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.