- If you are viewing this course as a recorded course after the live webinar, you can use the scroll bar at the bottom of the player window to pause and navigate the course.
- This handout is for reference only. Non-essential images have been removed for your convenience. Any links included in the handout are current at the time of the live webinar, but are subject to change and may not be current at a later date.

Technical issues with the Recording?

- Clear browser cache using these instructions
- Switch to another browser
- Use a hardwired Internet connection
- Restart your computer/device

Still having issues?

- Call 800-242-5183 (M-F, 8 AM-8 PM ET)
- Email customerservice@SpeechPathology.com

Diagnosis Dementia: Working with Patients with Dementia in Home Care Under PDGM

Megan Malone, M.A. CCC-SLP
Jenny Loehr, M.A. CCC-SLP

- **Presenter Disclosure:** Financial: Megan Malone was paid an honorarium for this course by SpeechPathology.com. Megan is the co-author of the book, "Here's How to Treat Dementia" by Plural Publishing. She has previously received grant funding for dementia research. Non-Financial: No nonfinancial relationships to disclose. Jenny Loehr - Financial: Jenny Loehr was paid an honorarium for this course by SpeechPathology.com. Jenny is the co-author of the book, "Here's How to Treat Dementia" by Plural Publishing. Nonfinancial: No nonfinancial relationships to disclose.
- **Content Disclosure:** This learning event does not focus exclusively on any specific product or service.
- **Sponsor Disclosure: No disclosure.**

CONTINUED

Learning Outcomes

After this course, participants will be able to:

- Describe the PDGM model for reimbursement in home health care and its effects on speech-language pathology services.
- Identify at least two strategies to implement when working with patients with dementia and their caregivers in the home health setting.
- List two impact areas in which SLPs can demonstrate to agencies the value and need for their services.

CONTINUED

Introduction: Dementia Facts

- 5.8 million Americans have been diagnosed with Alzheimer's or other dementia in 2019
- $290 billion dollars is the estimated cost for caring for individuals with Alzheimer's or other dementia type in 2020
- 25% of Medicare beneficiaries age 65 and older with Alzheimer's or other dementias have at least one home health care visit during the year, compared with 10% of Medicare beneficiaries age 65 and older without Alzheimer's or other dementias (Alzheimers.org, 2019)

Introduction: Home Health Facts

- Home Health Agencies must adhere strictly to the Conditions of Participation (COP)
- Home Health Agencies must ensure that patients meet eligibility criteria
  - Medical Necessity
  - Skilled Intervention
  - Homebound
- Outcome and Assessment Information Set (OASIS) accuracy is PARAMOUNT to reimbursement
- HHA's are still responsible for STAR ratings, patient satisfaction, functional outcomes, etc.

Introduction: PDGM Myths:

- Medicare no longer reimburses for therapy (SLP) services
- Medicare no longer reimburses for patient with a dementia diagnosis
- Medicare allows a set amount of therapy visits for patients per episode
- Medicare will no longer allow the SLP to perform OASIS assessments
- Medicare will no longer reimburse Maintenance Therapy

CONTINUED

Introduction: PDGM Facts

- New method of reimbursement by Medicare for HH services effective January 1, 2020
- Major shift in reimbursement dependent on therapy services provided vs. patient characteristics
- Rates are determined by a combination of factors:
  - Diagnosis
  - Comorbidity
  - Admission Source and Timing
  - Functional Score
- Billing cycle reduced from 60 to 30 days (patient episode remains at 60 days)
- Accurate coding is VERY IMPORTANT!
- (ASHA, 2020c)

Q4

CONTINUED

Functional Impairment Levels

- Certain OASIS items are used to create levels:
- M1800 Grooming
- M1810 Dressing Upper Body
- M1820 Dressing Lower Body
- M1830 Bathing
- M1840 Toilet Transferring
- M1850 Transferring
- M1860 Ambulation
- M1033 Risk for Hospitalization

Q9

One last fact...

