

# DOCUMENTATION CHECKLIST TOOL

Face-to-Face Clinical Documentation	
Is a Face-to-Face Encounter note present? <ul style="list-style-type: none"> <li>Actual clinical or progress note or discharge summary</li> </ul>	
Was the Face-to-Face Encounter note performed, signed and dated by an allowed provider type?	
Does the Face-to-Face Encounter note indicate the reason for the encounter and was this assessment related to the need for home health services (encounter is for the primary reason for home care)?	
Is the Face-to-Face Encounter note dated between 90 days before or 30 days after the start of home health services?	
Does the Face-to-Face Encounter note include documentation that substantiates the patient's need for skilled services and homebound status? (see below for homebound criteria/skilled service need)	
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).	

Homebound Requirement	
Criteria One	Criteria Two
Does the physician/facility documentation indicate that the patient requires a: <ul style="list-style-type: none"> <li>Mobility assist device or</li> <li>Special transportation or</li> <li>Assistance of another person to leave the home or</li> <li>Has a condition that leaving home is medically contraindicated</li> </ul>	Does the physician/facility documentation support: <ul style="list-style-type: none"> <li>The patient has a normal inability to leave the home <b>AND</b></li> <li>Requires a considerable and taxing effort to leave the home</li> </ul>
Does the patient meet Criteria One and Criteria Two?	
<b>If Criteria One or Criteria Two not met:</b>	
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.	

Plan of Care
Does the Plan of Care contain: <ul style="list-style-type: none"> <li>Diagnoses</li> <li>Mental status</li> <li>Types of services, supplies, and equipment required</li> <li>Frequency of the visits</li> <li>Prognosis</li> <li>Rehabilitation potential</li> <li>Functional limitations</li> <li>Activities permitted</li> <li>Nutritional requirements</li> <li>Medications and treatments</li> <li>Safety measures to protect against injury</li> <li>Instructions for timely discharge or referral; and</li> <li>Any additional items the HHA or physician chooses to include</li> </ul>

Plan of Care	
Does the Plan of Care include therapy services? If yes, does the Plan of Care address: <ul style="list-style-type: none"> <li>• Specific procedures and modalities</li> <li>• Measurable therapy treatment goals</li> <li>• Frequency and duration of therapy services</li> </ul>	
Does the plan of care contain a signed and dated verbal start of care date?	
If using electronic signatures, are they verifiable to the reviewer (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.	

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?	

Reasonable and Medically Necessary Skilled Services Provided by HHA	
Are the skilled service and the reason the skilled service is necessary for the beneficiary documented in objective terms?	
Is a caregiver providing a service that adequately meets the beneficiary's needs?	

Certification/Recertification (usually found on the start of care 485/plan of care)	
<p><b>Example Certification Statement:</b> <i>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 11/01/2016 and the encounter was related to the primary reason for home health care.</i></p>	
Did the physician certify (attest) that: <ul style="list-style-type: none"> <li>• The patient is homebound</li> <li>• The patient requires skilled care</li> <li>• A plan of care has been established and is periodically reviewed by a physician</li> <li>• The patient is under the care of a physician</li> <li>• The patient had a face-to-face encounter and the certifying physician documented the date of the encounter</li> </ul>	
<b>Did the same physician certify/attest to all five elements above?</b>	

Recertification	
Is the Physician Recertification statement present and signed and dated by the physician identified on the plan of care/485?	
<b>Note:</b> Include the initial plan of care/certification/485 for the start of care episode.	
Does the recertification include: <ul style="list-style-type: none"> <li>• The physician's estimate of how much longer skilled services will be required                             <ul style="list-style-type: none"> <li>- Is the physician's estimate stated in a measurable unit of time (i.e. days, weeks, months, years)?</li> </ul> </li> <li>• If applicable, the recertification statement includes occupational therapy after the need for skilled nursing care, physical therapy, or speech-language pathology services ceased.</li> </ul>	

OASIS	
Is there an accepted matching OASIS submission in the QIES National Database?	
Do the following data elements match the claim and OASIS assessment: <ul style="list-style-type: none"> <li>• Home health agency (HHA) Certification Number (OASIS item M0010)</li> <li>• Beneficiary Medicare Number (OASIS item M0063)</li> <li>• Assessment Completion Date (OASIS item M0090)</li> <li>• Reason for Assessment (OASIS item M0100) equal to 01, 03, or 04</li> </ul>	

**RESOURCES:**

- Medicare Benefit Policy Manual (CMS Pub. 100-02, Ch. 7) - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf>
- Medicare Program Integrity Manual (CMS Pub. 100-08, Ch. 6, Section 6.2.6) - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c06.pdf>