PURPOSE: To meet regulatory requirements for annual review of Homebound Status as defined in Chapter 7 of the Medicare Home Health Benefit Policy Manual in order to provide services as set forth by CMS.

GOAL: Personnel will be oriented and educated about the agency policies and procedures, and possess the knowledge and skills to perform their responsibilities on an ongoing basis.

This Agency is committed to providing our staff with thorough knowledge and understanding of Chapter 7 of the Medicare Home Health Benefit Policy Manual in order to provide services as set for by CMS. Training and resources are provided at the time of initial employment and at least annually thereafter. Annually, a refresher training that consists of a study guide that emphasizes new information or procedures and a test (FOHH-HOMEBOUND STATUS) is provided to all personnel. Additional training may be provided with oral presentation, films, videos, computer programs, or audiotapes, and presented in a manner that is appropriate to the personnel's education, literacy level, and language.

In pursuit of this endeavor, the following study guide and accompanying test is essential in assuring that staff has received knowledge and is competent in the following areas:

1. Criteria for Medicare Coverage of Home Health Services
2. Homebound Status

The Foundations of Home Health – Homebound Status Test will be offered to all personnel in the organization. Personnel may take the test at any time scheduled. A score of 80 or above is required for satisfactory completion of this test. Personnel taking the test and scoring less than 80 still have one other option available for meeting safety requirements.

Option 1: Take the test and pass with a score of 80 or better. Prepare by requesting the FOHH-HOMEBOUND STATUS Study Guide, which will be available at the agency. It is very important to take the opportunity to thoroughly review the study guide prior to taking the written test. The Agency Director or designee will schedule specific times in which the FOHH-HOMEBOUND STATUS will be administered to the staff and the test must be taken on-site.

Option 2: Review the Study Guide and Retake the Test Personnel will be able to review the study guide and retake the section(s) not passed (scored less than 80) within 3 working days of the original test date. “Retakes” will be given one time.

Required training must be accomplished through either of these two options. These requirements must be met annually based on a calendar year.
SECTION 1: Medicare CoPs

Medicare Conditions of Participation
The CoPs are the requirements or Medicare laws that home health care providers must comply with in order to participate in the Medicare program.

Conditions of Participation (CoPs)
- Implement or enforce the statutory requirement of Medicare law
- Require continual compliance of home health care providers to participate in Medicare program
- State Operations Manual appendix B is a guide to state surveyors

The CoPs apply to all patients served by a Medicare-certified agency, be it Medicaid, private insurance, self-pay or unfunded, regardless of payer source.

All daily home health activities and patient care should support the intent of the COPs and ensure the health and safety of the patients.

The Medicare survey process ensures compliance.

SECTION 2: Medicare Benefit Policy Manual
Chapter 7 – Home Health Services

One of the most important things in Home Care is to know the rules. Once you know the rules you will be able to deliver care according to the regulations and know how your document supports the care given.

Criteria for Medicare Coverage of Home Health Services
The patient must meet certain eligibilities in order to be admitted for home health care.
- Be confined to home
- Under the care of a physician
- Receiving services under a plan of care
- Be in need of skilled nursing services on intermittent basis or PT or SLP; or
- Continued need for OT
SECTION 3: Homebound

Definition by CMS...

“Normal inability to leave home, and consequently, leaving home would require a considerable and taxing effort.”

CMS is not specific on driving. Per CMS, driving depends on each individual patient and situation. Our Medicare Administrative Contractor, PGBA, has stated patients who drive are at serious risk for denial of home health claims.

Psychiatric Problems
The patient may be homebound for a psychiatric problem (without physical limitations) if the illness is manifested in part by:

- a refusal to leave home, or,
- of such a nature that it would not be considered safe to leave home unattended

Physician Role
The physician certifies patient is confined to home through:

- Signature of plan of care (485)
- Face-to-Face documentation

Homebound Guidance
The OIG requested that the definition of homebound in the Medicare Policy Manual be changed to avoid use of vague language. In November 2011, new guidance was released...

Homebound means the first or second item plus the last item:

The patient must:

1. Need physical assistance to leave the home
   or

2. Leaving home is medically contraindicated
   and...

3. The condition of the patient is such that there exists a normal inability to leave home and, consequently, leaving the home would require a considerable and taxing effort

Documentation must be sufficient to support homebound status and the patient must meet at least one of the following criteria for homebound status:

1. Experiences a considerable taxing effort due to physical condition and/or physical limitation;
2. Psychiatric illness which manifests in a refusal to leave the home;
3. Need for supportive devices or assistance does not necessarily render the patient homebound.

