

Congress Must Pass the Choose Home Care Act

Choose Home would allow qualifying Medicare beneficiaries recovering from a hospitalization to choose to receive post-hospital services in their homes, rather than in an institutional setting. The bill is designed to serve those who are clinically appropriate for health care in their own home, but need more services than available under the existing Medicare home health benefit.

Medicare Post-Acute Care Modernization: The legislation would modernize Medicare’s “post-acute” benefits by providing a new alternative post-acute benefit that allows recovery in the home, the most comfortable and cost-efficient setting. The additional services it would cover include skilled nursing, therapy service, personal care, continuous remote patient monitoring, meals, home adaptations, and non-emergency transportation.

Patient Choice and Flexibility: Our health care system must respect patient and caregiver preference by breaking down barriers to care in the home, which Choose Home will achieve in the post-acute care space. More than that, patients should have the choice to receive care in the home throughout the care continuum, which is when our health care system will realize the most optimized savings and outcomes.

Cost Savings: Choose Home offers a cost-effective, value-based alternative that will reduce spending for the Medicare program while improving clinical outcomes. It is estimated by Dobson Davanzo (an independent health economics firm) that this legislation will generate Medicare savings of \$144–247 million per year with \$1.6–2.8 billion in savings over 10 years.

Equity: Home-based care through Choose Home will also contribute to health equity by changing the power dynamic between historically disenfranchised populations and health professionals. These providers are guests in the homes of patients, and the institutional aspects of the health care “system” are taken away. This will lead to a greater ability to build trust and communication.

How will it work?

As part of the hospital discharge planning process, beneficiaries who qualify for skilled nursing facility and home health benefits would be given the choice to recover at home with traditional home health agency services. Patients will become eligible based on an assessment tool that includes consideration of an individual’s place of care preferences, functionality, medical conditions, and questions regarding care and family caregiving concerns.

Additional Benefits that Go Beyond Traditional Home Health

- Daily skilled nursing care as needed.
- Daily physical and occupational therapy as needed.
- Daily speech-language pathology services as needed.
- Up to 360 hours of personal care as needed.
- Non-emergency transportation.
- Clinically appropriate meals.
- Remote patient monitoring.
- Home adaptive equipment.
- Respite care and caregiver supports, education, and training.
- Medication management and patient supports.
- Care coordination, discharge planning and transition supports.

Program Specifics

Starting from the hospital discharge, Choose Home services are covered for 30 days (100-day maximum), and home health services continue beyond the initial 30 days as clinically indicated. Providers will receive a combination of the home health benefit episodic payment and a 4-level, 30-day fixed episodic payment where providers share financial risk with Medicare.

- Patient must meet SNF benefit eligibility.
- Patient must reside at home.
- The patient receives the traditional home health benefit services AND for 30-days they receive an expanded package of services including transportation, meals, home modifications, remote patient monitoring, telehealth services, and personal care services.
- There is no cost-sharing.
- The payment combines home health amount and a fixed add-on for these expanded services.
- The add-on payments for expanded services are capped at 80% of the SNF 30-day payment amount, assuring savings under Choose Home of about \$4,623 per patient.