- ICD10 coding is critical to reimbursement!
- Dementia diagnosis can be added as a comorbidity however, may not be reimbursed for therapy services
- In order to count as a diagnosis in the neurological reimbursement category:
  - Dementia diagnosis must be specific (i.e. Dementia with Lewy Bodies; G31.83)
  - Dementia diagnosis must come from a physician

Q6 Q9

Dementia Treatment Basics

- The need for skilled services for patients with dementia has not changed.
- SLPs should continue to evaluate and treat patients with dementia as ordered & set goals and visit patterns that match the needs of the patient.

Dementia Treatment Basics

- Agencies SHOULD NOT be dictating the number of visits SLPs should be providing.
- SLPs may be asked to improve efficiency of care under PDGM
  - focus of visits will require prioritization of goals
  - emphasis on patient and caregiver education & training

Q2

Dementia Treatment Basics

Key questions to answer during evaluation:

- Can the patient communicate his/her very basic wants and needs?
- Can the patient take nutrition, hydration, and medication safely and in adequate amounts?
- Is the patient safe in his/her living environment?
- What kind of education/training is needed for patient, family, and/or caregiver?

(Loehr & Malone, 2013)

Dementia Treatment Basics

Prioritizing Goals:

- What treatment areas will affect this person the most?
- What means the most to the patient to address?
- What are some abilities/strengths the patient exhibits that can help them to successfully reach their goals?
- How many therapy sessions will you need to achieve these goals and/or how many sessions has the patient's insurance provider authorized you to have to treat this patient?

(Loehr & Malone, 2013)

Dementia Treatment Basics

Prioritizing Goals:

- Does the patient agree that they need therapy?
- What goals will help build patient success?
- What other disciplines are involved?
- Are the patients caregivers willing to participate in treatment/carryover?

(Loehr & Malone, 2013)

CONTINUED

Dementia Treatment Basics

Goal Examples: Teaching/Training:

- Caregiver will demonstrate knowledge of safe liquid administration by thickening liquids to recommended consistency independently.
- Family member will demonstrate knowledge of dementia resources by locating them in the education book provided.
- Caregiver will participate in training/education on using communication strategies & demonstrate ability to teach back strategies.
- Family member will list signs/symptoms of aspiration.

(Loehr & Malone, 2013)

CONTINUED

Dementia Treatment Basics

Important Note!

- If a caregiver or family member states that they do not want to participate in training, are unable or unwilling to learn, this MUST be documented.
- If a caregiver/family member is unable or unwilling to participate in education, DO NOT continue to document teaching and training for them. Medicare will not reimburse for teaching and training of somebody who has stated they do not want to learn.
- If training/education of caregivers does occur, then their response to the education and instruction must be documented.

(Loehr & Malone, 2013)

Dementia Treatment Basics

- Limited visits? Don't limit your creativity!
- Create a resource/education toolkit:
  - Handouts explaining communication strategies
  - Resources for memory strategies
  - Lists of websites or community resources
- Use functional materials in the home that will address identified priority goals
  - Teach patient how to use cell phone to contact family, emergency services or set reminders for medication times

Q1, Q8

Documentation

- Use the International Classification of Functioning, Disability and Health (ICF) Framework
- ASHA resource on goal writing using ICF for Dementia:
  - https://www.asha.org/uploadedFiles/ICF-Dementia.pdf
- Document honestly and ethically
  - Prioritization of goals can possibly allow for more positive outcomes sooner
  - Keep communication open between yourself and your agency about documenting patient need for continuing care

(ASHA, 2020 d,e)

Goal Examples: Cognition & Communication

- Patient will recall times of medication administration using visual cue to increase medication adherence over 3 consecutive therapy sessions using the Spaced Retrieval technique (technique used to help persons recall information over progressively longer intervals of time).
- Patient will demonstrate proper self-administration of medications by taking medications at correct dosage times as evidenced by use of medication checklist and assessment of patient's medication organizer to insure medication adherence over 3 consecutive therapy sessions.
- Patient will correctly recall facility room number to decrease wandering in facility and increase overall safety over 3 consecutive therapy sessions using the spaced retrieval technique (technique used to help persons recall information over progressively longer intervals of time).

