

Your doctor and the home health agency will recheck your eligibility for Medicare-covered home health care and the Home Health Independence Demonstration every 60 days to be sure you still qualify for coverage.

How will Medicare get information about the demonstration?

Medicare has a contract with a company that may ask to talk to you about how often and for how long you leave your house, so you might want to write this information down. This information will be used to decide if this coverage should be made a regular part of the Medicare program.

However, you don't have to talk to them if you choose not to and Medicare will still cover your home health care.

For more information

- Talk to your doctor or your home - health agency. -
- Look at www.cms.hhs.gov/researchers/demos/homehealthindependence.asp on the Web for more information about the demonstration. -
- Visit www.medicare.gov on the Web. Select "Home Health Compare" for information about home health agencies in your area.
- Call Medicare toll-free at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Ask for information about Medicare's Home Health Independence Demonstration.
- Get a free copy of the *Medicare and Home Health Care* booklet (Publication #10969). Go to www.medicare.gov on the Web. Select "publications." Then search by Publication ID for 10969. Or, call 1-800-MEDICARE (1-800-633-4227).

This document is not intended to serve as a legal document. The official Medicare program provisions are contained in the relevant laws, regulations and rulings.

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Medicare Home Health Independence

Receiving Medicare home health care doesn't mean you have to be a shut-in!



This official government brochure has important information about Medicare-covered home health care for people who are permanently disabled and live in Colorado, Massachusetts, or Missouri.



Medicare and Home Health Care

Medicare currently provides coverage for home health care services like skilled nursing care and physical therapy to provide treatment for an illness or injury. It may also cover home health aide services for help with activities of daily living (like eating and dressing) when individuals are also receiving skilled services.

However, many people with chronic conditions or disabilities may not qualify to have home health care services covered by Medicare. Often, they meet all the conditions for coverage, except they are not “homebound.” Homebound means that leaving home takes considerable and taxing effort and you may only leave home for medical treatment or short, infrequent absences for non-medical reasons, such as a trip to the barber or to attend religious services or to go to adult day care.

Many people with a chronic illness or disability who aren’t homebound may have to pay out-of-pocket to get needed home health care services.

What is the Home Health Independence Demonstration?

Medicare’s Home Health Independence Demonstration is a project being conducted in Colorado, Massachusetts, and Missouri. Its goal is to provide Medicare-covered home health benefits to certain people with permanent disabilities who meet all the conditions for the Medicare home health benefit, except that they are not considered homebound.

Participating in this demonstration means you may be able to get important home health benefits covered by Medicare, but still have the freedom to leave home to shop, visit family, volunteer in your community, or spend time out with friends.

Participants will not have to pay any extra costs to be in the demonstration.

The Home Health Independence Demonstration began October 4, 2004, and ends October 3, 2006.

Who can get Medicare-covered home health care during the demonstration?

Your doctor and a home health agency participating in the demonstration must certify that you meet all the conditions to get Medicare-covered home health care and the conditions to participate in the demonstration.

Here are some of the conditions for the demonstration:

- You must have Medicare Part B and get your health care from the Original Medicare Plan (not from a Medicare Managed Care Plan like an HMO).
- Your doctor must certify that you have a severe, disabling condition that is permanent.
- You must have a permanent need for skilled nursing services (other than to manage your medication) and require daily help from another person to do at least three of the following: eat, use the bathroom, get in and out of bed, bathe or dress.
- You must require help from a person or an assistive device (like a walker or wheelchair) to leave your home.
- You must not work regularly in a paid position outside your home. -