



Policy No.: 412

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## **PATIENT ELIGIBILITY FOR HOME HEALTH SERVICES**

ETHICS & COMPLIANCE DEPARTMENT

### **SCOPE:**

Applies to all Evolution Health colleagues. For purposes of this policy, all references to “colleague” or “colleagues” include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

### **PURPOSE:**

To provide guidance to all Evolution Health (the “Company”) colleagues on home health eligibility criteria.

### **POLICY:**

It is Company policy to ensure patient’s meet certain eligibility requirements for home health services.

### **PROCEDURE:**

#### *Eligibility*


To qualify for home health services, the patient must meet the following requirements:

- Be confined to the home;
- Be under the care of a physician;
- Be receiving services under a plan of care established by and periodically reviewed by a physician;
- Be in need of skilled nursing care on an intermittent basis or physical therapy or speech-language pathology; or
- Have a continuing need for occupational therapy.

#### *Confined to the Home*

An individual is considered homebound if the following criteria are met:

1. Because of illness or injury, the patient must require the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence OR have a condition such that leaving his or her home is medically contraindicated;

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2. There must exist a normal inability to leave home; and
3. Leaving home must require a considerable and taxing effort.

***Under the care of a Physician***

A patient is expected to be under the care of the physician who signs the plan of care. It is expected that in most instances, the physician who certifies the patient’s eligibility for home health services will be the same physician who establishes and signs the plan of care.

***Receiving Services Under a Plan of Care***

The agency must be acting upon a physician plan of care. For home health services to be covered, the individualized plan of care must specify the services necessary to meet the patient specific needs identified in the comprehensive assessment. In addition, the plan of care must include the identification of the responsible discipline(s) and the frequency and duration of all visits that establish the need for such services. All care provided must be in accordance with the plan of care.

If the plan of care includes a course of treatment for therapy services:

- The course of therapy treatment must be established by the physician after any needed consultation with the qualified therapist;
- The plan must include measurable therapy treatment goals which pertain directly to the patient’s illness or injury, and the patient’s resultant impairments;
- The plan must include the expected duration of therapy services; and
- The plan must describe a course of treatment which is consistent with the qualified therapist’s assessment of the patient’s function.

***Skilled Nursing Care on an Intermittent Basis***

For purposes of benefit eligibility, "intermittent" means skilled nursing care that is either provided or needed on fewer than 7 days each week or less than 8 hours of each day for periods of 21 days or less.

**POLICY REVIEW:**

The Ethics & Compliance Department will review and update this Policy when necessary in the normal course of its review of the Ethics & Compliance Program.