



Blog

The Truth About Home Health Care Eligibility

For patients, when it is time to be discharged from a hospital or rehabilitation facility, the news can be very upsetting. It can bring to the surface feeling of anxiety and even fear for what is ahead. Patients have become accustomed to instant access to around-the-clock care. It is like a safety blanket, but it will no longer be there when they go home. However, many cases, especially for Medicare patients, are often eligible for home health nursing care.



Home health care can provide daily home visits by a nurse, home health aide, therapist, or companion. They can monitor a patient's health, prepare meals, assist with showering, and more. Getting that home care depends on a few things to make a patient eligible.

1. The patient must be under the care of a doctor, and you must be getting services under a plan of care created and reviewed regularly by a doctor.
2. The patient must need, and a doctor must certify that they need, one or more of these:
 - Intermittent skilled nursing care
 - Physical therapy, speech-language pathology, or continued occupational therapy services
 - Certified homebound by a doctor

Once eligibility is determined, all it takes is a prescription order from a physician. Some doctors readily write these orders, while with others, a patient needs to be their own advocate. A Discharge Planner at the facility will coordinate connecting the patient with a home health care company. The same day a patient is discharged, they will have their first home health care visit from a nurse.