



# 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.