A Homebound Patient may leave home if:

- Absences are infrequent, or
- For periods of relatively short duration, or
- Are attributable to need to receive health care treatment, such as:
  o Adult Day Care (must be receiving therapeutic, psychosocial, or medical treatment; must be licensed, certified, or accredited by a State)
  o Outpatient kidney dialysis
  o Outpatient chemotherapy or radiation therapy
Homebound Documentation

Make sure you are specific regarding homebound status by using the new guidelines (see above).
  o Individualized, measurable terms  
    **Example:** “Patient unsafe to descend stairs without assistance of two people; lives in mobile home with 3 steep steps leading to gravel driveway.”
  o Be careful! Does your documentation indicate patient might not be homebound?
    o Missed visits
    o Documented trips away from home without specifics of assistance required to leave home

SECTION 4: Place of Residence

A patient’s place of residence is wherever he, or she, makes his, or her, home. Some examples of this are:
  • Own dwelling
  • Apartment
  • Relative’s home
  • Home for the aged
  • Some other type of institution*

*Institutions **excluded** from this category are:
  • Hospitals
  • Skilled Nursing Facilities (SNF)
  • Intermediate Care Facilities (ICF)

**Assisted Living Facility (ALF), Independent Living Facility (ILF), Group Home & Personal Care Home**

An individual may be “confined to the home” for purposes of Medicare coverage of home health services if he, or she, resides in an institution that is not primarily engaged in providing the following:
  • Diagnostic and therapeutic services for medical diagnosis;
  • Treatment;
  • Care of disabled or sick persons;
  • Rehabilitation services for the rehabilitation of injured, disabled, or sick persons (therapy);
  • Skilled nursing care or related services for patients who require medical or nursing care

Not Reasonable or Necessary

Services to patients who already have access to appropriate care from a willing caregiver would not be considered reasonable or necessary.

Home health care services will be denied if the services furnished duplicate those furnished by the facility when provision of such care is required under State licensure requirements.

**Medicare coverage would not be an optional substitute for the services that a facility is required to provide by law to its patients, or where the services are included in the base contract of the facility.**

**Q Codes**

CMS now requires home health agencies to designate the place in which home health care is being provided for traditional Medicare patients. Care must be taken to accurately report the place of service—home, ALF, or ILF. CMS defines “home” as a private home, apartment, mobile home, etc. as well as an ILF. Patients receiving care in an
assisted living facilities will have a different Q code.

SECTION 5: Scenarios

The following patient scenarios will help test your knowledge.

Scenario #1:

Mrs. Smith has been referred to home health care services for complex wound care of a pressure ulcer twice per week. During the admission visit, she states her daughter takes her to dialysis on Monday, Wednesday, and Friday of every week. Mrs. Smith is safe to walk with a rolling walker on level surfaces only. She lives in a mobile home with three steep wooden steps outside both front and back doors. At the bottom of those steps, she has gravel pathways.

With the information given, what do you consider Mrs. Smith’s homebound status?

a. Homebound
b. Not homebound
c. Not sure

Answer: This patient would be considered to be homebound. Despite the fact that she leaves her home three times weekly for dialysis, CMS states “Any absence of an individual from the home attributable to the need to receive health care treatment...shall not disqualify an individual from being considered to be confined to his home.” (Medicare Benefit Manual - 30.1.1)

Scenario #2:

Mr. Brown has been receiving home health services for 30 days for teaching and training of a new diagnosis of hypertension. Although he has made positive progress, all nursing goals have not been met at this time. During today’s skilled nursing visit, he shows you pictures of his grandson’s high school graduation last weekend. You observe a picture that makes it evident that Mr. Brown attended the graduation.

What should you do after discovering this bit of information?

a. Ignore it and hope for the best.
b. Inquire how he managed to get to the graduation.
c. Discharge him immediately, no questions asked, since it is obvious he is not homebound.

Answer: The clinician should respectfully inquire how Mr. Brown managed to get to the graduation. Assessment of homebound status is an ongoing process throughout the certification episode. CMS states an “...absence of an individual from the home shall not so disqualify an individual if the absence is of an infrequent or of relatively short duration...occasional absences from the home for nonmedical purposes, e.g., an occasional trip to the barber, a walk around the block or a drive, attendance at a family reunion, funeral, graduation,
or other infrequent or unique event would not necessitate a finding that the patient is not homebound if the absences are undertaken on an infrequent basis or are of relatively short duration and do not indicate that the patient has the capacity to obtain the health care provided outside rather than in the home.” (Medicare Benefit Manual - 30.1.1)

Scenario #3

Mrs. Hood has been on your home health services for two years to receive monthly B-12 injections. Her previous nurse just left the company and you have been assigned as her nurse. During your first visit to her home, she tells you to “hurry up” because she has to get to the Senior Center for lunch. You inquire how often she goes to lunch at the Senior Center and how she gets there. She says, “I go everyday at noon and I drive myself! No one is taking my car away from me!” At the conclusion of the visit, as you are sitting in your car answering some emails, you observe her get in her car without any difficulty and drive away.

What conclusions should you make about Mrs. Hood’s homebound status?

a. It is acceptable for her to go to the Senior Center since it is only ½ mile from her home.
b. The patient must be homebound since the previous clinician and nurses who completed the OASIS assessments assessed her to be homebound.
c. Mrs. Hood appears not to be homebound. Since you are new to home care and this agency, you plan to report your findings to your director or case manager that afternoon.

Answer: When in doubt, you should discuss your concerns with leadership and, when necessary, implement the discharge process. CMS says: “…the condition of patients should be such that there exists a normal inability to leave home, and consequently, leaving home would require a considerable and taxing effort.” (Medicare Benefit Manual - 30.1.1)