



HOME HEALTH SECTION
AMERICAN PHYSICAL THERAPY ASSOCIATION

HOME HEALTH CARE 101



Home Care Experience?



Home Care Myths!



- Where “old” therapist go to die
- Can’t do until you have 1-2 years in a clinic
- Only works with the patient until they can get out to clinic for real therapy
- All home care patients are bed bound
- No one does it full time
- No equipment to do “cool” stuff
- Not able to specialize
- Agencies are run by nurses
- No research /evidence-based practice in home care

The Whole Truth



- New Grads Welcomed!
- Many Therapists work in Home Care Full Time
- Many Therapists decide to have specialization in Home Care
- Therapists play in integral role in the leadership of home care agencies
- EBP is alive and well in Home Care

Home Care Agency Structure

- **Certified**

- Certified by Centers For Medicare & Medicaid (CMS)
- HMOs and Private Insurance

- **Licensed**

- Private Duty

- **Hospital-Based**

- Hospital Discharges Are Primary Focus

- **Independent**

- All Referral Sources
- Hospitals
- SNFs
- Assisted Living
- Physician Office

- **For-Profit**

- Profits To Owners/Shareholders
- Pays Taxes

- **Not-For-Profit**

- “Surplus” Must Be Used Within The Organization; Related to Mission
- Tax Exempt
- Revenue Remains Important



What Is 'Certified' Home Health Care?

- Billing Through Major Payers
 - Medicare/Medicaid
 - Private Insurance, HMOs
- Interdisciplinary Team
 - Skilled Nursing
 - Physical/Occupational/Speech Therapy
 - Medical Social Work
 - Registered Dietician
 - Home Health Aide



Continuum Of Care

Hospital
-
Skilled Nursing/Inpatient Rehab Facility
-
Home Health Care
-
Outpatient Services

- Case Example
 - Total Knee Replacement Surgery
 - Best Outcomes?
 - Most Cost Effective?
 - Bundled Payment



Patient Populations

- Pediatrics
 - Early Intervention
 - Providers Credentialed By New York State
 - Preschool Age
- Adult
 - Acute
 - Skilled Services
 - Short-Term/Restorative
 - Improvement Anticipated
 - Long-Term
 - Personal Care Assistance Program
 - Funded by Medicaid
 - Maintain Health & Wellness
 - Hospice
 - Palliative Care For Terminally Ill
 - Physical, Emotional, and Psychosocial Needs
 - < 6 Months To Live



Typical Diagnoses

- **Falls Prevention**
- **Orthopedics**
 - Joint Replacement Surgery
 - Fractures
- **Neurology**
 - Stroke
 - Multiple Sclerosis
 - Parkinson's Disease
 - Amyotrophic Lateral Sclerosis
- **Cardiopulmonary**
 - Heart Failure
 - Chronic Obstructive Pulmonary Disease
- **General Medical**
 - Frail Elderly
 - Extended Inpatient Care
- ****Medical Management Skills**
 - Vital Sign Monitoring
 - Wound Assessment
 - Triage



What Defines “Home”?

- Patient’s Home
- Family Member’s Home
- Independent Living Facility
- Assisted Living Facility
- Group Home



What exactly is HOME?

- Private Home
- Mobile Home
- Assistive Living Facility
- Independent Living Facility
- Apartment
- Group Home



There's No Place Like "Home"



Home Health Care

Who Qualifies?

- Conditions Of Participation (Federal)
 - 484.18 Acceptance of Patients
 - *“Patients are accepted for treatment on the basis of a reasonable expectation that the patients medical, nursing and social needs can be met adequately by the agency in the patient’s place of residence.”*
- Medicare Benefit Manual
 - Homebound
 - Skilled Service
 - Physician Order
 - Direct Access is N/A...unfortunately
 - Reasonable & Necessary
 - Intermittent
 - Acute Change in Condition
 - Rehab Potential
 - Maintenance Therapy
 - Jimmo vs. Sebelius
 - Unique/Individualized Care Plan



