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**September is:
Homebound Status**

Definition of Homebound

Level 1

Pt is homebound if the following exists: The individual has a condition due to an illness or injury that restricts his/her ability to leave their place of residence except with: the aid of supportive devices such as crutches, cane, wheelchair, and walkers OR if leaving the home is medically contraindicated.

AND

Level 2

Both of these:

The individual does not have to be bedridden to be considered confined to the home. However, the condition of the patient should be such that:

1. There exists a normal inability to leave the home and consequently
2. Leaving the home would require a considerable and taxing effort

Homebound Tab

HOMEBOUND STATUS

DOES THE PATIENT NEED TO BE ASSESSED FOR THE CURRENT HOMEBOUND REQUIREMENTS?

yes

For all payors except Mass Health, you must select “yes” to the above question for all visits, including the discharge visit. You will then complete the homebound tab.

For Medicaid patients document why the patient is NOT homebound. For example: Pt is able to leave the home without assist, it is not a considerable and taxing effort for the patient to leave the home.

Level 1 criteria

THE PATIENT IS CONSIDERED HOMEBOUND/CONFINED TO HOME BECAUSE: (MARK ALL THAT APPLY)

- ▶ BECAUSE OF ILLNESS OR INJURY, PATIENT NEEDS AID OF SUPPORTIVE DEVICES - **CRUTCHES** - LEVEL 1
- ▶ BECAUSE OF ILLNESS OR INJURY, PATIENT NEEDS AID OF SUPPORTIVE DEVICES - **CANE(S)** - LEVEL 1
- ▶ BECAUSE OF ILLNESS OR INJURY, PATIENT NEEDS AID OF SUPPORTIVE DEVICES - **WHEELCHAIR** - LEVEL 1
- ▶ BECAUSE OF ILLNESS OR INJURY, PATIENT NEEDS AID OF SUPPORTIVE DEVICES - **WALKER** - LEVEL 1
- ▶ USE OF **SPECIAL TRANSPORTATION** - LEVEL 1
- ▶ **ASSISTANCE OF ANOTHER PERSON** IN ORDER TO LEAVE PLACE OF RESIDENCE - LEVEL 1
- ▶ PATIENT HAS A CONDITION SUCH THAT LEAVING HOME IS **MEDICALLY CONTRAINDICATED** - LEVEL 1
- ▶ **PSYCHIATRIC SERVICES**. REFUSAL OR INABILITY TO SAFELY LEAVE HOME UNATTENDED
- ▶ **PATIENT IS BEDBOUND**
- ▶ OTHER (SPECIFY)

Level 2 Criteria

DOES THE PATIENT MEET **LEVEL 2 CRITERIA** - NORMAL INABILITY TO LEAVE THE HOME EXISTS AND LEAVING HOME REQUIRES A **CONSIDERABLE AND TAXING EFFORT**

Response -YES

- ▶ **PROVIDE SUPPORTIVE DOCUMENTATION RELATED TO IMPAIRED BODY STRUCTURES (DESCRIBE IN DETAIL)**
- ▶ In the supportive documentation free text box, you will provide **short bulleted** information on why the patient is homebound. Please do not re-state that it is a “considerable and taxing effort” for the patient to leave the home. This is actually part of the definition of homebound and your objective is to document **WHY** it is a considerable and taxing effort.

Some examples:

- ▶ Dyspnea w/ xx feet of ambulation (don't choose 20'; choose a # over or under 20')
- ▶ Moderate/severe right knee pain impacting ambulation
- ▶ At risk for falls as evidenced by the MAHC 10 score of 4 or above
- ▶ Poor balance requiring moderate assist for ambulation
- ▶ Immunocompromised
- ▶ Draining, weeping wound - high risk for community acquired infection
- ▶ O2 sat decreases to XX when ambulating XX feet
- ▶ Requires supervision due to decreased mental status
- ▶ Your patient may meet several of the above examples and all that apply should be entered. Document objective data and apply your clinical judgement to support rationale for homebound.

In regards to the final free text box:

LEAVING HOME IS MEDICALLY CONTRAINDICATED DUE TO THE FOLLOWING FACTORS:

- ▶ If the MD has specified that the patient is not to leave the home due to COVID-19, for example, or because they are immunocompromised should be entered here. If medically contraindicated due to the reason you listed above, you can enter “see above” as the field must be completed and there is no reason to double document.

Important Reminders

- ▶ If the patient's insurance requires them to be homebound they must meet the homebound criteria on **all** visits including the **d/c** visit
- ▶ Therefore, if you are doing an in person visit for the d/c the patient should be homebound at the start of the visit
- ▶ You should have strong documentation to support their homebound status on all visits including the d/c visit
- ▶ If the patient is not homebound at the start of the d/c visit, the visit will need to be made non billable as the visit will not be covered by those insurances that require the patient to be homebound for reimbursement.

The examples below **do not** support homebound status and should not be used

- ▶ Recent fall
- ▶ Homebound due to recent hospital admit
- ▶ Taxing effort to leave the home
- ▶ Deconditioned
- ▶ Status post joint replacement, abdominal surgery, recent hospital stay
- ▶ Assist x1 and use of walker with no additional information



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FAST FACTS

October is: Pain

