

## *Arranging for services: Does Medicare pay for in home care?*

If a person is actually checked into a hospital and remains for three or more nights, they may qualify for in-home care services delivered by a Home Health Care Agency. The key to eligibility is two-fold: Did the older adult actually get admitted to the hospital, or were they simply there "*under observation*." Some seniors and their families aren't aware that a multiple day stay in the hospital may not necessarily equate to an admission. Unless the older adult is actually "*admitted*," and unless three full nights are spent in the hospital, Medicare benefits are not applicable upon discharge from the hospital.

A physician or ARNP must prescribe in-home care, and Medicare must view it as "*medically necessary*" by both the healthcare professional and Medicare.

Most in-home care is provided as an alternative to or as an extension of skilled nursing care. A senior must have a medical need to recuperate, to receive treatments or therapies, and be capable of showing improvement in condition.

People with dementia are less likely to receive in-home care coverage, as a person must be able to retain information and be capable of putting recommendations of the visiting health care professional into practice.

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