

Does the patient have an in-home need post discharge?

ADL assistance
Household duties
Companionship
Medication
 Observation-Checks-Reminders

Nursing

Therapy
 Physical-Occupational-Speech

Is the need long term?
*Patients need CANNOT improve
 Patient is at baseline*

Is the need short term?
*Patients need CAN improve
 back to baseline*

Yes
 Can you answer YES to
 all of the following?

- Are patient's outings of short duration and infrequent in nature?
- Does patient require aid of supportive device or the assistance of another person when leaving home?
- Does patient need to exert a considerable and taxing effort when leaving home?

Yes

Yes

No

No

Patient doesn't meet
 homebound criteria

Insurance other
 than Medicare? **

Yes

Yes

**Make referral to:
 Supportive Homecare**

- Light housekeeping
- Laundry
- Meal prep
- Grocery Shopping
- Bathing
- Nursing
- Exercise
- Paying bills
- Playing cards
- Playing games
- Conversation
- Appointment companionship
- 1hr of service-24/7 care

**Make referral to:
 Home Health**

Skilled Nursing need due to:

- Hospitalization
- New/exacerbated condition
- Change in med in 60 days
- New med in last 30 days
- Caregiver education
- Treatment of illness or injury that must be performed by a nurse such as:
 - Medical administration (other than oral)
 - Wound care
 - Urinary catheter care
 - IV therapy
 - Parenteral/Enteral nutritional support
 - Diabetic care
 - Unstable INR's

PT, OT, or ST need due to:

- Recent marked decline in functional status (e.g., speech, ambulation, strength, endurance)
 - Recent falls, fractures, stroke
 - Need for home maintenance program to maintain current level of function
 - Shortness of breath, decreased mobility, balance & endurance deficits
- ***Please note: Referrals must be ordered by an allowed practitioner and the patient must have had a face-to-face encounter with a practitioner within 90 days prior to the start of care or within 30 days after the start of care. The encounter must be related to the primary reason the patient requires home health services.*

- If patient has a skilled need but also could benefit from additional assistance, consider making a referral to both Home Health and Supportive Home Care
- Services can be provided any place the patient calls home (Assisted living, Independent living, Apt, House, etc.)
- **Homebound status is Medicare Criteria – Medicaid or Commercial insurance policies *may not* require patient to be homebound in order to utilize skilled home health services.
- If a patient in a Wisconsin Family Care MCO, reach out to patient's Interdisciplinary Team to provide authorization for any service including Home Health, Therapies, and Supportive Home Care.