Job Aid for Physicians & Office Staff Home Health Homebound Criteria Guidelines

The patient must meet the following criteria to be considered homebound:

- 1. *The patient must have one of the following:
 - a. Because of illness or injury, the patient must 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
 - b. Have a condition such that leaving his or her home is medically contraindicated, AND
- 2. There must be a normal inability to leave home, AND
- 3. *Leaving home must require a considerable and taxing effort.

*Information to support homebound status is required on the Physician's Face to Face Encounter form.

Guidance on assessment of each criteria:

- 1. For medical restriction to home, this can be a temporary situation and a new need based on the patient's illness, injury or recent surgery and should be reflected on the Face to Face form.
- 2. Let the home health agency assist you with assessing whether the patient has the normal ability to leave the home. Listed below are the guidelines for your information:
 - a. <u>Acceptable absences</u> from the home, regardless of frequency, include:
 - 1. Medical treatment of any nature, including dialysis, doctor's appointments, Adult Day Care Center tx for medical care, chemotherapy or radiation therapy,
 - 2. Attendance at religious services (dinner on the grounds, committee meetings, choir practice, etc., are not considered religious services)
 - b. Questionable absences: according to CMS, occasional absences from the home for nonmedical purposes, e.g., an occasional trip to the barber, a walk around the block or a drive, attendance at a family reunion, funeral, graduation, or other infrequent or unique event would not necessitate a finding that the patient is not homebound if the absences are undertaken on an infrequent basis or are of relatively short duration and do not indicate that the patient has the capacity to obtain the health care provided outside rather than in the home.
- 3. To assess the taxing and considerable effort, ask the patient what symptoms they experience when leaving home or after returning home after the absence (documenting impact of absences for medical reasons is also an excellent way to substantiate homebound status):
 - a. Did symptoms worsen (ie, pain, shortness of breath, anxiety, stress, weakness, wound drainage increases, etc.)?
 - b. What is the impact to ambulation relative to assistance needed, safety of ambulating in the community, effort required to move patient (ie, chair bound, bed bound, unsafe on uneven surfaces in unfamiliar places)?
 - c. What happens after the patient returns from an outing (ie, rest for multiple hours, unable to participate in care, sleeps for long periods of time, increased pain or swelling, etc.)?