Payment

- Medicare: Prospective Payment System (PPS)
 - Instituted in 2000
 - Fixed payment for 60-Day Episode Of Care
 - Case Severity Determines Payment
 - Outcomes Assessment Information Set (OASIS)
 - Therapy services
 - *****Home health services that meet the guidelines are covered by Medicare at 100%.***
- Medicaid
 - Recent NYS Reductions
 - Episodic Payment
- Managed Care
 - Fee-For-Service
 - Episodic Payment



Home Health Medicare PPS

- Base episode rate is **\$2137.73**
- Responses to ***specific OASIS questions*** are organized into **3 domains:**
 - **Clinical and Functional Severity**
 - Each Item Has A Severity-Based Point Value
 - **Service Utilization** (Therapy)
- Greater Medical Complexity = More Reimbursement



Clinical Severity Domain

- Diagnoses
- Parenteral/Enteral Nutrition or IV Infusion
- Vision
- Pain
- Wound/Lesion
 - Pressure Ulcer
 - Stasis Ulcer
 - Surgical Wound
- Dyspnea
- Urinary Incontinence
- Bowel Ostomy
- Behavioral



Clinical OASIS Question

INTEGUMENTARY

(M1320) STATUS OF MOST PROBLEMATIC (OBSERVABLE) PRESSURE ULCER:

0 - NEWLY EPITHELIALIZED

1 - FULLY GRANULATING

2 - EARLY/PARTIAL GRANULATION

3 - NOT HEALING

NA - NO OBSERVABLE PRESSURE ULCER

Previous History Next

Functional Status Domain

- Dressing upper body
- Dressing lower body
- Bathing
- Toileting
- Transferring
- Ambulation/Locomotion
- Ability To Self Manage Injectable Medications



Functional OASIS Question

FUNCTIONAL

(QM) (M1800) GROOMING: CURRENT ABILITY TO TEND SAFELY TO PERSONAL HYGIENE NEEDS (I.E., WASHING FACE AND HANDS, HAIR CARE, SHAVING OR MAKE UP, TEETH OR DENTURE CARE, FINGERNAIL CARE).

0 - ABLE TO GROOM SELF UNAIDED, WITH OR WITHOUT THE USE OF ASSISTIVE DEVICES OR ADAPTED METHODS

1 - GROOMING UTENSILS MUST BE PLACED WITHIN REACH BEFORE ABLE TO COMPLETE GROOMING ACTIVITIES

2 - SOMEONE MUST ASSIST THE PATIENT TO GROOM SELF

3 - PATIENT DEPENDS ENTIRELY UPON SOMEONE ELSE FOR GROOMING NEEDS

[Previous](#) [History](#) [Next](#)

Service Domain

- Receipt of Therapy Visits
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
- Additional Reimbursement
 - ≥ 6 Combined Therapy Visits
 - Medicare sees value in Therapy!
 - Falls prevention
 - Re-Hospitalization
 - Functional Mobility



PPS Payment Variations...

- **Low Utilization Payment Adjustment (LUPA)**–
Four (4) visits or less are paid on a per visit basis

- Skilled Nursing \$102
- Physical Therapy \$112
- Occupational Therapy \$113
- Speech Language Pathology \$122
- Medical Social Work \$165
- Home Health Aide \$47
- Typical Reason For A LUPA?



- **Partial Episode Payment (PEP)**

- Patient is admitted to Agency A, then elects to transfer to Agency B. Agency A receives a proportional payment based on length of stay
- Patient meets treatment goals, is discharged, then subsequently re-admitted during same 60-day episode

Face-To-Face Encounter

- Direct Meeting Between Patient And Physician/Non-Physician Practitioner
 - Medicare Requirement
 - 60 Days Prior To OR 30 Days Following Home Care Admission
- Signed Attestation of Qualification For Home Care Services



Home Care Clinical Outcomes

- Outcomes Assessment Information Set (OASIS)
 - Centers for Medicare (CMS) system for measuring patient outcomes
- Therapist can become certified specialist in OASIS:
 - COS-C
 - Clinical specialist
 - HCS-D
 - Coding specialist



Patient Satisfaction

- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- [Medicare Home Care Compare](#)



Benefits of Home Care PT Practice: Case Load

- 1:1 Patient Care
- 45min-1hr sessions
- 5-6 patients/day
- Changing work environment
- Autonomy and flexible schedule



