medicare and Medicaid Services (CMS) allowed licensed occupational therapists to open home health cases under the Medicare benefit for the first time since 1999 (CMS.gov, 2020; Metzler, 2016). On November 2, 2021, CMS made this ability permanent beginning January 1, 2022 (AOTA, 2021). This permanent rule is the culmination of years of AOTA effort (AOTA, 2021), and it creates an opportunity for occupational therapists to influence the future of home health care delivery.

Before this recent legislation and because occupational therapists could not open home health cases, occupational therapy was the second, third, or fourth discipline to assess the home health client. Admitting home health clients puts occupational therapists in a position to establish the tone of care for the client and demonstrate the direct benefits of occupational therapy interventions in the home health setting as case managers. Because occupational therapy focuses on a client's habits and routines, interventions are long-lasting or permanent (Blum et al., 2018; Pighills et al., 2011; Sheffield et al., 2012). Improving one's ability to live safely in their home reduces hospitalization risks and health care costs (Landers et al., 2016). Home-based occupational therapy is at the heart of the profession (Vance et al., 2016), just as occupation is the art and soul of living at home.

In the US, Medicare A and/or B cover skilled home health care under the individual's Medicare benefit (ECFR, 2022). Medicare is the largest health care insurer in the US (Landers et al., 2016), and its policies influence private insurers. Therefore, this article will focus only on the changes in Medicare policy regarding home health and occupational therapy.

Medicare covers home health services for eligible homebound beneficiaries who need provider-ordered, skilled services (nursing, physical therapy, speech therapy, or occupational therapy). The admitting professional often completes the initial and comprehensive assessments to open the home health case and then acts as a case manager for the episode of care (CMS.gov, 2022). The initial assessment determines whether the client qualifies for home health services, and the comprehensive assessment determines their needs and abilities. Occupational therapy orders must accompany an additional skilled service at admission and can remain ongoing when all other services have discharged the home health client (CMS.gov, 2022). The emergency waiver (CMS.gov, 2020) and the subsequent Medicare final rule state that licensed occupational therapists can now open therapy-only cases if another rehabilitative discipline is on the original order. The registered nurse completes the admission if the provider includes skilled nursing on the initial order (ECFR, 2022).

Medicare requires the completion of the Outcome and Assessment Information Set (OASIS) at admission, discharge, and other time points, like a resumption of care following hospitalization during the episode of care (ECFR, 2022). The OASIS tool provides a clinical picture of the home health client, emphasizing self-care abilities and potentials and contributing to the case mix reimbursement for that admission (CMS, 2022). Therefore, accurate representation of a home health client contributes to the financial outcome of a home health agency.

As CMS adopted the OASIS tool as a requirement for home health admission in 2000, occupational therapy was eliminated as an admitting profession (Metzler, 2017). With a focus on consumer protection, CMS cited that AOTA did not require licensure in all 50 states and limited home health accessibility for occupational therapy (Metzler, 2017). Admitting and subsequently case-

managing home health clients will be a new responsibility for most licensed occupational therapists, giving them a chance to showcase the benefit of establishing an episode of care through the lens of occupation.

### **Benefits of Occupation-based Interventions in the Home**

The American Occupational Therapy Association (AOTA) asserts that occupational therapists are well-prepared to case-manage in all settings related to occupation (AOTA, 2018). However, there is a paucity of research demonstrating the benefits of occupational therapists as case managers in home health. Occupational therapists uniquely examine the interrelatedness of home health clients to their occupations, including OASIS-specific activities of daily living and the home environment (Lien et al., 2015). A holistic approach to home health client assessment leads to a client-centered care plan for maximizing safety and independence in a chosen environment (Lien et al., 2015). With an eye toward aging in place, occupational therapy in home health case management can support the individual during the episode of care and beyond by extending the ability to live independently.

Evidence supports occupation-based interventions as an effective means of client-centered strategies for safety, independence, and aging in place (Blum et al., 2018; Pighills et al., 2011; Sheffield et al., 2012). Sheffield et al. (2012) investigated efforts to bridge gaps between safety and a desire to age in place. In this study, grant funding allowed occupational therapists to provide interventions, minor home modifications, and bathroom equipment that improved safety and independence. The result was that clients needed fewer social service agencies' support, saving the health care system money while allowing clients to remain in their homes. Pighills et al. (2011) examined occupational therapy interventions for individuals at high risk for falls. The investigators found a significant fall rate reduction in the group assigned to occupational therapists compared to the group set to trained assessors (Pighills et al., 2011). These studies indicate that occupational therapy interventions in one's home environment expand opportunities to age in place and reduce the risk of hospitalizations and those associated costs.

A study by Middleton et al. (2019) reported that lower functional independence correlated with readmission likelihood. The authors focused on client scores from the OASIS tool, including self-care, mobility, and cognitive domains. They calculated scores from these domains and correlated them with subsequent potentially preventable hospital readmissions following discharge from home health services. Clients with lower functional independence were more likely to be readmitted. The authors called for further investigation into whether improving functional ability could decrease hospital readmissions (Middleton et al., 2019).

