



# Home Health Care

# About the Medicare Rights Center

The Medicare Rights Center is a national, nonprofit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities through:

- Counseling and advocacy
- Educational programs
- Public policy initiatives



# National Council on Aging

This toolkit for State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Centers (ADRCs) was made possible by grant funding from the National Council on Aging.

The National Council on Aging is a respected national leader and trusted partner to help people aged 60+ meet the challenges of aging. They partner with nonprofit organizations, government, and business to provide innovative community programs and services, online help, and advocacy.

# Learning objectives

- **Identify** the eligibility requirements for Medicare-covered home health care
- **Explain** the types of services covered and excluded under the home health benefit
- **Describe** how to initiate home health services in both hospital and community settings

# Home health care coverage overview

- Home health care provides skilled medical and personal care services in an individual's residence
- Designed to assist beneficiaries in recovering from illness, managing chronic conditions, or maintaining function
- Must be delivered by a Medicare-certified home health agency (HHA)



# **Home health care eligibility**



# Home health care eligibility overview

- To qualify for the Home health care benefit, beneficiaries must meet these requirements:
  - Be homebound
  - Need intermittent care
  - Meet with a doctor (or other approved provider)
  - Have an approved plan of care
  - Receive care from a Medicare-certified home health agency (HHA)



# Homebound requirement

- Beneficiaries must be **homebound** to receive home health care
- A doctor designates a beneficiary as homebound if it is difficult for them to leave their home without another person or medical equipment
- Homebound individuals may leave their home for special occasions and religious services



# Intermittent care

- Medicare covers home health care if the services are **intermittent**
- Medicare defines intermittent care as care needed:
  - At least once every 60 days
  - No more than once per day for up to three weeks



# Skilled care

- The beneficiary must need skilled nursing care of **skilled** therapy services such as physical, speech, and occupational therapy
  - Skilled means that the care can only be provided by or at the direction of a licensed nurse or therapist
- Care must be reasonable, predictable, and medically necessary





## Doctor meeting

- Home health care recipients must meet with their doctor or allowed practitioner face-to-face **90 days before** starting home health care or **30 days after** the first day of care
- The doctor must sign a home health certification confirming that the beneficiary meets all requirements

# Plan of care requirement

- A home health agency must conduct an initial assessment and develop a written plan of care
- A physician or approved practitioner must certify and approve the plan, outlining services, frequency, and expected outcomes
- The plan must be **recertified every 60 days**
- A face-to-face visit is required for the initial certification but not for recertification



# **Home health care services**

# Home health care covered services

If eligibility criteria are met, Medicare covers:

- Skilled nursing services
- Physical, speech, and occupational therapy
- Medical social services
- Certain medical supplies
- 80% of Medicare-approved costs for durable medical equipment (DME)
- Home health aide services (when skilled care is also required)





# Home health care services not covered

The following are **excluded** from Medicare's home health benefit:

- 24-hour at-home care
- Prescription drugs (that are covered by Part D)
- Delivered meals
- Custodial care (e.g., housekeeping, laundry, meal preparation) unless provided incidentally during a skilled care visit





## Chronic conditions and continued coverage

Medicare coverage is **not contingent on improvement**. Coverage may continue if skilled care is medically necessary to:

- Maintain the individual's current condition
- Prevent or slow further deterioration
  - This includes beneficiaries with chronic or non-improving conditions

# Limits on hours of care

- Medicare typically covers:
  - Up to **8 hours per day**
  - Up to **28 hours per week** of combined nursing and aide services
- In certain cases, this may be extended to 35 hours per week



# Initiating care

# Initiating home health care services

- **Hospital setting:** Discharge planner or social workers can coordinate care with a certified HHA
- **Community setting:** A physician referral is required; the individual or caregiver may contact the agency directly
- The HHA conducts an assessment and coordinates with the physician to begin care



## Finding HHAs

- To find local HHAs, beneficiaries can—
  - Coordinate care through their hospital discharge planning office
  - Call 1-800-MEDICARE
  - Search using the Eldercare Locator



# Medicare Advantage and home health

- Medicare Advantage (MA) Plans are required to provide the same home health benefits as Original Medicare
- However, plans may implement:
  - Network restrictions
  - Prior authorization requirements
  - Cost-sharing (e.g., copayments)
- If no in-network HHA will provide care, the plan must cover services out-of-network or arrange an appropriate alternative



To find out if Medicare covers the equipment or supplies an individual needs, call **1-800-MEDICARE** or visit [www.medicare.gov/supplier](https://www.medicare.gov/supplier)

# Resources for information and help

## Medicare Rights Center

- 800-333-4114
- [www.medicareinteractive.org](http://www.medicareinteractive.org)

## National Council on Aging

- [www.ncoa.org](http://www.ncoa.org)

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## State Health Insurance Assistance Program (SHIP)

- 877-839-2675
- [www.shiphelp.org](http://www.shiphelp.org)

## Social Security Administration

- 800-772-1213
- [www.ssa.gov](http://www.ssa.gov)

## Medicare

- 1-800-MEDICARE (633-4227)
- [www.medicare.gov](http://www.medicare.gov)



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- For details, visit [www.medicareinteractive.org/learning-center/courses](http://www.medicareinteractive.org/learning-center/courses)



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# Thank you!

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