

**Form Instructions**  
**for the Home Health Change of Care Notice (HHCCN)**  
**CMS-10280**

**OMB Approval Number: 0938-1196**

**Overview**

Medicare currently requires home health agencies (HHAs) to issue HHCCNs to Medicare beneficiaries receiving the home health care benefits for notification of plan of care changes.

Consistent with the Medicare Condition of Participation and the 2<sup>nd</sup> Circuit Court's decision in *Lutwin v. Thompson* regarding notification procedures, home health agencies must provide the HHCCN whenever they reduce or terminate a beneficiary's home health services due to physician/provider orders or limitations of the HHA in providing the specific service. Notification is required for covered and non-covered services listed in the plan of care (POC).

The Advance Beneficiary Notice of Non-coverage (ABN), Form CMS-R-131, must be used in order to transfer potential financial liability to the beneficiary in the following situations:

- providing care that Medicare usually covers but may not pay for in this instance because the care,
- is not medically reasonable and necessary,
- is considered custodial care, or
- is not covered because the beneficiary is not homebound.

(For information on the ABN, please see the ABN webpage:

<http://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html> )

**Changes to the HHCCN**

An interim final rule was published May 8, 2020, which made revisions to §§ 409.41 through 409.48; 424.22; 424.507(b)(1); § 440.70(a)(2) and (3), and (b)(1), (2) and (4); and several sections of 42 CFR part 484 to include physician assistants, nurse practitioners, and clinical nurse specialists as individuals who can certify the need for home health services and order services. These changes are permanent, and applicable to services provided on or after March 1, 2020. Pursuant to these revisions, the HHCCN form and form instructions will now use the term physician/provider.

**Triggering Events**

HHAs are required to issue the HHCCN when a triggering event changes the beneficiary's POC. Triggering events are reductions or terminations in care.

Examples of HHCCN triggering events due to physician or provider orders:

- Reduction = The POC lists wound care every day. The physician/provider writes a new order to decrease wound care to every other day.
- Termination = The POC lists wound care 2x week. The physician/provider writes a new order to discontinue all wound care.

Examples of HHCCN triggering events due to HHA reasons:

- Reduction = PT services are ordered 4 times per week in the POC. The HHA has an unexpected staffing shortage and can only provide PT services 2 times per week.
- Termination = PT services are ordered 4 times per week in the POC. The HHA has lost PT staff and can no longer provide any PT services.

If a termination involves the end of all Medicare covered care and no further care is being delivered, the only notice issued would be a Notice of Medicare Non-coverage (NOMNC), Form CMS-10123.

### **HHCCN Preparation**

The following are the general instructions for HHCCN preparation:

- **Number of Copies:** A minimum of two copies, including the original, must be made so that the beneficiary and HHA each have one.
- **Electronic Issuance:** Electronic issuance of HHCCNs is permitted. If a physician/provider elects to issue an HHCCN that is viewed on an electronic screen before signing, the beneficiary must be given the option of requesting paper issuance over electronic if that is what the beneficiary prefers. Also, regardless of whether a paper or electronic version is issued and regardless of whether the signature is digitally captured or manually penned, the beneficiary must be given a copy of the signed HHCCN to keep for his/her own records.
- **Reproduction:** HHAs may reproduce the HHCCN by using self-carbonizing paper, photocopying the HHCCN, or other methods. All reproductions must conform to CMS instructions.
- **Length and Page Size:** The HHCCN must NOT exceed one page in length. The HHCCN is designed as a letter-sized form. If necessary, it may be expanded to a legal-sized page to accommodate information HHAs insert in the notice, such as the HHA's contact information or a list of multiple changes to the plan of care.
- **Contrast of Paper and Print:** A visually high-contrast combination of dark ink on a pale background must be used. Do not use reversed print such as white on black or block-shaded (highlighted) text.
- **Modification:** Don't modify the HHCCN, except as specifically allowed by these instructions.
- **Font:** The lettering on the HHCCN must meet the following requirements to facilitate beneficiary understanding:
  - **Font Type:** Use the fonts as they appear on the documents downloaded from the CMS website. Any changes in the font type should be based solely on software and/or hardware limitations of the HHA. Examples of easily readable alternative fonts include Arial, Arial Narrow, Times Roman, and Courier.
  - **Font Effect/Style:** Don't make style changes to the font, such as italics, embossing, bold, etc., since this could make the HHCCN more difficult to read.

- **Font Size:** The font size generally should be 12 point. Titles should be 14-16 point. Words inserted in the blanks on the HHCCN can be as small as 10 point if needed.
- **Insertions in Blanks:** Information inserted by HHAs in the blank spaces on the HHCCN may be typed or legibly hand-written.
- **Customization:** HHAs are permitted to do limited customization of HHCCNs, such as pre-printing agency-specific information to promote efficiency and to ensure clarity for beneficiaries. Guidelines for customization are:
  - HHAs may pre-print descriptions of common change of care scenarios. For example, an HHA could pre-print, “Beginning on \_\_\_\_\_, we will decrease the frequency of your wound care to \_\_\_\_\_ times per \_\_\_\_\_.”
  - HHAs may print distinct versions of their pre-printed HHCCNs on different colored paper so that they are easily identified, but the notice must appear as a high-contrast combination of dark-colored font on light-shaded paper.
  - HHAs may label different pre-printed versions of their HHCCNs by adding letters or numbers in the header area.
  - Information in blanks that is constant can also be pre-printed, such as the HHA name, address, and phone number.
  - Pre-printed information inserted on the notice should be at least 12-point font size if possible, and 10-point minimum. 10 point should only be used if a smaller font is needed to include all applicable information in the blank space provided.
  - HHAs may list multiple change-of-care scenarios on a pre-printed HHCCN. If multiple scenarios are listed, the beneficiary should be able to clearly identify the information that pertains to his/her case. HHAs may use checkboxes to indicate information applicable to the beneficiary. Alternatively, applicable items can be circled, or items that do not apply can be crossed out.
  - The printed blank lines in the change of care description area of the notice may be removed if needed for customization.
  - The HHA may pre-print specific HHA disciplines with corresponding checkboxes on the HHCCN. However, an explanation of what is changing must be included on the notice. For example, if Physical Therapy is checked, text such as “reduced to 2 times per week” must be inserted. Just checking off a discipline without an explanation could render the notice invalid.
  - HHCCNs without pre-printed information should be available for HHA staff to use in cases that don’t conform to pre-printed language.

