

HOME HEALTH MYTHS AND THEIR REALITY
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Last month I had the opportunity to do an article on Hospice Myths and Their Reality. I would now like to take this opportunity to address the Home Health side of things. Below you will find some Home Health myths, along with the correct Home Health information listed below it. Hopefully, after reading these myths and realities, everyone will have a better understanding of Home Health.

Home Health Myths & Their Reality:

- #1- If I sign up for Home Health I can never leave my home, if my Home Health is being paid for by Medicare.**
Home Health patients may leave their homes at times, if they are having their services paid for by Medicare, but they must follow the following federal guidelines:
Absences that are not for medical reasons must be infrequent, of short duration and require taxing effort. What this means is there are no limits to the number of times a patient can see her physician. A patient is also allowed to go to church to meet their spiritual needs, without being considered non-homebound. But, other absences must be infrequent (generally a couple of times a month is the rule here), of short duration (2 - 3 hours at a time) and require taxing effort (meaning it is not easy for the patient to leave the home due to their health problems).

- #2- If I choose not to leave my home very often, but am able to, that makes me homebound.**
Someone cannot opt to be homebound, either you are or you are not. Just because someone chooses not to leave their home doesn't make them homebound. Also, just because someone doesn't have a drivers license doesn't make them homebound.

- #3- There is a 2 year waiting list for Home Health services.**
There is an approximate 2 year waiting list for some Home Health pay sources, but not for Home Health in and of itself. Some pay sources such as CHOICE have a waiting list.

- #4- If I live in a mini-home I am not eligible for Home Health services.**
You would need to look at the individual contract you have with your mini-home. Most mini-home residents are still eligible for skilled nurse and/or therapy services, as these are not covered by your mini-home staff. Most mini-home residents are not eligible for home health aide services, as this is usually covered by your mini-home staff.

- #5- If I am on Home Health I can't go see the doctor anymore.**

Home Health encourages patients to continue to see their physicians. If it comes to a point where you can no longer leave your home and go to the physicians office, your physician is kept updated by your Home Health nurse. Physicians are very much a part of our Home Health team.

#6- If I am on Home Health my family will be left out of my care and Home Health will take that over 100%.

Although Home Health is a part of your care, it is not meant to take the place of your family and other support systems you have in place. Home Health encourages your family to be as active part of your care, as they are comfortable with.

#7- Home Health agencies need to change their rules so that they can see more people that need help.

Home Health agencies are required to follow multiple sets of regulations. These regulations are set by federal and state agencies. Individual Home Health agencies do not make these regulations. Persons who have suggestions regarding these regulations are encouraged to write to their State and/or Federal legislators.