HOMEBOUND STATUS OF MEDICARE PATIENTS

ETHICS & COMPLIANCE DEPARTMENT

SCOPE:

Applies to all Evolution Health colleagues. For purposes of this policy, all references to "colleague" or "colleagues" include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

PURPOSE:

To provide guidance to all Evolution Health (the "Company") colleagues on assessing the homebound status of patients whose services are covered by the Medicare program.

POLICY:

It is the policy of the Company that each patient whose services are covered by the Medicare program will be assessed for homebound status as part of the Initial Patient Assessment/Comprehensive Patient Assessment.

PROCEDURE:

General Principles

The Medicare program pays for home health services only when a patient is "confined to the home" a/k/a "homebound." For Medicare patients, the Company must assess the patient during the Initial Patient Assessment and ongoing Comprehensive Patient Assessments to determine if the patient is "homebound" and eligible for home health services paid for by the Medicare program.

Physician Certification

The physician must certify that the patient is homebound.

Patient Confined to the Home

For a patient to be eligible to receive covered home health services under both Part A and Part B, the law requires that a physician certify in all cases that the patient is confined to his/her home. For purposes of the statute, an individual shall be considered "confined to the home" (homebound) if the following two criteria are met:

1. Criterion One:

The patient must either:

- Because of illness or injury, need the 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 conditions, then the patient must ALSO meet two additional requirements defined in criterion two below.

2. Criterion Two:

- There must exist a normal inability to leave home;

AND

- Leaving home must require a considerable and taxing effort.

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.

The Company's Assessment of Homebound Status

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. Set out below is additional information to assist the clinician in assessing homebound status.

- Certain Absences From the Home Do Not Undermine a Patient's Homebound Status

  Absences for Health Care Treatment. Absences from the home attributable to the need to receive health care treatment do not disqualify an individual from being considered "homebound." Examples include participation in therapeutic, psychosocial or medical treatment in an accredited or state licensed/certified adult day-care center, ongoing receipt of outpatient dialysis, or receipt of outpatient chemotherapy or radiation therapy.

*Absences that are Infrequent or of Short Duration***.** Occasional absences from the home for non-medical reasons are acceptable when they are infrequent or unique events or are of short duration and do not indicate that the patient has the ability to obtain healthcare services in a setting other than the home. When determining whether the patient is leaving infrequently or for short durations, it is necessary to look at the patient's condition over a period of time rather than for short periods within the home health stay. Examples of acceptable absences include:

1. Absences for the purpose of attending a religious service.
2. An occasional trip to the barber.
3. An occasional walk around the block or a drive.
4. Attendance at a family reunion, funeral or graduation.

- Use of Supportive Devices, Special Transportation and/or Assistance of Another Person to Leave the Home. A patient is considered homebound when a condition due to an illness or injury restricts the patient's ability to leave the home except with the aid of supportive devices, special transportation and/or the assistance of another person. However, the mere fact that a patient uses supportive devices, special transportation, and/or assistance of another person to leave home does not automatically make the patient homebound. In addition, a patient is considered homebound when leaving his or her home is medically contraindicated.

- Assessment to Include Totality of Patient's Circumstances. A patient's homebound status may be due to a combination of factors. An example is when a patient's handicap, which would not usually make him or her homebound, but when combined with architectural barriers, results in his or her inability to leave home without assistance (*i.e.*, the patient is unable to negotiate stairs to an upper level apartment).

- Cognitive Impairment or Psychiatric Disorders. Patients may be considered homebound because of cognitive impairments. This may include patients with Alzheimer's disease, organic brain syndrome, senility and mental retardation who require constant supervision to be safe. A patient with a psychiatric disorder is considered to be homebound if his or her illness is manifested in part by a refusal to leave the home, or is of such a nature that it would not be considered safe for him or her to leave home unattended, even if he or she has no physical limitations. The following psychiatric conditions support a homebound determination:

  1. Agoraphobia, paranoia, or panic disorder.
  2. Disorders of thought processes wherein the severity of delusions, hallucinations, agitation, and/or impairment of thoughts/cognition grossly affects the patient's judgment and decision making, and therefore the patient's safety.
  3. Psychiatric problems associated with medical problems that render the patient homebound.

Examples of Patients Meeting Homebound Status

- A patient paralyzed from a stroke is confined to a wheelchair or requires the aide of crutches to walk.
- A patient who is blind or senile requires the assistance of another person in leaving his or her place of residence.
- A patient who has lost the use of his or her upper extremities and is, therefore, unable to open doors, use handrails on stairways, etc., and requires the assistance of another individual to leave his or her place of residence.
- A patient who has just returned from a hospital stay involving surgery who suffers from resultant weakness and pain, and, therefore, his or her actions may be restricted by his or her physician 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 he or she must avoid all stress and physical activity.

Examples of Patients That Are NOT Homebound

- The patient leaves home several times per week to go out for a meal.
- The patient leaves home regularly for business purposes or to attend school.
- A patient does not leave home because of feebleness and insecurity due to advanced age but does not have any other condition resulting in "homebound" status.

Documentation of Homebound Status

Homebound status must be documented in the clinical records. The documentation must be:

- Frequent enough to reflect the patient's current functional status;
- Updated as the patient's condition changes, at a minimum of at least once per certification period;
- Supported by the patient's diagnostic symptoms/medical condition;
- Consistent in all discipline's notes; and
- Documented in clear, concise, specific and measurable terms.

Results of Assessment

If the Company determines that a patient is not "homebound" and does not qualify (or continue to qualify) for Medicare coverage for home health services, the Company will not admit (or will discharge) the patient.

Assisted Living Facilities, Group Homes and Personal Care Homes

- A patient's residence is wherever he or she makes his or her home, which can include assisting living facilities, group homes and personal care homes.

- Certain institutions such as hospitals, skilled nursing facilities, and most nursing facilities (referred to herein as "Institutions") may **not** be considered a patient's residence. These Institutions are those that are primarily engaged in providing the following types of services to inpatients:

  1. Diagnostic and therapeutic services for medical diagnosis;
  2. Treatment;
  3. Care of injured, disabled, or sick persons;
  4. Rehabilitation services or other skilled services needed to maintain a

     patient's current condition or to prevent or slow further deterioration; or

     Skilled nursing care or related services for patients who require medical or nursing care.

- A Medicare patient residing in an Institution (or distinct part of an Institution) is **not** eligible for Medicare coverage of home health services.

- If it is determined that the assisted living facility in which the individual resides is not primarily engaged in providing the above services, then Medicare will cover reasonable and necessary home health care furnished to the individual.

- The Company will not bill the Medicare program for the provision of any home health services to Medicare patients residing in an Institution and will work to ensure that home health services provided to Medicare patients residing in assisted living facilities are not duplicative of the services provided by the facility, when the provision of such care is required of the facility under State licensure.

POLICY REVIEW

The Ethics & Compliance Department will review and update this Policy and all HIPAA policies when necessary in the normal course of its review of the Ethics & Compliance Program.