

Centers for Medicare and Medicaid Services

criteria for home health care

- 1. Patients must be under the care of a doctor, and must be receiving services under a plan of care established and reviewed regularly by a doctor.**
- 2. A doctor must certify that patients need one or more of the following:**
 - Intermittent skilled nursing care
 - Physical therapy
 - Speech-language pathology services
 - Continued occupational therapy
- 3. The home health agency caring for patients must be Medicare-certified.**
- 4. A doctor must certify that a patient is homebound. To be homebound means the following:**
 - Leaving the home isn't recommended because of the patient's condition.
 - The patient's condition keeps him or her from leaving home without help (such as using a wheelchair or walker, needing special transportation, or getting help from another person).
 - Leaving home takes a considerable and taxing effort.

A person may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as attending religious services. Patients still get home health care if he or she attends adult day care, but would get the home care services in his or her home.

To learn more about Medicare criteria for home health care patients, visit [medicare.gov](https://www.medicare.gov).