



WHEN WOULD I NEED HOME HEALTH?

You have to meet certain eligibility requirements to get coverage for home health, including your provider certifying that you are “homebound.”

Homebound means it’s hard for you to leave home, and you need help leaving home when you do. In addition, you must have a prescription for home health services. You may need home health care if you have difficulty leaving home and:

- You were recently discharged from the hospital or a skilled nursing facility after an illness, injury, or surgery.
- You make frequent visits to your doctor or the emergency room.
- You have a hard time managing one or more chronic health conditions like diabetes, COPD, or heart disease.
- You take several medications and need help taking them as prescribed.
- You recently had a medication change and need help monitoring side effects and making sure they’re working properly.
- Daily activities like bathing and dressing are difficult for you.

Home health services provide medical care and support in the comfort of your home. These services are designed to help you recover from an illness or injury, manage chronic conditions, or receive end-of-life care. Home health services involve a wide range of medical care, tailored to meet your specific needs.



TYPES OF HOME HEALTH SERVICES AVAILABLE

Home health services include skilled nursing care, physical therapy, occupational therapy, speech therapy, medical social services, and home health aide services. Licensed professionals like nurses and therapists provide these services. You must have a prescription from your doctor to receive home health services.

WHAT IS “SKILLED CARE” VS. NON-SKILLED/PERSONAL CARE?

Skilled care is medically necessary care that can only be provided by or under the supervision of skilled or licensed medical professionals. Some examples of this might be wound care, IV injections, catheter care, and more.

Non-skilled, or personal care involves help with daily activities like bathing and dressing, cooking, and laundry. Providers of non-skilled care may have, but are not required to have, any medical training.



DO I GET A CHOICE?

Yes! When you and your doctor or another qualified healthcare professional (such as a nurse practitioner or physician assistant) determine you need home health care, they will provide you with a list of agencies serving your area.

Importantly, according to federal law, your doctors are legally required to disclose any financial ties they may have with any of the listed agencies. This transparency helps you make an informed decision based on your needs and ensures you are not swayed by any outside financial incentives.



WHAT SHOULD I EXPECT ONCE HOME HEALTH STARTS?

Once your doctor or healthcare provider refers you for home health services, the agency will contact you to schedule an in-home assessment. During this visit, the home health staff will discuss your specific needs and health history with you. They'll also collaborate with you and your doctor to develop a personalized care plan. This plan will outline how often you will get visits from home health professionals, such as nurses or therapists, to ensure you receive the care you need as prescribed by your doctor. The home health agency will inform your doctor of your progress throughout your care journey.

INSURANCE COVERAGE FOR HOME HEALTH

Medicare, Medicaid, and private insurance plans may cover home health services. If you have Medicare and qualify for services, you will pay \$0 for covered home health services. Other insurance may cover services at different co-pays or cost shares. You can reach out to your health insurance company directly at the phone number listed on the back of your insurance card to find out more about coverage details.

WHAT YOUR INSURANCE WON'T COVER

Your health insurance likely only covers medically necessary home health care services. Services excluded from coverage generally include:

- Personal care services like cooking, cleaning, and laundry if that is the primary reason for the visit
- 24-hour care
- Prescription drugs
- Meals delivered to your home



Note: Services like housekeeping, laundry, and meal prep are not covered by most insurance plans. Home health aides may provide limited assistance with these tasks while they're at your house for other qualified medical reasons, but they can't visit only for these purposes.

ASSESSING YOUR HOME HEALTH NEEDS

As you receive home health services, you should also consider resources and equipment that can support you while you recover. Here are examples of resources and assistance:

- **Durable Medical Equipment (DME) and Supplies:** You can explore options like walkers, shower chairs, and raised toilet seats. Your provider may suggest some of this equipment or supplies. If ordered by your provider, insurance may cover some or all of the cost.
- **Home Modification Services:** Along the same line as DME, your therapist may recommend in-home modifications, like ramps, grab bars, or other more permanent changes for increased accessibility. Community organizations, senior centers, and local churches and charities may have programs or resources to assist with these kind of home updates.
- **Government Assistance Programs:** Contact your local Social Services agency to investigate the Home and Community-Based Services (HCBS) program in your state, which may offer financial assistance for home modifications through Medicaid waivers.
- **Technology Solutions:** Check out medical alert systems or smart home devices with voice-activated features for added safety and convenience.

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