Blum et al. (2018) described occupation-based approaches to medication management in the home health setting. They included an example of an occupational therapist who linked the client's routines to the medication regimen to promote adherence. The authors also cite an example of an occupational therapist who found medication missing in the home. By determining the root cause and linking the client with a social service agency, the occupational therapist contributed to case management and provided a long-term solution to the problem (Blum et al., 2018). Furthermore, Shull et al. (2018) found that interdisciplinary approaches to medication management following hospital-to-home transitions significantly reduced hospital readmissions.

These studies indicate that occupation-based interventions in one's chosen environment produce lasting results, saving the health care system money by expanding opportunities to age in place and potentially prevent hospitalizations. As health care moves toward a value-based system (Landers et al.,

2016), occupational therapy in the home setting is positioned to influence cost-saving measures and contribute to client satisfaction.

### **Challenges to the Profession**

In a study exploring the role of occupational therapy in the home health setting, Toto (2006) confirmed trends of occupational therapy being “bypassed as leaders for care pathways, falls prevention risk assessment, and team leader positions” (p. 36). The author further noted that home health occupational therapists needed to make an extra effort toward communicating with the interdisciplinary home health team. This study is outdated, but the information stands as there is little to no current research regarding occupational therapists in home health leadership positions. Occupational therapists will now have excellent options to establish themselves as case managers and influencers in home health care delivery. Occupational therapists will need to bring their skills in line with this role, beginning with the ability to complete the OASIS assessment (AOTA, 2021).

Part of the admission assessment requires medication reconciliation (ECFR, 2022). Although occupational therapists may need to familiarize themselves with the task, this is not a new home health requirement. Medication reconciliation is ongoing throughout the home health episode of care; the treating professional checks for medication regimen changes at every visit (ECFR, 2022). In addition, until the new rules package of January 2022, CMS required medication teaching at every home health visit, regardless of discipline (CMS.org, 2021). Therefore, occupational therapists have already been addressing medication management as part of the home health team. In addition, CMS interpretive guidelines state that nurses should review the medication reconciliation in rehabilitation service admissions (CMS.gov, 2021), which supports rehabilitation professionals who admit clients to home health.

### **Implications for the Future of Home Health**

Landers et al. (2016) conducted a qualitative study through The Future of Home Health project to articulate a framework for home health care in the U.S. The results indicated that there would be substantially increased home health services utilization as more people in an aging society prefer or demand to stay home during recuperation periods (Landers et al., 2016). The need for more occupational therapy professionals in this setting is inevitable.

An AOTA workforce survey conducted in 2018, however, indicated that fewer than 8% of therapists in the workforce reported home health as their primary work setting (AOTA, 2019). The low number of occupational therapists and occupational therapy assistants in this growing field creates a vacuum destined to be filled by outside professions that attempt to use occupation as an intervention, as noted by Fleming-Castaldy and Gillen (2013).

### **Actions to Promote Occupational Therapy Leadership in the Home Health Setting**

Advocating for the profession in this workplace setting can begin immediately with the following actions:

- Occupational therapists working in home health can participate in case management by attending case management meetings. Being at the table may be the first step to clarifying the benefit of having a more significant occupational therapy presence in home health.
- Communicate the benefits of occupational therapy in this setting and collaborate with the interdisciplinary team to establish aging-in-place and occupation-based strategies for home health clients. AOTA provides a fact sheet on the role of occupational therapy in home health that can serve as a conversation starter for those trying to bolster their home health role (AOTA, 2021).

- Advocate to admit and case-manage home health clientele who would benefit from occupation-based interventions. A starting point could be the press release from AOTA celebrating this victory and achievement (AOTA, 2021). The updated conditions of participation from CMS, Sections 484.55 (a) (2) and (b) (3) outline the requirements under which occupational therapy can complete the initial and comprehensive assessments for OASIS (ECFR, 2022).
- Emphasize that additional admits in one's home health agency can alleviate staff caseloads and accelerate service provision to clients.
- Request an experienced nurse preceptor at one's home health agency. A preceptor can guide the licensed occupational therapist in the admissions process through direct observation arrangements or by reviewing the admission documentation.
- Participate in a mentorship program to assist other occupational therapy professionals or find a mentor to hone skills toward becoming a case manager in this setting. Posting a request on an occupational therapy discussion post like CommunOT can match mentees with mentors.
- An emphasis on fieldwork experience in home health would prepare entry-level occupational therapists to anticipate client needs in the setting and to document the encounter. An additional rotation in home health could prepare new graduates to admit, treat, and case-manage home health clients, improving the perception of occupational therapy as a leader in the home health setting. Optional fieldwork rotations can be as short as 3 weeks and proctored by an alternate profession, such as a nurse case manager (AOTA, 2013).
- A fellowship program for a post-graduate professional would enhance specific skills in the admission process for a practicing occupational therapist.
- Specialty certification by AOTA could showcase this setting as the profession's focus (AOTA, 2021).
- Take a fieldwork student. Clinical supervisors help provide a foundation for future occupational therapy home health practitioners.

## Conclusion

Home health is growing and evolving as an option for recuperation and to provide long-term solutions for aging in place (Landers et al., 2016). Research supports occupational therapy as an integral player in U.S. home health care (Blum et al., 2018; Lien et al., 2015; Sheffield et al., 2012). Admitting and case-managing client care puts occupational therapists in leadership positions, and the future is bright for occupational therapy in this growing practice setting. The home health occupational therapist is in a position of influence and leadership for both the profession of occupational therapy and the U.S. health care system as occupation-based interventions become essential to aging in place.

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