

Medicare Coverage for Home Health Aide Care

Medicare coverage can help older adults and people with disabilities obtain necessary home care. When individuals meet the home health benefit criteria, Medicare-covered care can include home health aide services. As defined by federal law, home health aides provide hands-on personal care, including assistance with the activities of daily living. This care is often critical to beneficiaries' health, safety, and ability to remain at home.

Who Qualifies for Medicare-Covered Home Health Aide Care?

- People who meet Medicare's home health coverage criteria can qualify for coverage of home health aides.
- The eligibility criteria for Medicare-covered home health services include being "homebound" and requiring a "skilled" service. Medicare defines home health **skilled services** as nursing, physical therapy, speech-language pathology services, and occupational therapy (to continue coverage).
- Home health aide services must be furnished by, or under arrangement with, a Medicare-certified home health agency. The home health aides must meet certain training and competency requirements.

What Medicare Home Health Aides Services are Covered by Medicare?

- To be covered by Medicare, a doctor or other allowed practitioner must order the home health aide services in the plan of care and indicate the frequency of home health aide services required.¹
- The reason for the home health aide visits must be to provide hands-on personal care to the beneficiary or services that are needed to facilitate treatment or to maintain the beneficiary's health,² such as:
 - Bathing, toileting, dressing, grooming, changing bed linens of an incontinent beneficiary, assistance with walking, changing positions in bed, and transfers;
 - Assistance with medications that are ordinarily self-administered;
 - Assistance with dressing changes that do not require a nurse;
 - Assistance with activities that support skilled therapy such as routine maintenance exercises;
 - Routine care of prosthetic and orthotic devices;
 - Services that are "incidental" to a visit for the above-listed services such as personal laundry or preparing a light meal.³

¹ 42 C.F.R. § 409.45(b)(1).

² 42 C.F.R. § 409.45(b)(1).

³ 42 C.F.R. §§ 409.45(b)(1)(i)-(v), 409.45(b)(4).

How Much Home Health Aide Services Can be Covered by Medicare?

- Under the law, Medicare covers home health aide services any number of days per week as long as they are provided less than 8 hours per day and 28 or fewer hours per week. On a case-by-case basis, services may be covered up to 35 hours per week.⁴ When both home health aide and skilled nursing services are provided, the two services combined cannot exceed these hour limits. When home health aide and therapy services are provided (with no skilled nursing ordered), the limit on home health aide hours is not combined with therapy.

Challenges to Receiving Medicare-Covered Home Health Aide Care

Although Medicare law authorizes coverage of 28-35 hours per week of home health aide care for a wide variety of services, with no time limit as long as eligibility criteria continue to be met,⁵ such care is currently almost never available.⁶

Beneficiaries, particularly those with chronic and/or debilitating conditions, are rarely able to find a Medicare-certified agency that will provide the amount or duration of home health aides they require. Home health agencies often tell beneficiaries that Medicare will only cover aides to provide one or two baths per week for a limited amount of time, although there is no basis for this in the law. Many agencies will not provide any home health aide services at all.

Practical Tips

- Discuss the need for home health care and aides with the individual's treating provider to ensure the necessary services are ordered and included in the Plan of Care.
- If the goal of the services is to maintain the individual's condition or slow decline, ensure this is stated in the order and Plan of Care.
- Obtain care from a Medicare-certified home health agency as recommended by a trusted provider or by [finding Medicare-certified home health agencies](#) that serve the individual's zip code.

More Information, Assistance, and Stories Request

Information and assistance are available at the Center for Medicare Advocacy.

Please help us to hear about beneficiaries who are being denied access to legally-covered home health aide services.

For more information, and to share stories, visit the Center's website, www.MedicareAdvocacy.org; call (860) 456-7790, or email HomeHealth@MedicareAdvocacy.org.

⁴ 42 U.S.C. § 1395x(m); 42 C.F.R. § 409.45(b)(2)(ii); Medicare Benefit Policy Manual, Chapter 7, § 50.7

⁵ 42 C.F.R. § 409.48(a)-(b); Medicare Benefit Policy Manual, Chapter 7, § 70.1; *see also* CMS, MLN Booklet, Home Health Prospective Payment System at 9 (Mar. 2018) (“Medicare does not limit the number of continuous episode recertifications for patients who continue to be eligible for the home health benefit.”).

⁶ Home health aide visits per 60-day episode of home care declined by 90% from 1998 to 2019, from an average of 13.4 visits per episode to 1.3 visits. MedPAC, Report to the Congress: Medicare Payment Policy at 236 (Mar. 2021). As a proportion of total home health visits from 1997 to 2019, home health aides declined from 48% of total services to 6% of total services. MedPAC, Report to the Congress: Medicare Payment Policy at 234 (Mar. 2019); MedPAC Mar. 2021 Report at 245.

Medicare Coverage for Home Health Aides

Individual must be homebound, have an order from a physician or allowed practitioner, and ...

• Must Need/Receive at Least One Skilled Service:

- Skilled Nursing
- Physical Therapy
- Speech Language Pathology
- Occupational Therapy (To continue, not begin coverage)

If Receiving Skilled Services

Home Health Aide Services Can Be Covered

- **IF** a Skilled Service is Required and Received, then coverage is available for **Home Health Aides** (Hands-on personal care)