Medicare Home Health Coverage
In Light of Jimmo v. Sebelius

Coverage Criteria → You do not have to improve to qualify!

- **Homebound**
  - You must be confined to your home. This means you are unable to leave without the assistance of another individual or a supportive device, or you have a condition that makes leaving your home medically contraindicated. You must also have a normal inability to leave your home and doing so requires a considerable and taxing effort. Being homebound does not mean that you are bedbound. You can still leave for health care treatments and for short or infrequent periods, such as family gatherings.

- **Authorized Practitioner’s Order**
  - An authorized health practitioner must order your home health care, sign, and certify your plan of care. You must also have a face-to-face meeting with an authorized practitioner 90 days before the start of your home health care or within 30 days of your care’s start date. A document about the meeting must be signed by the practitioner and be included in the certification.

- **Skilled Care**
  - You must require skilled nursing care on an intermittent basis, or skilled physical therapy or speech-language pathology services. You may receive skilled occupational therapy once Medicare coverage begins. Skilled nursing care is intermittent if it is provided less than seven days a week or daily for less than eight hours a day for periods of 21-days or less (extensions are possible under limited circumstances).

- **No Improvement Standard**
  - Medicare coverage “does not turn on the presence or absence of a beneficiary’s potential for improvement, but rather on the beneficiary’s need for skilled care. Skilled care may be necessary to improve a patient’s condition, to maintain a patient’s current condition, or to prevent or slow further deterioration of the patient’s condition.” [CMS Transmittal 179, Pub 100-02, 1/14/2014](https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/Transmittal179.pdf); Medicare Benefit Policy Manual, Chapter 7, Sections 20.1.2.

- **Certified Home Health Agency**
  - Your home health care must be furnished by, or under arrangement with, a Medicare certified home health agency.

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For additional information, see the Center for Medicare Advocacy’s website: [Improvement Standard Homepage](http://www.medicareadvocacy.org)