

March 2021 Virtual Medicare Minute: Medicare's Coverage of Care at Home

Questions and Answers

Question: Does Medicare have any documentation for providers about what qualifies as a skilled nursing need?

Answer: Yes, if a provider is unsure of what qualifies as a skilled nursing need, they should be able to call the Medicare Provider Line for assistance. There is certainly documentation and definitions about what qualifies, however we'd need a bit more information about the situation in order to send you the correct materials. If you'd like to discuss your specific situation, please reach out to the Medicare Rights Center helpline at 800-333-4114.

Question: Most agencies say Medicare won't cover weekend help and don't do so, is this a new change?

Answer: Medicare coverage rules do not specify days of the week when someone can receive covered care, so this sounds like it may be more related to a home health agency's policies. We would recommend reaching out to the agency to learn more, or if possible switching to a different home health agency.

Question: Can a person go directly to a certified home health agency (CHHA) to request care?

Answer: Technically, the answer is yes, someone can request care directly from a certified home health agency. However, in order for Medicare to cover the care the individual should coordinate home health care through their doctor, first. They should speak with their doctor for confirmation that they are considered homebound and for the doctor to create a plan of care. If there is a specific CHHA from which the individual would like to receive care, they should make sure the CHHA is Medicare-certified and then have their home health plan of care sent to the agency.

Question: What preparations should a caretaker make prior to the actual need for homecare services?

Answer: The answer to this question is related to the answer above. In general, a caretaker should start by making sure the person they're caring for has spoken with their doctor about getting certified for home health care, having a plan of care made, and choosing a home health agency. Here's more information on Medicare Interactive about [getting started with home health care](#). You can use [Medicare's care compare tool](#) to look up home health agencies in your area, or ask the doctor of the person you're caring for if they have recommendations.

We don't have much information about caregiver resources on our website, but <https://www.caregiving.org/resources/> may be a good place to start.

Question: How would you describe "skilled care needs" to seniors who may be in need of home care, but may not qualify for ongoing services through Medicare?

Answer: This is a great question that highlights a tricky aspect of the home health care benefit. Although Medicare covers skilled care and personal care as part of the home health care benefits, in order for personal care to be covered, someone has to also need skilled care. In other words, someone cannot only get personal care covered at home.

Skilled care refers to things like skilled nursing (help with tube feedings, wound care) or skilled therapy (like physical or speech therapy; occupational therapy can also be covered if there's a need for physical or speech therapy too).

Personal care would be things like help with bathing and dressing. It may also include light housework and meal preparation.

Question: Can ICAN help you change plans if you are already enrolled and using a long term managed care program?

Answer: Yes. You can contact ICAN at 844-614-8800 for further assistance.

Question: Medicare can provide home attendant services, is that the same as home health care?

Answer: Home attendant services are a type of care covered by Medicare's home health care benefit, but note that Medicare does not pay for aide if you do not need skilled care. Home health aides can provide assistance with activities such as bathing, toileting and dressing.

Question: Do you provide any webinars on how Medicare can cover hospice care at home and/or facility

Answer: We do not have any webinar recordings or upcoming webinars about hospice, but you can [visit Medicare Interactive](#) for more information about hospice care.

We also cover hospice in [Level 2, Course 1 of our online course curriculum called Medicare Interactive Pro](#). However, these courses have a fee.

Question: Can you get some Medicare home services and some home care from an MLTC?

Answer: An MLTC plan would cover care at home, but as part of someone's Medicaid benefits. If you have questions about MLTC coverage, you can reach out to ICAN for more information at 844-614-8800.

Question: It seems as doctors in the area are not aware that they can make these care plans and are relying on Hospital stays as a determining factor. Does anyone train PCPs about these programs?

Answer: Medicare Rights Center is primarily focused on beneficiary education, so we do not have much experience on the provider education side of things. What we do

know is that providers have access to a whole host of resources from Medicare, such as Medicare Learning Network (MLN) articles and resources from the Medicare Administrative Contractor for their state. If there is a specific issue you're having, please call the Medicare Rights Center helpline at 800-333-4114 and we can troubleshoot further and see if there are resources we can recommend for the provider in question.

Question: Largely, these home health care rules should also apply to Medicare Advantage Plans. Right?

Answer: Right! In general, Medicare Advantage Plans must cover everything that Original Medicare does. If you have a Medicare Advantage Plan, we recommend contacting your plan for more specific information about the covered benefits, though.

Question: If you are eligible for a skilled nurse and a home health attendant, are you also eligible for physical therapy and occupational therapy? Is it limited?

Answer: You should be able to receive the services laid out by your doctor in your plan of care, at least within the limits of what Medicare will cover. Skilled nursing care is generally limited to being provided up to seven days per week for generally no more than eight hours per day and 28 hours per week.

With regard to coverage of physical and occupational therapy, you cannot qualify for Medicare home health coverage if you only need occupational therapy. However, if you qualify for home health care on another basis, you can also get occupational therapy. When your other home health needs end, you can continue receiving Medicare-covered occupational therapy under the home health benefit if you need it.

Question: My 68-year-old brother suffers from Parkinson's Disease and Dept of Aging, social workers and skilled nursing care state that only long-term care is covered by Medicaid only. I disagree Medicare states Medicare pays all?

Answer: Medicare does not cover long-term care. Medicare covers some skilled care in the home via the home health benefit, and up to 100 days in a skilled nursing facility, but longer-term care like 24-hour care, more days in a nursing facility, or extended personal care without accompanying skilled care would fall under Medicaid-covered benefits.

When someone has Medicare and Medicaid, and receives services covered by both, Medicare pays first and then Medicaid pays second. So, it's possible that Medicare may be paying primary for some of your brother's care, and then when the Medicare benefit reaches its limit (like covered days in a nursing facility), then Medicaid will start paying primary. Medicaid can also cover things as secondary even if Medicare is paying primary, too.

If your brother needs long-term care and may qualify for Medicaid, or if he already has Medicaid and long-term care, you can call the ICAN helpline for more personalized answers to your questions: 844-614-8800.