(Loehr & Malone, 2013)

Goal Examples: Cognition

- Patient will recall need to ambulate with walker at all times to decrease fall risk using visual cues at the initial trial of 3 consecutive therapy sessions using the spaced retrieval technique (technique used to help persons recall information over progressively longer intervals of time).
- Patient will recall and demonstrate recommended hip precautions to reduce risk of re-injury using a visual cue 8/10 trials.
- Patient will demonstrate use of communication cards to facilitate expression of wants/needs and pain 80% of trials with minimal support.
- Patient will recall location of personal memory book and use book in order to recall personal information and daily routines over three consecutive sessions using the spaced retrieval technique (technique used to help persons recall information over progressively longer intervals of time).

(Loehr & Malone, 2013)

Case Study

- Mr. C is a 75 year old male with a diagnosis of Alzheimer's dementia. Despite his dementia, this patient lives in an assisted living facility with fairly high functioning residents. He was referred for ST for wandering behaviors which have placed him at risk for his own safety and has upset the other residents in the community. Mr. C was found to be a good candidate for using Spaced Retrieval technique using visual cues of homing pigeons in the facility (Mr. C used to raise pigeons). Mr. C was successful in learning his compensatory strategy with eliminating unsafe and disruptive wandering behaviors.
- Pt was seen by SLP for 22 visits over 2 certification periods (pre-PDGM)
- Pt was also seen by OT and SN during both certification periods.

Case Study

- Patient has a diagnosis of Alzheimer's disease with behavioral disturbance.
- Patient lives in an assisted living facility beside a busy street…there are no locked exits.
- Patient was referred for ST services for a new onset of behavioral disturbance including increased confusion to time, place and circumstance.
- Patient demonstrated a score of 20/30 on the SLUMS.
- Patient presents with behaviors indicative of stage 4-5 on the Global Deterioration Scale.
- Patients behavior includes wandering into other resident's apartments and exit doors leading into a busy roadway.
- Patient is now at risk for accidental injury to self as well as facing risk for eviction from the assisted living community.

Case Study

Goals:

- Patient will correctly recall strategy to locate room using spaced retrieval prompt ("When you need to find your way, what do you do?") in 80% of trials independently.
- Patient will locate visual cues in facility 8/10 trials independently.
- Patient will locate the dining room from his room using visual cues only in 3/5 trials.
- Family/caregivers will show return demonstration of compensatory strategies with 100% accuracy.

Case Study

- These behaviors are compromising patients ability to live in the least restrictive environment as well as compromising his current level of independent ADL function.
- Family/caregivers have expressed that they are willing to participate in and learn compensatory strategies for this patient.
- Discussed plan of care, including compensatory memory strategies with OT and SN.

Case Study

- Prioritization of goals:
  - Is the patient safe in his/her living environment?
    - NO
  - What kind of education/training is needed for patient, family, and/or caregiver?
    - Instruction on cueing for patient and use of visual cues
- Are the patients caregivers willing to participate in treatment/carryover?
  - YES

Case Study

- Under PDGM:
  - Set visit pattern based on evaluation results and time estimated to meet goals to increase patient safety
  - If limited in visits:
    - Focus on establishing visual supports for patient within the environment
    - Provide written supports/instruction to patient's caregivers and family regarding purpose of goals, visuals and cues and how to implement them
    - Work with patient to establish recall of new strategies during sessions
    - Document progress using ICF
    - Discuss with agency rationale/provide data behind need for more visits and see if compromise can be reached if progress is demonstrated.

