

**Demonstration Project to Clarify the Definition of Homebound
Sec. 702 - Medicare Prescription Drug, Improvement and Modernization Act of
2003**

Summary of Legislation:

Section 702 of the MMA states that the Secretary shall conduct a 2-year demonstration in 3 states (representing the Northeast, the Midwest, and the West) in which Medicare beneficiaries with chronic conditions of a specific nature are deemed to be homebound, without regard to purpose, frequency, or duration of absences from home, for the purpose of receiving home health services under the Medicare program. Enrollment under the demonstration is limited to no more than 15,000 beneficiaries. Beneficiaries eligible for this demonstration are those with permanent, severe disability, who need permanent help with 3 of 5 Activities of Daily Living (ADLs), permanent skilled nursing care, and daily attendant visits to monitor, treat or provide ADL assistance, and require technological or personal assistance to leave home, and who are not working outside the home.

Legislation:

SEC. 702. DEMONSTRATION PROJECT TO CLARIFY THE DEFINITION OF HOMEBOUND.

(a) DEMONSTRATION PROJECT- Not later than 180 days after the date of the enactment of this Act, the Secretary shall conduct a 2-year demonstration project under part B of title XVIII of the Social Security Act under which medicare beneficiaries with chronic conditions described in subsection (b) are deemed to be homebound for purposes of receiving home health services under the medicare program.

(b) MEDICARE BENEFICIARY DESCRIBED- For purposes of subsection (a), a medicare beneficiary is eligible to be deemed to be homebound, without regard to the purpose, frequency, or duration of absences from the home, if--

- (1) the beneficiary has been certified by one physician as an individual who has a permanent and severe, disabling condition that is not expected to improve;**
- (2) the beneficiary is dependent upon assistance from another individual with at least 3 out of the 5 activities of daily living for the rest of the beneficiary's life;**
- (3) the beneficiary requires skilled nursing services for the rest of the beneficiary's life and the skilled nursing is more than medication management;**
- (4) an attendant is required to visit the beneficiary on a daily basis to monitor and treat the beneficiary's medical condition or to assist the beneficiary with activities of daily living;**
- (5) the beneficiary requires technological assistance or the assistance of another person to leave the home; and**
- (6) the beneficiary does not regularly work in a paid position full-time or part-time outside the home.**

(c) DEMONSTRATION PROJECT SITES- The demonstration project established under this section shall be conducted in 3 States selected by the Secretary to represent the Northeast, Midwest, and Western regions of the United States.

(d) LIMITATION ON NUMBER OF PARTICIPANTS- The aggregate number of such beneficiaries that may participate in the project may not exceed 15,000.

(e) DATA- The Secretary shall collect such data on the demonstration project with respect to the provision of home health services to medicare beneficiaries that relates to quality of care, patient outcomes, and additional costs, if any, to the medicare program.

(f) REPORT TO CONGRESS- Not later than 1 year after the date of the completion of the demonstration project under this section, the Secretary shall submit to Congress a report on the project using the data collected under subsection (e). The report shall include the following:

(1) An examination of whether the provision of home health services to medicare beneficiaries under the project has had any of the following effects:

(A) Has adversely affected the provision of home health services under the medicare program.

(B) Has directly caused an increase of expenditures under the medicare program for the provision of such services that is directly attributable to such clarification.

(2) The specific data evidencing the amount of any increase in expenditures that is directly attributable to the demonstration project (expressed both in absolute dollar terms and as a percentage) above expenditures that would otherwise have been incurred for home health services under the medicare program.

(3) Specific recommendations to exempt permanently and severely disabled homebound beneficiaries from restrictions on the length, frequency, and purpose of their absences from the home to qualify for home health services without incurring additional costs to the medicare program.

(g) WAIVER AUTHORITY- The Secretary shall waive compliance with the requirements of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) to such extent and for such period as the Secretary determines is necessary to conduct demonstration projects.

(h) CONSTRUCTION- Nothing in this section shall be construed as waiving any applicable civil monetary penalty, criminal penalty, or other remedy available to the Secretary under title XI or title XVIII of the Social Security Act for acts prohibited under such titles, including penalties for false certifications for purposes of receipt of items or services under the medicare program.

(i) AUTHORIZATION OF APPROPRIATIONS- Payments for the costs of carrying out the demonstration project under this section shall be made from the Federal Supplementary Medical Insurance Trust Fund under section 1841 of such Act (42 U.S.C. 1395t).

(j) DEFINITIONS- In this section:

(1) MEDICARE BENEFICIARY- The term `medicare beneficiary' means an individual who is enrolled under part B of title XVIII of the Social Security Act.

(2) HOME HEALTH SERVICES- The term `home health services' has the meaning given such term in section 1861(m) of the Social Security Act (42 U.S.C. 1395x(m)).

(3) ACTIVITIES OF DAILY LIVING DEFINED- The term `activities of daily living' means eating, toileting, transferring, bathing, and dressing.