# Home Health Documentation Tool

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| Face-to-Face Encounter Requirement | |
| Is a face-to-face encounter note present?   * Face-to-face encounter note can include progress notes, discharge summary, etc. |  |
| Is the Face-to-Face Encounter note dated between 90 days before or 30 days after the start of home health services? |  |
| Was the Face-to-Face Encounter note performed, signed and dated by an allowed physician or NPP (nurse practitioner, certified nurse midwife, certified nurse specialist or a physician’s assistant)? |  |
| Does the Face-to-Face Encounter note include documentation that substantiates the patient’s need for skilled services and homebound status? |  |
| Does the Face-to-Face Encounter note indicate the reason for the encounter and was this assessment related to the primary reason the patient requires home care? ~~the need for home health services (encounter is for the primary reason for home care)?~~  Can NGS clarify this a little better because they seem to be denying more claims based on this topic. |  |
| Is there any HHA additional documentation incorporated into the certifying physician’s medical record? Please note any incorporation of documentation must be corroborated by the submitted clinical/medical documentation (when supporting homebound criteria and/or skilled service need for the referral to homecare). |  |

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| Plan of Care Requirement | |
| Is the Plan of Care present? |  |
| Is the plan of care signed and dated by the certifying allowed practitioner and does the plan of care contain a verbal start of care date? |  |
| Does the individualized plan of care include the following?:   * All pertinent diagnoses * The patient's mental, psychosocial, and cognitive status * The types of services supplies, and equipment required * The frequency and duration of visits to be made * Prognosis * Rehabilitation potential * Functional limitations * Activities permitted * Nutritional requirements * All medications and treatments * ~~Nutritional requirements~~ duplicate * ~~All medications and treatments~~ duplicate * Safety measures to protect against injury * A description of the patient's risk for emergency department visits and hospital re-admission, and all necessary interventions to address the underlying risk factors * Patient and caregiver education and training to facilitate timely discharge * Patient-specific interventions and Patient and caregiver education; measurable outcomes and goals identified by the HHA and the patient * Information related to any advanced directives * Any additional items the HHA or physician or allowed practitioner may choose to include |  |
| Does the plan of care include therapy services? If yes, the course of therapy treatment must be established by the physician after any needed consultation with the qualified therapist. Does the Plan of Care address?:   * Measurable therapy goals * Frequency and duration of therapy services * Specific procedures and modalities |  |
| If using electronic signatures, are they verifiable? (e.g. signed by, verified by, and/or with date/time stamps, or as stated in the agency electronic signature policy.) If using electronic signatures please include the agency electronic policy. |  |

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| Homebound Requirement | |
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| Does the patient meet criteria one and criteria two?   * In determining whether the patient meets criterion two of the homebound definition, the clinician needs to take into account the illness or injury for which the patient met criterion one and consider the illness or injury in the context of the patient’s overall condition. |  |
| |  |  | | --- | --- | | Criteria One or Two Supporting Documentation | | | Do any of the HHA generated assessments (e.g. OASIS, initial skilled therapy, and/or nurse assessments) provide additional support for the homebound status and/or need for skilled services for the referral to homecare?  If applicable please make sure these documents are signed, dated and incorporated by the certifying physician. (Please note the HHA’s generated medical record documentation, by itself, is not sufficient in demonstrating the patient’s eligibility for the home health benefit.) |  | |  |

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| Need for Skilled Care Requirement | |
| Is skilled need (skilled nursing care, PT, SLP, or OT) supported by the certifying physician, acute care facility, or post-acute care facility documentation? |  |
| Is there evidence skilled therapy is needed? Examples:   * Restore patient function * Design or establish a maintenance program * Perform maintenance therapy |  |
| Is there evidence that skilled nursing is needed? Examples:   * Teaching and training * Observation and assessment * Complex care plan management * Administration of certain medications * Psychiatric evaluation and therapy * Rehabilitation nursing/direct nursing care |  |
| Is there evidence that skilled Physical Therapy (PT) is needed? Examples:   * Assessment of functional deficits and home safety evaluation * Therapeutic Exercises * Restore joint function for post joint replacement * Gait Training * ADL Training |  |
| Is there evidence that skilled Occupational Therapy (OT) is needed? Examples:   * Assessment of functional deficits and home safety evaluation * Task oriented therapeutic exercise to improve/restore physical function * Task oriented therapeutic exercise to improve/restore sensory-integrative function * ADL training; teaching compensatory techniques * Design, fabricating and/or fitting or orthotic and self-help devices * Vocational and Prevocational Assessment and training |  |
| Is there evidence that Speech Therapy is needed? Examples:   * Therapeutic exercise to improve swallowing * Therapeutic exercise to improve language function * Therapeutic exercise to improve cognitive function |  |

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| Certification/Recertification Requirement (usually found on the start of care 485/plan of care) | | | |
| Is a certification statement present?  A certification statement may appear in a progress note, plan or care, or any other part of the patient's medical record. It may be on any form and in any format | |  | |
| Does the physician certify that the patient requires skilled care? | |  | |
| Does the physician certify that the patient is homebound? | |  | |
| Does the physician certify that a POC has been established by a physician who does not have a financial relationship with the HHA? The way this is written, it sounds like a physician needs to ***certify*** that they do not have a financial statement with the HHA. Is that true? | |  | |
| Does the physician certify that the patient is under the care of a physician? | |  | |
| Did the certifying physician conduct and sign the face-to-face encounter note provided? OR  Does the physician certify that the patient had a face-to-face encounter and did the physician document the date of the encounter? | |  | |
| *Example Certification Statement: I certify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized services on this plan of care and will periodically review the plan. The patient had a face-to-face encounter with an allowed provider type on 11/01/xxxx and the encounter was related to the primary reason for home health care.* | |  | |
| Recertification | | |
| Is the Physician Recertification statement present and signed and dated by the physician identified  on the plan of care/485?  **Note:** Include the initial plan of care/certification/485 for the start of care episode. |  | |
| Does the recertification include:   * If applicable, the recertification statement includes occupational therapy after the need for intermittent skilled nursing care, physical therapy, or speech-language pathology services ceased. |  | |
| Orders | | |
| Is there an order for each visit provided? |  | |
| Are all orders signed and dated by a physician prior to billing? If applicable, do the orders contain a timely verbal start of care? |  | |
| OASIS | | |
| Is there an accepted matching OASIS submission in the iQIES National Database? |  | |
| Do the following data elements match the claim and OASIS assessment?:   * Home health agency (HHA) Certification Number (OASIS item M0010) * Assessment Completion Date (OASIS item M0090) * Beneficiary Medicare Number (OASIS item M0063) * Reason for Assessment (OASIS item M0100) equal to 01, 03, or 04 |  | |

**RESOURCES:**

[Medicare Benefit Policy Manual (cms.gov)](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf) – CMS Pub. 100-02, Ch. 7

[Medicare Program Integrity Manual (cms.gov)](https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/pim83c06.pdf) – CMS Pub. 100-08, Ch. 6, Section 6.2.6)