CONTINUED

Ethical Considerations

Some areas of possible ethical concerns:

- Qualified patients are not receiving the care they need
- Home Health Agencies are dictating the plan of care without input from the attending physician
- Home Health Agencies are altering the care plan (i.e. changing visits) without M.D. approval
- Clinicians are asked to see patients without proper orders
- SLPs are asked to perform functions that are not within the scope of practice (i.e. wound care) or provide services without skilled service

Q10

CONTINUED

Ethical Considerations

- Speech-Language Pathologists should always adhere to the ASHA code of ethics (ASHA, 2020b)
  - Ask yourself: Am I doing the right thing? Is this right for the patient? Is this right for the industry?
- Don't hesitate to be vocal
  - Report concerns to your immediate supervisor
  - Report concerns to ASHA
  - Report concerns to CMS

SLP Impact Areas

- SLPs can use unique skills and knowledge to impact many areas that are vital to home care
  - Improved functional outcomes, particularly in areas such as medication management, falls, and rehospitalizations.
  - Impact STAR ratings which affect agency referrals (more patients, more reimbursement)
    - continue to provide excellent patient care
    - encouraging completion of agency satisfaction survey
    - participate in the agency's Quality Assurance & Performance Improvement meetings (QAPI)

(Loehr & Malone, 2019)

Q3, Q5

Show your VALUE!

- One of the best ways for a Speech-Language Pathologist to demonstrate value is to provide evidence of success through DATA
- Data comes from evidence-based assessments and tools
- Data is used to demonstrate efficacy of treatment to CMS
- Data leaves little room for question regarding impact

(ASHA, 2020a)

Q7

SLP Role in Conditions of Participation

- Completing the comprehensive assessment
- Coordination of care
- Care planning
- Participation in Quality Assurance & Performance Improvement committees/meetings (QAPI)
- Ongoing interdisciplinary assessment
- Patient/Caregiver counseling and education
- Medication management

(Loehr & Malone, 2019)

SLP PDGM Survival Strategies

- Better care planning and visit utilization
- Perform at the top of your license
- Collaborate and use a team approach
- Work outside of your silo
- Consider telepractice
- Perform OASIS assessments
- Get involved in medication management

(Loehr & Malone, 2019)

Thank You!

Meganmalone1025@gmail.com

Jennyloehr65@gmail.com

References

- American Speech-Language and Hearing Association (2020a). Demonstrating Value of Speech-Language Services in the New Home Health Payment Model; Accessed at https://www.asha.org/Practice/reimbursement/medicare/Demonstrating-the-Value-of-Speech-Language-Pathology-Services-in-the-New-Home-Health-Payment-Model/ on 3/10/20.
- American Speech-Language and Hearing Association (2019b) Scope of practice for Speech-Language Pathology; Accessed at https://www.asha.org/policy/SP2016-00343/ on 3/10/20
- American Speech-Language and Hearing Association (2020c) Medicare Home Health Prospective Payment System: The Patient Driven Groupings Model; Accessed at https://www.asha.org/Practice/reimbursement/medicare/Medicare-Home-Health-Prospective-Payment-System/ on 3/10/20.
- American Speech-Language and Hearing Association (2020d). International Classification of Health and Disability. Accessed at 3/13/20 at https://www.asha.org/slp/icf/
- American Speech-Language and Hearing Association (2020e). Person Centered Focus on Function: Dementia. Accessed on 3/13/20 at https://www.asha.org/uploadedFiles/ICF-Dementia.pdf

CONTINUED

References

- Centers for Medicare and Medicaid Services (2020); Home Health Patient Driven Groupings Model; Accessed at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/HH-PDGM on 3/10/20.
- Loehr, J. & Malone, M (2013). Diagnosis Dementia: Goal Planning & Documentation in Home Care. Presented for www.speechpathology.com
- Loehr, J. & Malone, M. (2019). Imagine the POSITIVE: PDGM strategies for SLP's in Home Care. Presented at the annual convention of the American Speech Language and Hearing Association, Orlando, FL.