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Homebound Training

Medicare Benefit Policy Manual Chapter 7 Home Health Services:

Homebound – What does it really mean?

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One of Medicare's qualifying criteria for home health care is that the beneficiary is homebound and that the physician certifies that he or she believes the beneficiary is homebound.

To qualify for the Medicare home health benefit, under 1814(a)(2)(C) and 1835(a)(2)(A):

- Patient must "be confined to the home"

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Face to Face Related to Homebound

The certifying physician's or allowed practitioner's medical records and/or the acute/post-acute care facility's medical records are used to determine the patient's eligibility for home health services. This medical record documentation must substantiate the patient's need for skilled services and their **homebound status.** The home health agency's documentation, such as the initial and/or comprehensive assessment of the patient can be incorporated into the certifying physician's medical record and used to support the patient's **homebound status** and need for skilled care.

How is the FTF encounter documented?

Documentation in the certifying physician's medical records and/or the acute/post-acute care facility's medical records is used as the basis for determining patient eligibility for the Medicare home health benefit.

The certifying physician and/or acute/post-acute care facility medical records must include:

- Information justifying the referral for home health services. This includes documentation showing the patient's:
    - Need for the skilled services; and
    - Homebound status
- The actual clinical note for the FTF encounter that demonstrates the encounter:
    - Occurred within the required timeframe (include the date of the FTF encounter);
    - Was related to the primary reason the patient requires home health services; and
    - Was performed by an allowed provider type.

Information from the home health agency can be incorporated into the certifying physician's medical records for the patient and used to support the patient's homebound status and need for skilled care. This information must be corroborated by other medical record entries in the certifying physicians and/or the acute/post-acute care facility's medical record for the patient and be signed and dated by the physician to indicate acceptance into their medical record.

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30.1.1 Patient Confined to the Home

For a patient to be eligible to receive covered home health services under both Medicare Part A and Part B, the law requires that a physician or allowed practitioner certify in all cases that the patient is **confined to his/her home.** For purposes of the statue, an individual shall be considered 'confined to the home' (homebound) **two criteria are to be met.**

Criterion One:

The patient must **either:**

- Because of illness or injury, need of 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

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

If the patient meets one of the criterion one condition, then the patient must **ALSO** meet two additional requirements defined in criterion two.

Criterion Two:

- There must exist a normal inability to leave home;

AND

- Leaving home must require a considerable and taxing effort.

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To clarify, in determining whether the patient meets criterion two of the homebound definition.

The clinician needs to take into account the illness or injury for which the patient met criterion one and consider the illness or injury in the context of the patient's overall condition. The clinician is not required to include standardized phrases reflecting the patient's condition (e.g., repeating the words 'taxing effort to leave the home') in the patient's chart, nor are such phrases sufficient, by themselves, to demonstrate that criterion two has been met.

For example, longitudinal clinical information about the patient's health status is typically needed to sufficiently demonstrate a normal inability to leave the home and that leaving home requires a considerable and taxing effort. Such clinical information about the patient's overall health status may include but is not limited to, such factors as the patient's diagnosis, duration of the patient's condition, clinical course (worsening or improvement), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, etc.

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It’s All in the Documentation Details

- Longitudinal clinical information about the patient’s health status is typically needed to sufficiently demonstrate a **normal inability to leave the home** and that **leaving home requires a considerable and taxing effort.**
- Such clinical information about the patient’s overall health status may include but is not limited to, such factors as the patient’s diagnosis, duration of the patient’s condition, clinical course (worsening or improvement), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, etc.

Don’t Just Repeat the Requirement Statement:

The clinical is not required to include standardized phrases reflecting the patient’s condition (e.g., repeating the words ‘taxing effort to leave the home’) in the patient’s chart, nor are such phrases sufficient, by themselves, to demonstrate that criterion two has been met.

Patient Can Leave Home

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 adult day care centers to receive medical care;
- Ongoing receipt of outpatient kidney dialysis; or
- The receipt of outpatient chemotherapy or radiation therapy.

