# Need for Skilled Services

### Qualifying Services

- Skilled SN, PT and/or ST required
- Dependent Services OT, MSW & HHA (SN, PT and/or ST required)



# Reasonable & Necessary

- Needed to treat the client's illness or injury, dx and tx
- Meets accepted SOP NOT for convenience
- Appropriate level of service, tx and visit freq
- Meets but does not exceed the client's medical needs
- Services safe & effective

## Does the client meet ALL FIVE eligibility criteria?

- Is the client homebound? Do they meet the homebound requirements/criteria?
- Do they have a need for the "skilled" professional services in the home? Is the client able to receive the "skilled" services on an outpatient basis?
- Is there a physician or non-physician practitioner that has agreed to monitor home health services?
- Is there a plan of care in place or started? The referral information should correlate to the services/treatment on the plan of care.
- Did the client have a F2F encounter for their current primary diagnosis? The F2F documents should be part of the client's EMR .

### Skilled Nursina

- Observation & assessment: maximum of 3 weeks
- Teaching & training
- Skilled procedures
- Mgmt & Eval: RN only; rare; supervisor approval required

#### Part-Time/Intermittent Criteria

- Combined SN & HHA services: less than 8 hours/day and maximum 28 hours/week total
- Excludes therapy services

# Daily Skilled Nursing

- Goal: teach client/caregiver so daily visits not needed
- Limited to 21 days or less; then must  $\Psi$  visit frequency
- 485.22: must include a finite & predictable end date to daily visits

### Home Health Aide

- Must be receiving SN, PT, ST or continuing OT
- Must d/c or change payers to continue HHA services if no longer meets eligibility/qualifying criteria
- Personal care required; incidental homemaking only
- Eligible for HHA if no available, able or willing CG
- Usually 1-3 x week frequency
- Encourage family involvement
- Supervision required a 14 days

### SN REMINDERS ......

- Med set-up: <u>NOT</u> a qualifying skilled service; can only be performed incidental to a qualifying service
- B12 injection: only covered for specific dx
- Insulin: normally self-injected or injected by family; only covered if client either physically or mentally unable to self-inject & no one available
- Venipuncture: NOT a qualifying skilled service; can only be performed incidental to a qualifying service; excludes fingersticks
- PRN visits: maximum 3; must include reason PRN visits anticipated
- Ranges: <u>NOT</u> recommended; max of 1 deviation; top frequency is considered the MD order; must document reason top frequency not met; must be based on client clinical needs - not agency staffing needs

# Therapy: PT/ST/OT

- Must be reasonable & necessary to the client's condition
- Rehab potential should be good/fair
- Documentation should show continued progress
- 30 day Reassessment required per discipline; must include a functional assessment; measurements/tests showing progress; positive effects/outcomes of therapy
- OT: can continue on own after SN, PT and/or ST services discontinued

### Medical Social Worker

- Psychosocial assessment .
  - Financial assessment
- Counseling
- Short-term therapy
- Community resource planning
  - Long-range planning

#### Documentation

- REASON why skilled services needed each visit
  - Clear why a skilled professional is required
- Evidence skilled service requires the judgment, knowledge & skills of a professional
- Can only be performed safely & effectively by or under the sup of a skilled professional