Benefits of Home Care PT Practice: Clinical Care

- Autonomous practice
- Ideal setting for functional training
- Opportunity to fully understand patient perspective
- Interdisciplinary collaboration



Vision 2020: six pillars

- Autonomy
- Professionalism
- Direct Access
- The Doctor of Physical Therapy
- Evidence-Based Practice
- Practitioner of Choice

Specialization Of Services

- Advanced Training
 - Diagnosis Specific
 - Parkinson's
 - Stroke
- APTA Board Certification
 - Multiple Areas of Specialization
 - Geriatrics
 - Neurology
 - Orthopaedics
 - Cardiovascular & Pulmonary
 - Pediatrics
 - 2,000 hours of clinical practice in the specialty area



The Challenges Of Home Health Care



Time Management

- Autonomous Practice
- Maximize Time With The Patient
- Organizational Skills
- Scheduling/Travel Route
- Flexibility With Scheduling
 - Patients Sometime Unavailable
 - MD Appointment
 - Hospitalization
- Integrating Documentation Into The Visit
 - How Good Is Your Memory?
- Exit Strategy
 - Loquacious



Rural Home Health

- Distance Between Patients
 - Windshield Time
- Proximity to Office
- Team Meetings/Ongoing Education
- Cell Phone Coverage
- Mentorship



Weather



Safety & Security

What Poses The Greatest Safety Risk For Home Care Clinicians?



Safety & Security

- Pet Policy
- Needle Sticks
- Crime
- If Something Doesn't
- Security Escort
 - Off-Duty Police Officers
- Mandatory For ALL Staff



Variety Of Living Conditions

- Home Environment
- Family Support
- Abuse
 - APTA Code Of Ethics

- *4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.*

- Social Work

- Adult Protective Services (APS)
 - Child Protective Services (CPS)
 - Community Resources



Physical Therapy Assessment in Home Care

- PMH and previous level of functioning
- Gait
- ADL & IADL
- Cognitive/mental status
- Cardiopulmonary status
 - (Vital Signs)
- Integumentary
- Neurological
- Musculoskeletal
 - PROM
 - AROM
 - Strength
- Social Support/Caregiver Involvement
- Environmental/Home

Physical Therapy Assessment in Home Care

Home & environmental assessment

- DME: Present, ordered, needed
- Living space: Functional & Quality of life

Home Safety Assessment

- Proper lighting
- Assess the appropriateness of a “Lifeline Alert System.”
- Safe stairway/hallway entrances
- Removal of throw rugs, cords
- Recommendation for bathroom grab bars, tub seat, other DME

Physical Therapy Assessment in Home Care

What are your home safety recommendations?



Physical Therapy Assessment in Home Care

What are your home safety recommendations?



Physical Therapy Assessment in Home Care

*How do we meet our patient's needs,
while still keeping staff safe?*



Evidence Based Assessment in Home Care

- Assessing Strength
 - 5 Times Sit to Stand
 - 30 Second Sit to Stand
- Assessing Upper Extremity Gross Function
 - Functional Reach
- Assessing Cardiovascular Endurance
 - 2 Minute Step Test
 - 2, 4, 6 Minute Walk Test
- Assessing Agility
 - 4 Square Test

Evidence Based Assessment in Home Care

- Assessing Balance
 - Berg Balance Scale
 - Dynamic Gait Index
 - Tinetti
- Assessing Cognition
 - Mini-mental status exam
 - Montreal Cognitive Assessment (MoCA)
- Assessing Functional Activities
 - Barthel Index

Timed-Up-And-Go

Before & After



30-Second Chair Stand Test^{2,3,27}

Measures		Endurance, Strength, Transfers	
Purpose		Measure number of stands completed in 30 seconds.	
Time to Administer		30 seconds	
Equipment Required		Chair and stopwatch	
Norms	Age	Male (norm)	Female (norm)
	60-64	14-19	12-17
	65-79	12-18	11-16
	70-74	12-17	10-15
	75-79	11-17	10-15
	80-84	10-15	9-14
	85-90	8-14	8-13
	90-95	7-12	4-11

Two Minute Step Test

Measures	Muscular endurance, cardiovascular endurance, balance and strength.
Purpose	Tests functional fitness in seniors.
Equipment needed	Stopwatch
Procedure	<ol style="list-style-type: none">1. Pre test vitals signs.2. Mark midway between iliac crest and patella.3. Have patient march for 2 minutes.4. Knee must rise above marker.5. Count the number of times the right knee rises above the marker.6. Post test vital signs.

