

# Is Your Patient Homebound?

## Assessment Points

In home care, patients must be certified as being homebound to be eligible for Medicare-covered services. Admitting or caring for patients who are not homebound is a common reason for payment denials. This job aid is designed to clarify the definition of homebound status and provide *assessment points* to guide the discussion when evaluating homebound status.

## Homebound Criteria

Based on Medicare Coverage Criteria, a patient is considered “confined to the home” (homebound) if the following **two criteria** are met:



### Criteria One:

The patient must either:

1. **Because of illness or injury** - need the **aid of supportive devices** such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or **the assistance of another person** in order to leave their place of residence.

*OR*

2. Have a **condition** such that **leaving his or her home is medically contraindicated**.

If the patient meets ONE of the Criteria-One conditions, then the patient must ALSO meet TWO additional requirements defined in Criteria Two below.

### Criteria Two:

1. There must exist a **normal inability to leave home**;

*AND*

2. Leaving home must **require a considerable and taxing effort**.

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If the patient does in fact leave the home, the patient may nevertheless be considered homebound if the absences from the home are **infrequent** or for periods of **relatively short duration**, or are attributable to the **need to receive health care treatment**.



Absences attributable to the need to receive health care treatment include, but are not limited to:

- Attendance at an adult day center that is licensed, accredited or certified by the State as a provider of adult day care services;
- Ongoing receipt of outpatient kidney dialysis; or
- The receipt of outpatient chemotherapy or radiation therapy.

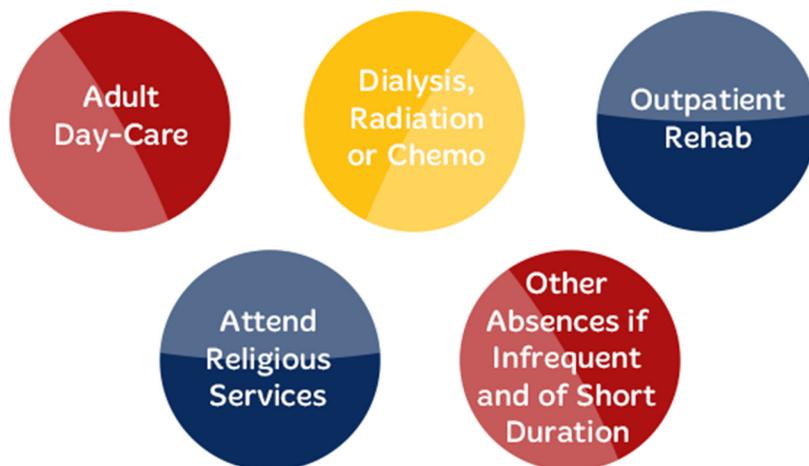
Any other absence from the home, other than to receive health care treatment, will not disqualify a patient from being considered homebound if the absence is **infrequent** or of **relatively short duration** (i.e., less than 3 hours per week). Acceptable absences beyond those to receive health care treatment must be infrequent and of relatively short duration include but are not limited to:

- Any absence for the purpose of attending a religious service.
- An occasional trip to the barber
- A walk around the block

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- Attendance at a family reunion, funeral, graduation, or other infrequent or unique event.



If the clinician determines that the patient does not meet the required criteria and can leave home to obtain healthcare services, then the patient **would likely not** be considered homebound.

## Assessment Points

The following behavioral assessment questions can help determine whether the patient is homebound.

Assessment Points	Guidance
“Tell me about the last time you left home.”	Asking about past behavior provides more accurate results than asking the patient about their perceived abilities.
“Where did you go?”	If the absence was to receive healthcare treatment that cannot be obtained in the home, the absence would not disqualify the patient from being homebound as long as the two original criteria are met. In addition, absences to participate in religious services would not disqualify homebound status.

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Assessment Points	Guidance
“How long were you gone?”	Unless the absence was to receive healthcare treatment that cannot be obtained in the home or to receive adult day care services, absences must be <b>infrequent</b> and of <b>relatively short duration</b> . This time has not been defined by CMS but has been referred to as 3 hours or less in previous guidance.
“How did you get there?”	Leaving the home should require <b>the aid of supportive devices</b> such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the <b>assistance of another person</b> .
“Who went with you?”	Generally, patients who drive themselves would not be considered homebound unless special circumstances apply (e.g., all criteria are met and patient has no assistance to receive critical needs like prescriptions).
“How did you tolerate the outing?”	Leaving home must require a <b>considerable and taxing effort</b> .
“How does your illness or condition impact your ability to leave home?”	The inability to leave home must be <b>related to the patient’s illness or injury</b> and not strictly based on choice or normal aging. The patient may also have a condition in which leaving the home is <b>medically contraindicated</b> .
“What plans do you have to leave home in the future?”	Unless absences are to receive healthcare services, adult day care, or religious services, they must be <b>infrequent</b> . For example, leaving the home 3 times a week to have dinner would likely disqualify homebound status since the patient could also leave to receive the ordered home health services at a physician’s office or clinic.

### Resources:

*Centers for Medicare and Medicaid Services CMS (2015) - Medicare Benefit Policy Manual Chapter 7 - Home Health Services. §30.1.*