

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
\square	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 <u>OR</u> Must require a skilled level of intermittent care.

* Patient cannot receive home health services while attending outpatient rehab.

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