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Short Term Absences

- Any absence of an individual from the home attributable to the need to receive health care treatment, including regular absences for the purpose of participating in therapeutic, psychosocial, or medical treatment in an adult day-care program that is licensed or certified by a state, or accredited to furnish adult day-care services in a state, **shall not disqualify an individual from being considered to be confined to his home.** *Any other 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.* For purposes of the preceding sentence, any absence for the purpose of attending a religious service shall be deemed to be an absence of infrequent or short duration.

- To clarify, in determining whether the patient meets criterion two of the homebound definition, the clinician needs to take into account the illness or injury for which the patient met criterion one and consider the illness or injury in the context of the patient's overall condition. The clinician is not required to include standardized phrases reflecting the patient's condition (e.g., repeating the words 'taxing effort to leave the home') in the patient's chart, nor are such phrases sufficient, by themselves, to demonstrate that criterion two has been met.
  For example, longitudinal clinical information about the patient's health status is typically needed to sufficiently demonstrate a normal inability to leave the home and that leaving home requires considerable and taxing effort. Such clinical information bout the patient's overall health status may include, but is not limited to, such factors as the patient's diagnosis, duration of the patient's condition, clinical course (worsening or improvement), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, etc.

- It is expected that in most instances, absences from the home that occur will be for the purpose of receiving health care treatment. However, occasional absences from the home for non-medical 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 events 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 healthcare provided outside rather than in the home.

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Absences

- For purposes of the preceding sentence, any absence for the purpose of attending a **religious service** shall be deemed to be an absence of infrequent or short duration. It is expected that in most instances, absences from the home that occur will be for the purpose of receiving **health care treatment.**
  However, 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 events **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.

Specialized Equipment Needed:

- Although a patient must be confined to the home to be eligible for covered home health services, **some services cannot be provided at the patient's residence because equipment is required that cannot be made available there.** If the services required by an individual involve the use of such equipment, the HHA may make arrangements with a hospital, SNF, or a rehabilitation center to provide these services on an out patient basis. (See 50.6) However, even in these situations, for the services to be covered as home health services the patient must be considered confined to home and meet both criteria listed above.

Some Examples of Homebound Patients

That illustrate the factors used to determine whether a homebound condition exists.

- A patient paralyzed from a stroke who is confined to a wheelchair that requires the aid of crutches in order to walk.
- A patient who is blind or senile and requires the assistance of another person in leaving their place of residence.
- A patient who has lost the use of their upper extremities and, therefore, is unable to open doors, use handrails on stairways, etc., and requires the assistance of another individual to leave their place of residence.
- A patient in the late stages of ALS or neurodegenerative disabilities. In determining whether the patient has the general inability to leave the home and leaves the home only infrequently or for periods of short duration, it is necessary (as is the case in determining whether skilled nursing services are intermittent) to look at the patient's condition over a period of time rather than for short periods within the home health stay. For example, a patient may leave the home (meeting both criteria listed above) more frequently during a short period when the patient has multiple appointments with health care professionals and medical tests in 1 week. So long as the patient's overall condition and experience are such that he or she meets these qualifications, he or she should be considered confined to the home.

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Examples of Homebound Patients Continued

- A patient who has just returned from a hospital stay involving surgery, who may be suffering from resultant weakness and pain because of the surgery and; therefore, their actions may be restricted by their physician or allowed practitioner to certain specified and limited activities (such as getting out of bed only for a specified period of time, walking stairs only once a day, etc.).
- A patient with arteriosclerotic heart disease of such severity that they must avoid all stress and physical activity.
- A patient with a psychiatric illness that is manifested in part by a refusal to leave home or is of such a nature that it would not be considered safe for the patient to leave home unattended, even if they have no physical limitations.
- The aged person who does not often travel from home because of frailty and insecurity brought on by advanced age would not be considered confined to the home for purposes of receiving home health services unless they meet one of the conditions.

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Homebound

- Each visit an assessment should be done to see if the patient is still homebound. Documentation should justify homebound each visit. When the patient is determined to no longer be homebound the agency should discharge.
- If a question is raised as to whether a patient is confined to the home, the HHA will be requested to furnish the Medicare contractor with the information necessary to establish that the patient is homebound.
- If homebound criteria is not found to be met – the whole claim can be denied.

