

This week's question deals with Home Health Care. A concerned agent asked, "How many home care visits will Medicare pay for a disabled 65 year old?"

The short answer is, if you meet the conditions below, Medicare pays for your covered home health services for as long as you're eligible and your doctor certifies you need them. If you need more than part-time or "intermittent" skilled nursing care, you aren't eligible for the home health benefit. Keep that word "eligible" in mind as there are hoops to go through.

Those hoops include the following:

1. You must be under the care of a doctor, and you must:
2. Be getting services under a plan of care established and reviewed regularly by a doctor.
3. You must need, and a doctor must certify that you need, one or more of the following:
 - o Intermittent skilled nursing care
 - o Physical therapy
 - o Speech-language pathology services
 - o Occupational therapy
4. The home health agency caring for you must be approved by Medicare (Medicare-certified).
 - o You must be homebound, and a doctor must certify that you're homebound. To be homebound means the following:
 - o Your condition keeps you from leaving home without help (such as using a wheelchair or walker, needing special transportation, or getting help from another person).
 - o Leaving home takes a considerable and taxing effort.
 - o A person may leave home for medical treatment or short, infrequent absences for non-medical reasons, such as attending religious services. You can still get home health care if you attend adult day care, but you would get the home care services in your home.