

Home Health Eligibility Checklist (Medicare)

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1. Is the Patient Under a Qualifying Provider?

- 1 Patient is under the care of a doctor or nurse practitioner.
- 2 A plan of care (POC) is in place or being created.
- 3 Provider is willing to sign and update the plan of care as needed.

2. Are the Services Medically Necessary and Intermittent?

- 1 Patient needs skilled nursing, PT, OT, ST, or a combination.
- 2 Services are medically necessary, not just convenience.
- 3 Care is intermittent, not 24/7 (e.g., 1–3 visits per week for a limited time).

3. Does the Patient Meet the Homebound Requirement?

Being 'homebound' means leaving home is a taxing effort and happens infrequently.

- 1 Requires a walker, wheelchair, cane, or human assistance to leave home.
- 2 Becomes short of breath or fatigued walking short distances.
- 3 Recovering from surgery, illness, or injury where outings could delay healing.
- 4 Leaving home increases fall risk or other health risk.

4. Outings That Are Generally Allowed

- 1 Doctor or specialist appointments.
- 2 Short religious services (e.g., church once a week).
- 3 Occasional family events (holidays, birthdays).
- 4 Brief, infrequent haircuts or essential services.

5. Outings That May Conflict With Homebound Status

- 1 Regular shopping trips 'just to get out of the house.'
- 2 Daily or frequent social outings.
- 3 Routine errands done independently without taxing effort.

6. Documentation Prompts for Clinicians

- 1 "Patient requires a walker and assistance from daughter to leave home; leaving home causes significant fatigue and shortness of breath."
- 2 "Outings limited to MD appointments and brief family visits due to pain and fall risk."
- 3 "Leaving home requires taxing effort due to recent surgery and impaired mobility."

This checklist is a guide to help determine Medicare home health eligibility and homebound status. Always follow your agency's policy and clinical judgment.