



“Homebound”- What’s it all about?

Things to keep in mind when thinking about a patient who might be a Home Care referral candidate:

1. First and foremost: The Medicare Home Care criteria can be confusing at times. When in doubt call 800-575-5162 and let the VNA decide if the patient is eligible. The VNA may talk with the patient on the phone or send a nurse out to do an assessment.
2. Homebound- more broadly interpreted than in the past. The following need to be considered:
 - Most patients who have just been discharged from the hospital most likely can be considered “home bound”. i.e. post-op patients usually can’t drive for a period of time.
 - Absences are infrequent and of short duration and must contribute to the patient’s state of well being: medical appointment, a special birthday party, going to the store when there is no-one else to pick up the food, hair appointment, church, a walk around the block.
 - Leaving home for any occasion must take a considerable and “taxing” effort, use of a supportive device is necessary i.e. walker, cane, w/c, O2 (this must be documented by the home care staff).
 - Patient requires the assistance of another person in order to leave the house. For example, a patient who is blind needs the guidance from another individual.
 - Person who has dementia and cannot be left alone for safety reasons.
 - Patient with significant cardiac disease who cannot go out because of the fatigue.
 - Patient may attend a certified/licensed or accredited day care program.
 - Driving does not mean the patient is NOT homebound if the driving is done with “considerable and taxing effort”.
 - Visits can be made the same day as the patient goes to the MD as long as the visit and the MD appointment are happening for 2 different reasons (VNA is going in for wound care and the MD appointment is for an endocrine work up).