Two Minute Step Test Male Norms

Age → % Rank ↓	60-64	65-69	70-74	75-79	80-84	85-89	90-94
95%	135	139	133	135	126	114	112
75%	115	116	110	109	103	91	86
55%	104	104	98	95	90	78	72
35%	93	92	86	80	78	66	59
15%	79	77	71	63	62	50	42
5%	67	67	67	47	48	36	26

Jones CJ, Rikli RE. Measuring functional fitness of older adults. *Journal on Active Aging*. 2002: 24-30

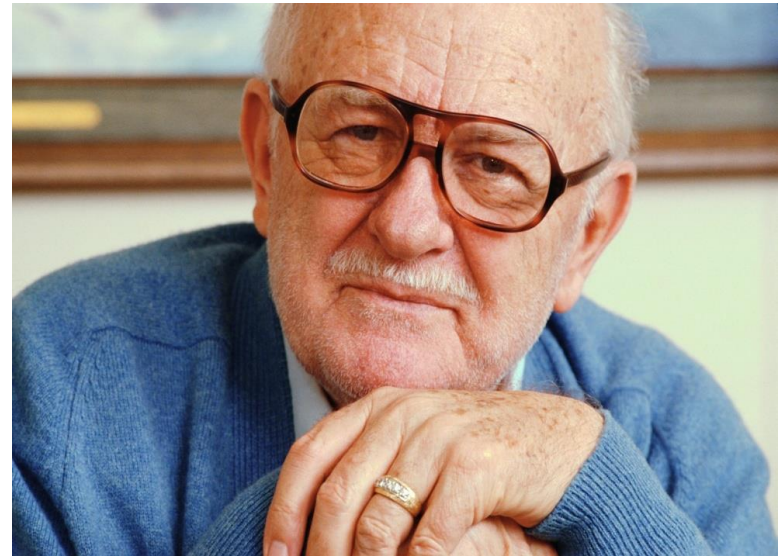
Two Minute Step Test: Female Norms

Age→ % Rank↓	60-64	65-69	70-74	75-79	80-84	85-89	90-94
95%	130	133	125	123	113	106	92
75%	107	107	101	100	90	85	72
55%	94	93	87	87	78	73	61
35%	82	80	74	75	66	61	50
15%	66	63	58	59	51	47	36
5%	52	47	43	45	37	39	24

Jones CJ, Rikli RE. Measuring functional fitness of older adults. *Journal on Active Aging*. 2002: 24-30

Physical Therapist's Role

- What is the overall “plan” for the patient, and how do your PT goals help to meet the plan?
- Develop goals WITH the patient. What were you able to do a month ago that you would like to be able to do again?
- Develop goals WITH the TEAM.
 - Provide cost-effective care, while meeting the functional needs of the patient.



Developing Goals

- Who are the goals derived for?
- Measurable
- Function related
- Achievable
- Patient/caregiver
 - Agreement
 - Participation



Communication and Collaboration

- The Clinical Team
- Coordinator of Care
- Physician and other services
- Patient, family, & caregivers
- Payers: managed care
- Durable medical equipment (DME)



PT Intervention in Home Care

- Strengthening
- ROM/stretching
- Gait/Stair training
- Transfer/Bed Mobility Training
- Balance training
- DME training
- Coordination & proprioceptive training
- Motor learning
- Orthotic/Prosthetic Training
- Modalities
 - Moist and dry heat
 - Ice
 - Electrical Stimulation
 - Ultrasound
- Wound Care
- Edema management
- Pain management
- Sensory retraining
- Breathing/respiratory training
- Falls prevention/education

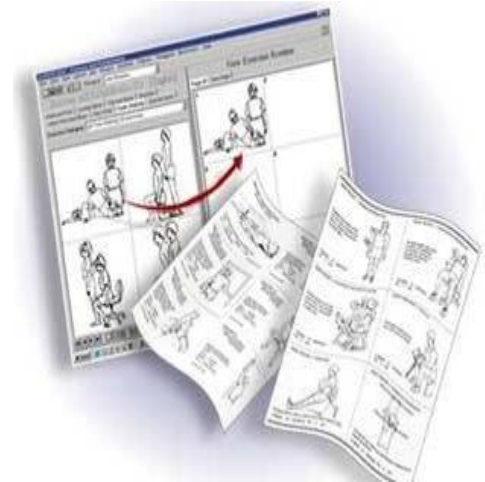
Discharge planning

- Establish role and goals from day 1
- Avoid learned helplessness
- Link to patient goals
- Other team members
- Community resources
- Continuum of care



Where Do We Discharge?

