

## Medicare Guidelines Used to Establish Coverage

The following items are required for Medicare to pay for your home health care services:

-You are **homebound**. This means that due to your illness or injury it takes a **considerable taxing effort** for you to leave your home and your absences are **infrequent** or of relatively **short duration**. You can still be considered homebound if you leave home to attend a religious service; to receive health care treatment, including regular absences to participate in therapeutic, psychosocial or medical treatment in a state licensed/certified and/or accredited adult day care program; or to attend unique or infrequent special events (family reunion, funeral, graduation, etc.). If you are able to drive, then you probably **do not** meet the homebound requirements.

-You have had a **recent** illness or injury (or worsening of a condition) which requires **Skilled Nursing Care** on an intermittent basis (other than solely venipunctures) or **Physical Therapy, Speech-Language Pathology or have a continuing need for Occupational Therapy**.

-You are **an eligible Medicare beneficiary** and **under the care of a doctor** who has ordered the treatment or services we are providing. If the services are not reasonable or medically necessary and specifically ordered by your doctor, Medicare will not pay for those services.

-Care is provided on an **intermittent basis**. This means Medicare will not pay for our health care staff to stay with you for an extended period of time. We will only visit you for the length of time it takes to provide the specific treatment ordered by your doctor.

If all these requirements are met, Medicare will also pay for medically necessary Occupational Therapists, Medical Social Services, Home Health Aides, and medical supplies.