

## Home Safety Protocol

Goal: Engage participant/caregiver in understanding the risks of falling at home, removing fall hazards in the home and /or changing behavior related to fall risks

1. Home Safety Checklist is reviewed and highlighted to emphasize participant's specific fall risks and situations likely to result in injurious falls. Provide highlighted handout.
2. Review how to get up from a fall, and if can't get up, create a plan to call for help. Provide handout.
3. Determine eligibility for Medicare coverage of a referral for home safety evaluation by a home care agency (HCA) or an outpatient OT.

If YES to any of the following 2 criteria:

Visually impaired: >20/70 Y/N

Have fallen >1X at home in last year: Y/N

AND

Review of Home Safety Checklist Reveals Environmental Risks Y/N

Patient willing to have in home evaluation Y/N

Refer for In- Home Safety Assessment

Is the patient home bound

YES

Identify preference for a particular Home Care Agency

Request for PCP to order home care , schedule patient to see PCP and send PCP summary of homebound status , functional , medical necessity for home health that needs to be included in PCP note

Arrange the referral with home care agency for OT home safety valuation/ intervention.

NO and Patient willing to pay 20% co-pay

Identify preference for a particular outpatient OT

Request for PCP to order home evaluation by OT with written request and completed order form

Arrange the referral with the OT for home safety evaluation

NO and Patient NOT willing to pay 20% co-pay

Home Safety Checklist is reviewed and highlighted to emphasize participant's specific fall risks and situations likely to result in injurious falls. Provide highlighted handout.

Home Safety Communication of Initial Recommendations to the Patient's PCP

**Recommendation:**

- A. Please consider signing the attached referral to [name] Home Care Agency for a home safety evaluation and recommendations for risk reduction. I will arrange the referral and coordinate and communicate with the home care agency to facilitate any home modifications and/or equipment purchases. Per Medicare requirements, the patient will need to be seen in person by you within 30 days to document being homebound and needing home health. I will arrange for the visit to be scheduled.**

*Background*

PVQ: Patient has fallen at home during the past year, visual acuity is worse than 20/70

Home Safety Checklist: Patient's home has one or more hazards for falling.

Patient is eligible for Medicare coverage of a home safety assessment by a home care agency because:

Patient is "homebound"\* Patient is willing to have a home safety evaluation:

X yes  no

Patient's preference for a home care agency is: [name]  none

*Assessment* – Hazards in the home, a history of recent falls, and or low visual acuity suggest that the patient is at risk for future falls in the home. This risk could be reduced by a home assessment, followed by recommendations for home safety equipment and/or modification.

- B. Please consider signing the attached referral to [name], OT, PT, for a home safety evaluation and recommendations for risk reduction. I'll arrange the referral and coordinate and communicate with the OT/PT to facilitate any home modifications and/or equipment purchases.**

*Background*

PVQ: Patient has fallen at home during the past year, has visual acuity worse than 20/70

Home Safety Checklist: Patient's home has one or more hazards for falling.

Patient is not homebound\*

Patient is eligible for Medicare coverage of a home safety assessment by an outpatient OT/PT because the patient is "functionally impaired" on the basis of: [name of qualifying criterion\*\*]

Patient is willing to have a home safety evaluation: X yes  no

Patient is willing to have services provided under Medicare Part B, which requires 20% co-payment for the services .

Patient's preference for an OT/PT is: [name]  none

*Assessment* – Hazards in the home and a history of recent falls there suggest that the patient is at risk for future falls in the home. This risk could be reduced by a home assessment, followed by home safety equipment and/or modification.

\* Medicare definition of “homebound”

“Because of illness or injury, supportive devices are needed; the use of special transportation or the assistance of another person is required in order to leave their place of residence,” OR

“The patient has a condition such that leaving the home is medically contraindicated.”

Note: Medicare will not pay for in home assessment by an occupational therapist unless other services are provided by nursing or physical therapy.

\*\* Medicare definition of “functionally impaired”

Patient has difficulty with balance

Patient uses an assistive device for ambulation or mobility

Patient has fallen more than once in the past year

Patient has had a fall-related injury during the past year