- Discharge with home exercise program
- Discharge with caregiver to assist
- Discharge to outpatient PT
- Discharge to day program



Technology

I Remember The Day....



Point Of Care

- 7" or 10" Samsung Galaxy Tablet
- 99% Electronic
- Documentation Efficiency
 - Portability
 - Average In-Home Time= 43.2 minutes
 - Average Documentation Time After Visit= 11.7 minutes
 - Visits= 72% of documentation completed in-home
- Work-Life Balance



Virtual Meetings

- Multi-Branch Agencies
- Shared Education & Updates
 - Common Goals
- ‘Connection’ To Team



Telehealth



Telehealth

- Telecommunications Technology For Remote Patient Monitoring
- Complex Medical Conditions
 - Heart Failure, Uncontrolled HTN, COPD
- High Risk For Emergent Care or Re-Hospitalization
 - Cost-Savings
 - Quality of Care
- Monitors Blood Pressure, Pulse, Oxygen Saturation, Weight, And Blood Glucose
- Data Analyzed By Registered Nurse
 - Alert By Exception
 - Coach Patient To Self Manage
 - Alert Home Care Staff and Physician



Stretch Break



Diversity

Diversity is a collection of individuals bringing together varied demographic, cultural, intellectual, and philosophical differences.



Diversity

How do we differ?

- Age
- Gender
- Culture
- Sexuality
- Socioeconomics
- Education
- Physical abilities
- Religious beliefs
- Political beliefs
- Ideologies



Diversity

- We need to provide care that:
 - Accepts, respects and understands that each individual has an uniqueness that can be in the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies.



Diversity: Education

- Health Literacy
- Average American reads at an 8th grade level.
- 1/5 Americans are functionally illiterate.
- 21% cannot read the front cover of a newspaper
- People with low health literacy utilize health care services more often regardless of socio-economic status



Diversity: Education

- Speak in lay terms
- Have your patient repeat or return demonstration to ensure understanding
- Provide images with minimal written instructions
- Don't assume all patient's have health literacy
- Acknowledge the challenges of reading medication instructions

Case Study #1

Linda Robinson is a 55 year old female you have been seeing s/p BKA. Your plan is for her to continue with a HEP after discharge. The Social Worker on the case has informed you that the pt is functionally illiterate and quite embarrassed by it.

What strategies would you utilize to provide the comprehensive HEP she can complete properly, while being sensitive to her reading level?

Diversity: Age & Generation

- Multi generational challenges



- What is a generation

- A group of people of the same age range who tend to hold shared interest and attitudes. These shared values are the product of witnessing historical and cultural events in one's formative years.

- [Communication Between Generations Video](#)

Diversity: Age & Generation

- Traditionalist
 - Born 1922-1943 (70-89 years old)
 - World War II, Great Depression era
 - Family members and gender roles, religion, rituals, and friends and enemies clearly defined
 - Intercultural relationships were almost non-existent
 - Never jump the chain of command
 - Respect authority
 - Limited exposure to technology



Diversity: Age & Generation

- Boomers
 - Born between 1943 and 1965 (48-69 years old)
 - Raised in suburbia with many home conveniences
 - Most lived in two parent homes where mom stayed home
 - “Leave it to Beaver” values
 - Can be demanding and self-motivated



Diversity: Age & Generation

- Gen- X
 - Born between 1965 and 1977 (36-48 years old)
 - Raised in era of outstanding technology
 - Schools became more integrated
 - Working mothers became the norm
 - Computers were introduced in schools



Diversity: Age & Generation

- Gen –Y
 - Born between 1977 and 1999 (12-35 years old)
 - Extensive knowledge of technology
 - Schools fully integrated and students experiment with cross cultural clothing, music, language and relationships
 - Because of multi-levels of activity they good time managers and multi-taskers



Case Study #2

You enter the home of 90 yo Jack McGuire for your evaluation s/p a hospitalization for a CHF exacerbation. He is confused when you introduce yourself as Doctor stating, “I already have a doctor, plus you are too young to be a doctor.” You notice pictures on his walls of fighter planes from WWII and he goes on to tell you he was a fighter pilot in the war and how much he hates the “japs.” As you begin documenting on your tablet he becomes irritated stating “Why are you wasting my time?”

