



Executive Summary:

Care Extenders, Telerehab and Remote Support Under PDGM

PDGM offers a platform for alternative ways to provide therapy services. Some examples include the implementation of caregivers and care extenders in more defined support roles through the use of tele rehab and other remote support services.

A care extender or caregiver is a person who delivers a unskilled service to a patient as identified by a registered therapist (physical therapist, occupational therapist, speech-language pathologist) and is unlicensed. Care extenders and caregivers could include members of the agency's care team, family members or other persons connected to the patient in the home environment, as well as other outside providers. The provision of support by a care extender or caregiver may be conducted in concert with ongoing skilled therapy intervention or a post-therapy discharge.

Care extenders and caregivers must be aware of any risk factors that may be present while performing practice exercises or other activities on an aging population. They must demonstrate the ability to monitor a patient's performance and provide support or cues as determined by the skilled clinician. Care extenders or caregivers may be utilized when a patient needs to practice *repetitive* exercises to improve strength, ROM, flexibility, endurance or other aspects of functional mobility. Utilization of care extenders and caregivers occurs when the need for continual reinforcement of an activity or a compensatory strategy or process need no longer be skilled in nature and may be implemented by someone other than a licensed clinician.

The benefits to utilizing care extenders and caregivers include a more frequent and diverse delivery of the care plan. It also frees up skilled therapists to perform top-of-license activities during their scheduled visits. Care extender and caregiver utilization encourages the transition from skilled to unskilled interaction which is needed after a home-care episode is complete. Utilization of a care extender or caregiver provides an opportunity to assess the patient's ability to truly manage his or her health conditions in a long-term, successful fashion.

Another method for care delivery under the PDGM model of reimbursement may be accomplished through virtual visits or remote monitoring. For example, phone calls or video chat sessions utilizing HIPPA-compliant technology that involve the patient and/or family member may occur. These phone calls or video chat sessions may include items such as discussion about and demonstration of a HEP, reinforcement of recommended safety strategies, follow-up after a fall or other change in condition, discussion of medication-regimen adherence or changes, the ordering or receipt of DME or follow-up after medical appointments. Care delivery in this fashion also enables the testing and assessment of the durability of skilled intervention responses.

PDGM will provide opportunities for home-care providers to demonstrate their true value of service. While increasing a patient's stay of wellness, durability of patient response to skilled intervention will benefit both providers and consumers alike. This is in alignment with the promotion of successful condition management by patients, their families and their care extenders or caregivers.

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