

Attributes	Medicare	Medicaid	Home Based Primary Care	“Home Care” Long-Term Care Provided at Home
<b>Organization and Funding</b>	<p>The federal government funds the Medicare program through taxpayer funds and the program is organized through the Department of Health and Human Services (HHS) and its sub-agency, the Centers for Medicaid &amp; Medicare Services (CMS).</p>	<p>Medicaid is a federal program, organized under HHS and CMS. Unlike Medicare, Medicaid is also partially funded with state resources. Benefits, eligibility, and payments vary by state but are subject to federal oversight.</p>	<p>Home Based Primary Care is funded and organized under the Department of Veterans Affairs (VA). The program includes health care services in the home for Veterans and combines skilled medical care with social services such as chronic disease management and assistance with activities of daily living.</p>	<p>“Home Care” is a broad term that encompasses all care provided to a person in their home. Home care reflects the Medicare skilled professionals as well as services offered such as personal care through Medicaid or private pay programs. Other programs may include Medicare Advantage Plans, Managed Medicaid Plans, and private insurance plans. Other uses of the term “home care” can include social services offered to a patient through each state’s Area Agency on Aging or care provided by Private Duty Nurses.</p> <p>Ultimately, “home care” is an umbrella term used to describe health care provided in a patient’s residence – the term covers the full spectrum of care, services and equipment offered through various local, state, federal, insurance and private pay options.</p>
<b>Care is Provided By</b>	<p>Medicare-certified home health agencies.</p>	<p>Varies by state requirement.</p>	<p>VA medical facilities and affiliates.</p>	<p>Home health agencies; visiting nurses; private duty nurses; doctors who make house calls; social organizations such as “Meals on Wheels,” etc.</p>

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<b>Duration of Care</b>	<p>Care is only “part-time” or “intermittent,” which means that the care is given as needed less than 7 days a week or less than 8 hours a day over a 21-day period.</p> <p>There is no limit on services that are provided to a patient who qualifies.</p>	<p>Varies by state requirement.</p>	<p>Care is comprehensive and longitudinal, provided by a supervised interdisciplinary team and for patients with complex, chronic, or disabling diseases who do not benefit from routine, clinic-based care. Because care is longitudinal, it includes preventative care as well as ongoing monitoring and routine assessment.</p>	<p>Varies based on ability to pay.</p>
<b>Included Benefits</b>	<p>Services include:</p> <ul style="list-style-type: none"> <li>• Skilled Nursing Care</li> <li>• Physical Therapy</li> <li>• Occupational Therapy</li> <li>• Speech-Language Pathology</li> <li>• Medical Social Services, when related to illness</li> <li>• Personal care or custodial services from a home health aide</li> <li>• Access to medical supplies, such as wound dressings, when ordered as part of care</li> </ul>	<p>States must provide home health care services, as well as transportation to access medical care.</p> <p>States can, but are not required, to provide home health-related services including: physical, occupational and speech therapy; private duty nursing services; personal care services; and case management.</p>	<p>There are two types of home health services available to Veterans:</p> <ul style="list-style-type: none"> <li>• <b>Skilled Home Health Care (SHHC) Services</b>, which includes care provided in the home by nurses, physical therapists, occupational therapists, speech therapists and social workers. Care includes clinical assessment, treatment planning, treatment provision, health status monitoring, patient and family education, reassessment, referral and follow-up.</li> <li>• <b>Homemaker/Home Health Aide (H/HHA) services</b>, which include personal care and related services that allow frail or disabled Veterans to live at home.</li> </ul>	<p>Varies by insurance plan and the patient’s ability to pay for services. The term often includes a variety of services, ranging from skilled medical services to broad social support services such as: housekeeping, laundry assistance, meal preparation, medication reminders, custodial or companionship services, and personal care such as bathing and feeding. Private duty nursing services may also be included.</p>
<b>Excluded Benefits</b>	<ul style="list-style-type: none"> <li>• 24 Hour Care</li> <li>• Meals</li> <li>• Homemaker services</li> <li>• Personal care (such as bathing, dressing, or using the bathroom) when this is the only care needed</li> </ul>	<p>Varies by state program.</p>	<ul style="list-style-type: none"> <li>• Drugs, biological and medical devices that are not FDA-approved, unless part of a formal clinical trial</li> <li>• Other general restrictions as provided under the VA program</li> </ul>	<p>Varies by insurance plan and the patient’s ability to pay.</p>

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<b>Patient Requirements</b>	<p>In general, patients eligible for Medicare benefits must be 65 or older, disabled, or suffering from End-Stage Renal Disease.</p> <p>To be eligible for the home health care benefit, the patient must be under a doctor's care, with a plan of care that the doctor regularly reviews.</p> <p>The patient must need one of the following:</p> <ul style="list-style-type: none"> <li>• Intermittent skilled nursing care;</li> <li>• Physical therapy;</li> <li>• Speech-language pathology services; or</li> <li>• Continued occupational therapy.</li> </ul> <p>The patient must also be <b>homebound</b>, which means that they cannot leave their home without help (such as a wheelchair), leaving takes "considerable and taxing effort," or leaving home isn't recommended because of the patient's condition.</p>	<p>To be eligible, federal law requires that the state cover certain "mandatory eligibility groups," with flexibility to cover other groups of patients.</p> <p>For the majority of eligibility groups, patients must be low-income, a status determined by the patient's income in comparison to the Federal Poverty Level or other income measurements.</p> <p>Under existing laws and the Affordable Care Act, national minimum eligibility for Medicaid requires patients to be either "categorically needy" or "medically needy." Categorically needy adults below age 65 qualify for benefits when their income is at or below 133 percent of the Federal Poverty Level (effective in 2014) and the patient is one of the following: 65 or older; blind or disabled; has or is expecting a child while the other parent is absent, incapacitated, or indigent.</p> <p>Patients with income above this threshold can qualify for Medicaid if they are "medically needy." In that case, patients may receive Medicaid benefits where the patient's share of their medical bills effectively reduces their income level to the threshold required for Medicaid coverage.</p>	<p>To be eligible, patients must be enrolled in the VA program. Patients must be Veterans who served in the United States military, naval or air service, or reserves, for the minimum duty required. Patients separated with a dishonorable discharge are not eligible.</p> <p>The Home Based Primary Care program is aimed at patients who are suffering from complex, chronic, and disabling disease.</p>	<p>Varies by payer if funded through private insurance.</p>

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<b>What the Patient Pays</b>	The patient is responsible for medical services and supplies that Medicare will not cover and that the patient agrees to pay for, after completing a Home Health Advance Beneficiary Notice.	State Medicaid programs are permitted to have co-payments and some states impose co-payments under state law.	<p>Patients may be required to pay minimum co-payments if their income exceeds the VA Income Threshold or if they do not complete the VA’s financial assessment. Co-payments vary depending on the particular medical service.</p> <p>There are no co-payments for the use of in-home telehealth monitoring devices under the Home Based Primary Care Program.</p>	Varies based on the service provider and/or the ultimate payer.

**Sources:**

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