



Quick Guide to Medicare Home Care

Medicare limits home care coverage to services which are:

- 1) **Medically necessary**
 - Illness is acute or severe:
 - patient has physiologic abnormalities
 - patient is at risk for an adverse event
 - patient's condition requires frequent clinical evaluation
 - Patient has additional significant diagnoses beyond the primary diagnosis
- 2) **Part-time or intermittent**
 - Up to 28 hours per week combined care (or subject to review on a case-by-case basis as to the need for care, less than 8 hours each day and 35 or fewer hours per week)
- 3) **Skilled services**
 - Nursing, physical therapy, speech therapy, continuous occupational therapy
 - Home health aide service and medical social work are Medicare allowable only if one of the above skilled services is provided
 - Service must be complex and can only be safely and effectively performed by or under the supervision of a professional
- 4) **Patient must be homebound**
 - leaving the home requires "considerable and taxing effort"
 - illness restricts ability to leave home without the help of cane, crutches, wheelchair, or the assistance of another person
 - patient can leave home only for short, infrequent absences (short walk, trips to the hairdresser, adult day care-if medical component, are OK)
 - patient can leave home only for the purposes of receiving medical treatment or leaving home is medically contraindicated

Looking to Speed up Your Referral Process?

Have the following information available for the home health care agency when making a referral:

- Patient's name and address (specific)
- Telephone number
- Diagnosis
- Medication
- Support services
- Emergency contact
- Start of care date
- Services requested & timeframe
- Homebound status
- Payment source

Questions? Please Contact the Connecticut Association for Home Care.