What strategies could you use to have a better outcome?

Diversity: Language & Culture

- CLAS standards:
 - Federal Guidelines
 - 14 standards that call for National Standards for Culturally and Linguistically Appropriate Services in Health Care
 - 4 Standards address Translation
 - All Health Care providers who participate in Medicare and Medicaid programs must incorporate these standards



Diversity: Language & Culture

Using an Interpreter

- Be cautious if using family to Interpret
- Interpreter should stand next to you
- You should always speak to the patient, NOT the interpreter.
- Speak slowly
- Avoid slang
- Avoid idioms



Diversity: Language and Culture

- Provide care that fits the culture
- Be willing to learn
 - Learn to count, say hello, and thank you
 - Ask about their customs
- Therapists must be able to abide by cultural needs and Rules and Regulations mandate by our health care system



Diversity: Language & Culture

Hispanic

- [HCR Home Care Transcultural Nursing](#)
- Overweight= sign of health/wealth
- Declining hospitality is viewed as disrespectful
- Outward signs of faith should be acknowledged
- Family is very involved
- Respect for elders
- Proud and may not admit inability to understand due to language barrier



Case Study #3

You arrive with an Interpreter to see Juanita Rodriguez for balance training s/p multiple falls in the home. She is an 80 yo Spanish-speaking Puerto Rican woman who lives with 3 generations of family. The extended family tends to congregate in her home which made it difficult for the patient to follow your instructions last time. The daughter has offered you and the Interpreter tea and an empanada when you enter. You have 45 minutes to complete your session before your next appointment.

What actions will you take to provide culturally competent care?

Diversity: Language & Culture

African American

- Tuskegee Project
 - Building a trusting relationship is key
- Respect for elders
- Extended family and clergy are important especially in times of illness
- Female head of household=competing priorities



Case Study #4

Elsa Johnson is a 50 year old morbidly obese (350#) woman who lives in a 2 bedroom apartment with her adult daughter and 3 grandchildren (ages 2,4,6). Her daughter works the C shift and sleeps during the day so Elsa is responsible for watching the children. You are referred for a home safety assessment, pressure ulcer prevention/education, and proper equipment for pressure relief d/t pressure ulcers. The nurse is doing the dressing changes. The patient already had to reschedule your evaluation 2x because the “children were out of control.” She lets you in the apartment and says “lets make this fast.” You find the patient has no pressure relieving equipment and the home has limited space for her walker to navigate especially in the bedroom d/t many totes and trash bags of clothing.

How can you do the meet the patient’s medical needs while considering her cultural and socioeconomic?

Diversity: Language & Culture

Russian/Ukrainian

- Totalitarian societal background
 - Notorious for non-compliance d/t societies that place low value on self-reliance
 - Difficulty answering questions about themselves directly
- Medical care is “crisis related”
- Limited focus on preventative care



Diversity: Language & Culture

Russian/Ukrainian

- Family is typically told about terminal illness first
- Punctuality is important
- Removing shoes in the home is customary
- Guests are offered food, coffee or tea



Case Study #5

You are re-visiting Alexandiy Vsyokovic for PD exacerbation. Your co-worker completed the evaluation. He was a Physician when he lived in Russia but retired and moved to the US to be close to his son. They live in subsidized housing in a Russian/Ukrainian neighborhood. You arrive 15 minutes late with the Interpreter. You enter the home and the pt's wife seems anxious and asks you to remove your shoes. Your companies policy says you cannot walk in socks in a home. Upon questioning the wife says (via the Interpreter) "His blood pressure was good yesterday so I didn't give him any medication, today it was up so I gave him an extra dose of the lisinopril." Your BP reading is 90/50. You ask how the HEP is going since it was provided last visit. The patient and wife report he hasn't done the exercises and they would like you to come more often to "give him exercise." His insurance covers PT 2x/wk.

