



Professional Direction in Homecare

August 10, 2006

12308 N. Corporate Parkway
Suite 100
Mequon, WI 53092-3380

CMS, Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development—B,
Attn: William N. Parham, III,
Room C4-26-05
7500 Security Boulevard,
Baltimore, MD 21244-1850

262-243-6100
FAX 262-243-1207

Per D
AUG 15 2006

Re: CMS-10201

To Whom It May Concern:

I am a home health educator, working with agencies in the states you will survey. Please consider these comments regarding the homebound survey.

Re: question 2

Back in 1980s, HCFA said a patient who leaves home more than once a week on a regular basis would not be homebound. (That was as close as HCFA/CMS ever came to any official definition for "infrequent.") Based on that guidance, a working definition of infrequent for the purposes of homebound would be less than once a week on a regular basis. The survey does not offer a choice, such as two to three times a month, which parallels that definition. Once a month is too infrequent and once a week is frequent. There needs to be something in the middle, which more accurately reflects HCFA's intentions.

Re: question 3

There has never been a formal definition of short duration; however, HCFA proposed several times to use two to three hours. There have been many intermediary memos that reflected that concept. If the absences were within those parameters, the absences would not jeopardize homebound status. The survey includes options of one to two hours and three to four hours.

RE: question 10

Patients in this demonstration project would have received services under Part A in the PPS (traditional home health benefit). That is not an option for this answer. Is it assumed every patient has Part A and the survey wants to know about other payers? If so, might wording be added to clarify?

Sincerely,

A handwritten signature in cursive script that reads "Diane J. Omdahl".

Diane J. Omdahl, RN, MS
President