## **HHCCN Completion and Delivery**

The HHCCN is a one-page notice composed of three sections:

Header  
Body  
Signature/Date

### **The Header Section**

HHAs are permitted to customize the header section of the HHCCN that sits above the “Home Health Change of Care Notice” title at the top of the page. HHAs may add identifying information such as a logo, web address, or an email address.

The blanks in the header section are completed as follows:

- **Home Health Agency:** The name of the HHA must be listed.
- **Address:** The correspondence address of the HHA must be listed.
- **Phone:** A phone contact must be included and a TTY number must be included when necessary.
- **Patient’s Name:** The beneficiary's full name must be inserted in the blank. (A pre- printed name label is permitted.)
- **Patient Identification:** Completion of this blank is optional and serves for HHA identification purposes. A birth date or medical record number may be inserted. HHAs must not include the beneficiary’s Medicare health insurance claim number (HICN), Medicare Beneficiary Identifier (MBI) or Social Security number on the notice. Electronic bar codes are permitted.

### **The Body Section**

The body section of the HHCCN is below the header and above the signature area. The body includes (5) components for completion by the HHA:

- Date
- Items/services description
- Reason for the change
- Check boxes - General reason for change
- Additional Information

**Date**

Directly under the title of the notice there is a blank line for insertion of a date. The HHA must insert the date that the changes listed on the notice will start.

### **Items/services description**

When there are changes in care that require written beneficiary notification, the HHA lists the change or changes in the blank area under “Items/services:” The HHA must also explain whether the item/service is being reduced or terminated.

The description should be informative, in language understandable to the beneficiary. Common abbreviations such as “PT” for physical therapy may be used only if the beneficiary is familiar with the term.

**Example 1:** “On Dec.17, 2019, we will stop all of your occupational therapy services.”

**Example 2:** “On Dec 21, 2019, the frequency of your wound care will decrease to 3 days per week.”

### **Reason for change**

In the blank area under “Reason for change”, the HHA must insert the specific reason that the care change is occurring. For physician/provider’s order changes, an example of language that can be used is: “Your physician/provider has changed your order for this care.”

For agency related changes, more specific information may be provided in accordance with the situation. For example, “Your dog has repeatedly threatened our staff, and we are unable to safely enter your home,” could be a possible reason cited.

### **Check Boxes**

The HHA must identify the general reason for the change or changes that are listed in the table above. The HHA must check one of the 2 checkboxes in the section under “Read the information next to the checked box below.”

“Your physician/provider’s orders for your home care have changed.”

The HHA checks the first box when care will be reduced or stopped because of an order change or the lack of an order to renew care.

“Your home health agency has decided to stop giving you the home care listed.”

The HHA checks the second box when the HHA decides to stop providing some or all care for its own financial and/or other reasons, regardless of Medicare policy or coverage, such as the availability of staffing, closure of the HHA, or safety concerns in a beneficiary’s home.

When multiple care changes occur due to simultaneous order changes and agency specific reasons for change, the HHA must give the beneficiary (2) separate HHCCN’s so

that s/he can identify the reason that corresponds to each change. Only one check box indicating the reason for change can be marked on each HHCCN.

### **Additional Information**

An entry in this area is optional. HHAs should use this area to include information that may be helpful to the beneficiary's specific case. For example, the ordering physician/provider's name and phone number could be inserted here if the beneficiary has questions on an order change that the HHA can't answer.

### **The Signature and Date Section**

This section contains 2 boxed and labeled blanks for completion. The beneficiary or representative is required to sign and date the HHCCN confirming his/her review and understanding of the notice.

- **Signature:** The beneficiary or representative must sign the HHCCN.
- **Date:** The beneficiary or representative must enter the date that the HHCCN was signed. The HHA may insert the date if the beneficiary is having difficulty and requests assistance.

If a representative is signing on behalf of the beneficiary, this must be indicated by either the representative or the HHA writing "(rep)" or "(representative)" next to the representative's signature. If the representative's signature is not clearly legible, the name must be printed near the signature.

If the beneficiary refuses to sign the HHCCN, the HHA must note on the HHCCN that the beneficiary refused to sign, and provide a copy of the annotated HHCCN to the beneficiary.

### **HHCCN Delivery**

When delivering HHCCNs, HHAs are required to explain the entire notice and its content and answer all beneficiary questions to the best of their ability. HHAs must make every effort to ensure beneficiaries understand the HHCCN prior to signing it. If common abbreviations are used, the HHA should explain their meanings to the beneficiary. While in-person delivery of the HHCCN is preferable, it is not required.

### **Retention of the HHCCN**

The HHA keeps one copy of the completed, signed or annotated HHCCN in the beneficiary's record, and the beneficiary receives a copy. Electronic retention of electronically issued or scanned HHCCNs is permitted.