

for HHA/HHI

Beneficiary name: _____

Sponsor SSN: _____ Beneficiary date of birth: _____ / _____ / _____

In order to qualify for Extended Care Health Option (ECHO) Home Health Care, the patient must be homebound and have skilled needs. TRICARE Policy Manual Chapter 9, Section 15.1 (ECHO Home Health Care (EHHC)) requires the provider attest the beneficiary is homebound. Please complete the following attestation. This documentation will be required every 90 days.

Homebound: In order for this beneficiary to be eligible for EHHC, your attestation confirming the beneficiary is homebound as defined by 32 CFR 199.2 is required. 32 CFR 199.2 defines homebound as:

- There exists a normal inability to leave home and, consequently, leaving home would require considerable and taxing effort.
- Any absence of an individual from the home attributable to the need to receive health care treatment, including regular absences for the purpose of participating in therapeutic, psychosocial or medical treatment, or in an adult day care program certified by a state, or accredited to furnish adult day care services in the state, shall not disqualify an individual from being considered to be confined to his home.
- Any other non-medical absences from the home are infrequent or of relatively short duration. For example, attending a religious service, an occasional trip to the barber, a walk around the block, or a drive.

In addition to the above, absences, whether regular or infrequent, from the beneficiary's primary residence for the purpose of attending an educational program in a public or private school that is licensed and/or certified by a state, shall not negate the beneficiary's homebound status.

Please note: Although this definition indicates a beneficiary's participation in a day care center or educational program does not disqualify him or her from EHHC or respite care, it does not indicate such services will be paid for if provided outside the beneficiary's primary residence. EHHC services and respite care services will be cost-shared by TRICARE only when such services are provided in the beneficiary's primary residence.

A beneficiary's primary residence is defined as wherever he or she makes his or her home, that is, generally takes meals and sleeps. This may be the beneficiary's own dwelling, or a relative's or non-relative's home.

I attest this beneficiary (check one):

is homebound

is not homebound

Date: _____ / _____ / _____

Home health provider signature

Home health provider printed name