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MDS Alert

QUALITY IMPROVEMENT: Rehab Therapy Home Visits Can Be the Ticket to Improving Discharge Safety

Consider using a 'book end' approach.

"Have therapist, will do home visits" may become the motto for SNFs looking to ensure a safe transition to the home setting for their rehab patients.

Safety issues more in the fore:

With the MDS 3.0 providing more detailed discharge planning requirements (see page 38), the facility's responsibility for helping ensure a safe discharge has become more obvious, says **Elisa Bovee, MS, OT/LR,** a consultant in Topsfield, Mass. "Doing that from a therapy perspective is something we have" always advocated for therapists.

You do the home visit to ensure the treatment plan is on the mark and you're "addressing all the barriers to safe independence possible," says **Garry Woessner,** regional director at Benedictine Health System based in Minneapolis.

The minutes add up: "A home visit requires one-on-one therapy time and can take as much as two hours to complete with transportation time," Woessner points out.

You can capture most of this time as therapy minutes for the MDS "if the therapist is directly engaged with the patient and spends the time in meaningful goal-directed therapeutic activities," including interviewing the person. That also includes transit time to and from the facility if the therapist uses that time to ask the resident the same questions he would in the therapy gym, says Woessner. Examplesinclude "questions about pain levels, adjustment to disability, challenges they might expect to face at home, community activities they plan to return to, fears and anxiety, etc." He notes that "most often, the family will drive the patient and therapist to the home, or the facility van may be used with a designated driver approved by the facility to drive the van."

While Medicare doesn't specify how many home visits you can do,Woessner views two as a reasonable approach, "particularly if you are using a book end approach with one at the beginning and one at the end."

By doing a home visit in the early phase of therapy, you can select and refine the treatment plan goals, Woessner says. "It'd be ideal to assess the home to see if modifications need to be completed before discharge." Examples, he says, include the following:

- placing handrails on stairs and in the bathroom
- adjusting bathrooms, doorframe widths, and counter height for meal prep (especially if in a wheelchair)
- installing elevated toilet seats and providing access to the bathtub
- removing throw rugs
- relocating the bedroom, if needed.

Another home visit later in the course of therapy would allow the patient to practice his newly acquired skills in a "real-time home setting," Woessner points out.

Take Advantage of Part B

Therapists working with longterm care residents with the potential to return home should be able to bill Part B for home visits, says Woessner. "The CPT code 97353 is specifically for 'self care/home management training -- ADL compensatory training, safety, instruction for use of assistive devices, home visit.' It is a timed code and can be billed in units according

to the amount of time spent in that activity."

Woessner notes that his healthcare system does have long-term nursing home residents who do return home on occasion. "Many states are pushing nursing facilities to identify those withthe potential to return to the community," he adds.

"In some cases, the resident's circumstances may change, and the family wants to bring them home." And "therapy can be very useful in giving [the residents] a functional skills assessment and 'tune-up' to help them get ready to function in the home with caregiver support."