



Six things patients can do without jeopardizing homebound status

CMS' Medicare Benefit Policy Manual provides several clarification of what patients can do without losing their homebound status. Those clarifications include:

- **Patients can go on medical outings.**
 - Patients can leave the home to receive care, for example, at a physician's office or an adult day care center, CMS states.
- **Patients can go out on infrequent, short, non-medical outings.**
 - Homebound status still applies if the event is unique, such as a funeral or graduation, or infrequent and short, such as an occasional trip to the barber, CMS states.
- **Patients can attend religious services.**
 - That is true even if they attend several religious services a week, since the manual does not provide a cap for that type of absence, Maxim* says.
- **Patients who need supportive devices are generally homebound.**
 - That includes canes, walkers, wheelchairs, crutches, the use of special transportation or the assistance of another person, CMS states.
- **Patients are homebound if leaving home could worsen their conditions.**
 - For example, patients with congestive heart failure or senile patients who get confused when leaving their accustomed environment, Maxim* says.
- **Patients are in late stages of neurodegenerative disabilities are generally homebound.**
 - In the case of such disabilities, CMS advises agencies to consider the development of the patient's condition over a long period of time. Maxim* cited the case of a patient with late-stage amyotrophic lateral sclerosis who was able to drive a specially designed car and would occasionally go to baseball games with his children. Considering the long-term development of the patient's disease and his inability to perform ADLs unassisted, he still qualified for homebound status.

Sources: *Arlene Maxim of A.D. Maxim & Associates in Troy, Michigan
Centers for Medicare & Medicaid Services and Tina Irgang – Decision Health