



Home Health Referral CHECKLIST

THE ORDER:

- Signed and dated home health order indicating the types of skilled services to be provided and that the patient meets the requirement for homebound status.

DEMOGRAPHICS:

- Patient's home address and phone number
- Address and phone number where the patient will receive home health services (if different from home address)
- Names and phone numbers of the patient's emergency contacts
- Primary care physician's name and phone number
- Patient's insurance information

NOTES:

- Face-to-Face Encounter note/Progress note with the reason for skilled home health care
- Discharge summary, therapy notes and nurse's notes from recent hospital or skilled nursing facility/rehab stay
- Current medication list
- All pertinent diagnosis

ELIGIBILITY REQUIREMENTS FOR HOME HEALTH CARE

- * All Medicare beneficiaries are 100% covered **IF** they meet the following criteria:
 - Must be under a physician's plan of care (must have a following physician).
 - Must be homebound.
 - Must require an intermittent skilled level of care **OR** Must require a skilled level of intermittent care.
- * Patient cannot receive home health services while attending outpatient rehab.