Home Health Documentation Checklist

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.**	☐
Did the Face-to-Face Encounter occur no more than 90 days before the home health start of care date, or within 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)? • For community referrals, encounter is performed and signed by provider certifying home health services, or by NPP working under direction of the certifying provider. • NPP may complete and sign the Face-to-Face encounter without physician counter signature.	☐
Does the Face-to-Face Encounter note include documentation that substantiates the patient's need for skilled services and homebound status? • If encounter note does not specifically address need for skilled home health services or homebound status, HHA may provide supporting information to the certifying provider for review, signature and incorporation into the patient's medical record used to support certification of patient eligibility. Supporting information may include orders, communication notes, and/or plan of care signed by certifying provider. Supporting documentation may also include inpatient documentation, progress notes, discharge summary, etc.	☐
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).	☐
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 health services? • While the face-to-face encounter must be related to the primary reason for home health services, the patient's skilled need and homebound status can be substantiated through an examination of all submitted medical record documentation from the certifying physician or allowed practitioner, acute/post-acute care facility, and/or HHA. The synthesis of progress notes, diagnostic findings, medications, nursing notes, etc., help to create a longitudinal clinical picture of the patient's health status.	☐

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 • 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 or allowed practitioner 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.) **Note:** If signed electronically – it must be clearly identifiable that the signature was indeed electronic and not typed.	☐

Homebound Requirement		
Criteria One	**Criteria Two**	
Does the physician/facility documentation indicate that the patient requires a: • Mobility assist device or • Special transportation or • Assistance of another person to leave the home or • Has a condition that leaving home is medically contraindicated	Does the physician/facility documentation support: • The patient has a normal inability to leave the home AND • Requires a considerable and • taxing effort to leave the home	☐
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.)		☐
Need for Skilled Care Requirement		
Is skilled need (skilled nursing care, PT, SLP, or OT) supported by the certifying physician or allowed practitioner and/or acute care facility, and/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	☐
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 or allowed practitioner certify that the patient requires skilled care?	☐
Does the physician or allowed practitioner certify that the patient is homebound?	☐
Does the physician or allowed practitioner certify that a POC has been established and will be periodically reviewed by a physician/NPP? ***Note:** The plan of care may not be established and reviewed by any physician who has a financial relationship with the HHA. The physician cannot have a financial relationship, as defined in 42 CFR 411.354, with the HHA, unless the physician's relationship meets one of exceptions within the Code of Federal Regulations: 42 CFR 411.355-42 and CFR 411.357	☐
Does the physician or allowed practitioner certify that the patient is under the care of a physician or allowed practitioner?	☐
Did the certifying physician or allowed practitioner conduct and sign the face-to-face encounter note provided? **Or** Does the physician or allowed practitioner certify that the patient had a face-to-face encounter and did the physician or allowed practitioner 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: • continuing need for services • Need for occupational therapy may be the basis for continuing services 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 or allowed practitioner 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

- CMS IOM, Publication 100-02, *Medicare Benefit Policy Manual,* Chapter 7
- CMS IOM, Publication 100-08, *Medicare Program Integrity Manual,* Chapter 6, Section 6.2.6
- Code of Federal Regulations, Title 42, Section 484 - Home Health Services