What are the cultural considerations and how would you address them?

Diversity: Sexuality

Lesbian, Gay, Bisexual, Transgendered (LGBT)

- [Gen Silent Trailer – YouTube](#)
- Less likely to be partnered
- More likely to live alone
- Fear discrimination
- Don't assume all people are heterosexual
- Avoid using traditional role labels



Case Study #6

You are evaluating an 70 yo male patient in who has moved into a handicap accessible senior living facility after a fall with incomplete C4 SCI. You arrive to the patient's apartment to find the patient in a power w/c. The medical record indicates he is single and his emergency contact is Larry. The patient's goal is to return to his multi-story home.

How would you question to collect information that is sensitive to his sexuality?

Diversity in Home Care



- HOME CARE IS CHALLENGING AND REWARDING
 - Generational diversity is only one factor in Home Care
 - Cultural diversity adds another layer to the puzzle
 - Therapist must be able to know customs and traditions
 - Therapists must be able to know traditional gender roles
 - Therapists must be able to abide by cultural needs and Rules and Regulations mandated by our health care system
 - All while being a guest in someone's home

Why Should YOU Consider A Clinical Affiliation In Home Health?

- 1:1 Time With Clinical Instructor
- Drive Time = Uninterrupted Mentorship
- Learn Diverse Set of Skills
 - Interdisciplinary Collaboration
 - Triage
 - Medical Management
 - Continuum of Care
 - Autonomy
 - Vision 2020

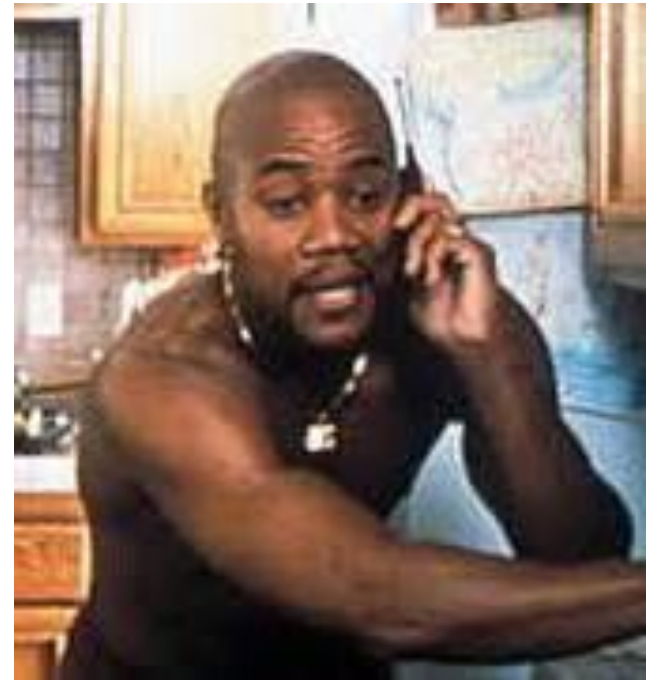


New Graduates

- Myth: New grads can't work in home health
- Fact: **NEW GRADS ARE WELCOME!**
- NYS PT Practice Act
 - Some states have restrictions
 - Florida- PTs must have a minimum of 1 year experience
- **MUST** be the right fit!
 - Student
 - Home Care Agency
 - Orientation & Mentorship
 - Clinical Affiliation



Considering A Job In Home Health?



Entry-Level Employment

- What To Consider...
 - Clinical Mentorship!
 - Well-Developed New Hire Orientation Program
 - Growth Opportunity
 - Ongoing Education
 - Culture of Team Work and Support
 - Employment Stability

Question, Answer & Feedback

Additional Resources

- n National Association Home Care (NAHC.org)
- n Visiting Nurse Association of America (VNAA.org)
- n Home Care Association of America (HCAA.org)
- n Center for Medicare and Medicaid (CMS.gov)
- n Home Health Section of APTA
(homehealthsection.org)
- n State chapter of APTA, state home care association
- n Industry groups, publications, and list serves

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