

**Company Name
New Admission Packet**

Patient Name:

MR#

**CLARIFICATION OF THE HOMEBOUND DEFINITION UNDER THE
MEDICARE HOME HEALTH BENEFIT**

"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 the 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 for the purpose of attending a religious service shall be deemed to be an absence of infrequent or short duration."

To qualify for the Medicare home health benefit, a Medicare beneficiary must be confined to the home, under the care of a physician, receiving services under a plan of care established and periodically reviewed by a physician, be in need of skilled nursing on an intermittent basis, (other than solely venipuncture), or physical therapy or speech-language pathology or have a continuing need for occupational therapy.

Physician certification that the beneficiary is confined to his home is an eligibility requirement for all home health services.

I understand that Medicare's definition of "homebound" is "there exists a normal inability to leave home and, consequently, leaving home would require a considerable and taxing effort". The new provision expands the list of circumstances in which absences from the home would be consistent with a determination that the patient is "confined to the home" or "homebound" for Medicare purposes, it does not change the existing homebound guidelines beyond the two specific provisions below. The new provisions include:

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 the State shall not negate the beneficiary's homebound status for the purpose of eligibility.

Any absence for religious service is deemed to be an absence of infrequent or short duration and thus does not negate the homebound status of the beneficiary.

This new statutory provision does not imply that Medicare coverage has been expanded to include adult day care services.

I attest that, should my condition so improve that I am no longer confined to my residence, I will promptly report this change in condition to Company Name immediately at: 555-555-5555

Patient signature: _____ Date: _____

Agency Staff: _____ Date: _____