

## Medicare Home Health Coverage

### You don't have to improve to qualify for Medicare coverage!

**The Problem:** Medicare home health coverage can be a robust resource to help people who qualify remain at home with necessary care. However, in recent years, coverage and access to home health care has been shrinking. The Centers for Medicare & Medicaid Services (CMS) regularly describes Medicare home health coverage as a short-term, acute care benefit. This is not true. As a result of this CMS perspective, however, which is reflected in Medicare home health payment and quality models, even people who meet the law's coverage criteria (homebound and needing skilled nursing and/or therapy), are denied coverage and access to needed care. Further, qualified beneficiaries are only able to access the bare minimum of home health aides – often only 1-3 hours, for a bath, not 28-35 hours combined with nursing, for an array of personal care, as authorized by the law.

**Background:** Medicare covers certain care provided at home for people who are homebound, as defined by the law, and who need and receive skilled nursing and/or therapy. The skilled services can be provided to improve or maintain or slow decline of an individual's condition<sup>1</sup> Individuals who meet these criteria are eligible for coverage of skilled nursing and/or therapy as well as for home health aides, medical social worker care, and some supplies. Under the law the care can continue indefinitely, so long as the coverage criteria are met, including for up to 28-35 hours of nursing and home health aides combined. Unfortunately, in practice, this level of care is often difficult to obtain.

#### Case Studies:

Ms. R contacted the Center for Medicare Advocacy on behalf of her husband who has ALS and was been receiving Medicare-covered physical therapy at home as well as home health aide services. As a result of the physical therapy, his pain has been significantly reduced, he is able to transfer independently, and his bowel function has improved. Nonetheless, the home health agency told Mr. R that it was ending his home health care as he was not improving and no longer needed skilled physical therapy. After advocacy from the Center, the care was continued and covered by Medicare.

Ms. C contacted the Center for Medicare Advocacy because her mother, 94 years old with multiple comorbidities, was told orally that her care was going to end because she wasn't improving. She did not receive a written notice. The proposed discharge was for the nursing, PT and OT that her doctor ordered to maintain her skin integrity and help her continue to be able to transfer out of bed into her wheelchair, ambulate a bit with a walker, and maintain the ability to perform activities of daily living as independently as possible. After advocacy from the Center, the care was continued and covered by Medicare.

#### Possible Solutions:

1. Congress should seek studies and hold hearings or other inquiries to ensure CMS and Medicare-certified home health agencies are interpreting and implementing the current home health benefit as provided by law – and that payment models and quality measures encourage, rather than create barriers, to provide that care. Individuals who have a doctor's order for home health care, are homebound, and require skilled care (to improve or maintain their condition), should be able to receive the Medicare-covered home care authorized by law.
2. Congress and CMS should ensure that all Medicare beneficiaries, not just those enrolled in Medicare Advantage plans, are able to receive Medicare coverage for necessary home health aides, even if they are not homebound and don't require skilled nursing or therapy. (Through legislation and oversight of CMS policies.)

<sup>1</sup> See, *Jimmo v. Sebelius*, No. 11-cv-17 (D. VT., 2013, 2017); [www.MedicareAdvocacy.org](http://www.MedicareAdvocacy.org); [www.cms.gov](http://www.cms.gov).