Some Clinical Finding that Support the Need for Home Health May Include:

- Shortness of breath
- Ambulates short distances
- Unsafe ambulation due to balance issues
- Can transfer bed to chair only
- Pain interferes with ambulation/mobility
- Mental confusion
- Unable to leave home safely without assistance
- Immunocompromised

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Acceptable Homebound Statement:

- This patient is declared homebound due to recent falls secondary to severe debilitating chronic osteoarthritis causing an unsteady gait and need for assistive device when ambulating. He has taken the prescribed nonsteroidal anti-inflammatory medication without relief and continues to have difficulty with ambulation and climbing stairs. (5 steps into/out of house and 8 to bedroom). Balance is worsening and he presents today due to a fall last evening on the steps.
- Acute Emphysema/Chronic Obstructive Pulmonary Disease. Patient has become increasingly short of breath with activity, weakness, and decreasing oxygen saturation levels over the last 3 weeks resulting in her becoming wheelchair-bound, requiring 2 assists for transferring, thus causing homebound status.
- Patient for home health due to coronary artery disease and congestive heart failure following coronary stent placement. The patient requires rest when walking >20 feet due to severe fatigue and shortness of breath. Balance is poor-requiring the use of a walker. She is homebound due to these issues.
- Upon initial examination, the patient was severely SOB from the 3 minutes it took to ambulate to the front door from the bedroom… a distance of 35 feet.
- FBS 250 without symptoms. Insulin dose of 18 units of 70/30 taken. BS at lunchtime was 50 and the patient c/o confusion, dizziness, headache, sweating, trembling all over, and unsteady gait. States this is a pattern for last week. Verbalizes concern and fear of fainting or falling.
- The beneficiary can only walk 10 feet before becoming extremely short of breath and diaphoretic at which time the beneficiary needs to rest. In addition, the beneficiary needs to hang onto furniture while walking within his home.
- Patient with Alzheimer’s disease and requires 24-hour supervision. Patient with auditory and psychotic symptoms and wanders if not supervised.

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Poor Examples of Homebound Status

- Homebound due to SOB with minimal exertion
- Unstable blood sugars
- Taxing effort to leave home
- Recent surgery
- Legally blind
- Weakness
- Unable to leave home
- Alzheimer's/Dementia

Characteristics that Raise Questions About Homebound

- No coordination or balance problems
- No need for assistive devices
- Have the ability to walk independently on even surfaces
- Independent with transportation
- Frequently go out of the home for non-medical reasons

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Tips for Homebound Documentation

- Use sentences, not one word.
- Use patient-specific information, not generalized statements.
- Don’t just use check boxes provided by the EMR.
- Use details specific to the reason home health is needed.

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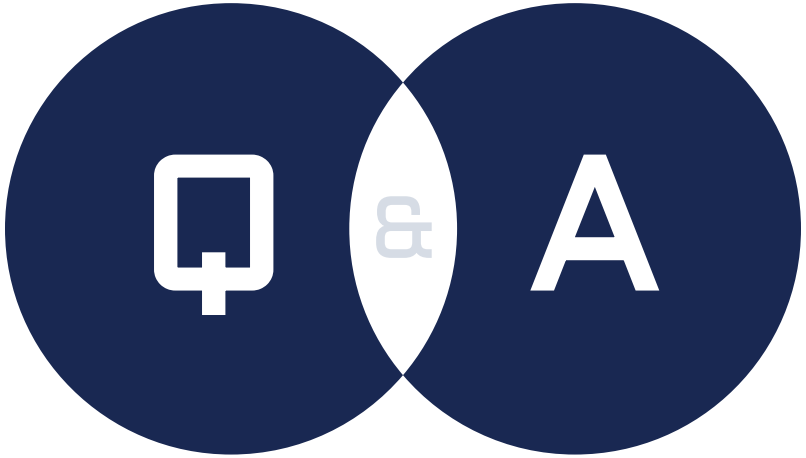
QUESTIONS?



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Thank You

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