

CLARIFICATION OF THE HOMEBOUND DEFINITION UNDER THE MEDICARE HOME HEALTH BENEFIT

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, physical therapy, or speech therapy 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.

To be homebound means:

- Leaving your home isn't recommended because of your condition
- Your condition keeps you from leaving home without help (such as using a wheelchair or walker, needing special transportation, or getting help from another person)
- Leaving home takes a considerable and taxing effort

A person may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as attending religious services. You can still get home health care if you attend adult day care, but you would get the home care services in your home.