Use of the Suggested Clinical Data Elements is Voluntary / Optional

Home Health Services Plan of Care / Certification
Suggested Clinical Data Elements

Version R2.0 (7/9/2018)

Note: If these CDEs are used:
1) CDEs in black Calibri are required
2) CDEs in burnt orange Italics Calibri are required if the condition is met
3) CDEs in blue Times New Roman are recommended but not required
4) CDEs in purple Tahoma are required for certification and, where noted, for recertification

Beneficiary Information CDEs

PBD: Patient/Beneficiary Demographics

- **PBD1**: Patient’s first name, last name, and middle initial (text)
- **PBD2**: Patient’s date of birth (date: MM/DD/YYYY)
- **PBD3**: Patient’s gender (Single selection from the value set: M, F, Other)
- **PBD4**: Patient’s Medicare ID (Medicare ID format and check digit)

F2F Encounter CDEs

HHAF2F: F2F Encounter

- **HHAF2F2**: Date of F2F encounter (Date: MM/DD/YYYY)

Reference Information and Dates CDEs

HHARID: Reference Information and Dates

- **HHARID1**: Patient HI Claim No. (text)
- **HHARID2**: Medical Record Number (text)
- **HHARID3**: Initial start of care date (date: MM/DD/YYYY)
- **HHARI D4**: Start of episode of care (date: MM/DD/YYYY)
- **HHARI D5**: End of episode of care (date: MM/DD/YYYY) (optional)
Advanced Directive CDEs

ADR: Advanced Directives

ADR1: Advanced directives (single selection from value set (Yes, No)

ADR1a: If yes, Describe (text)

Diagnoses CDEs

DIAG: Diagnoses

Note: ICD-10-CM (code), Description (text), Date (date first diagnosed (if available): MM/DD/YYYY), Status (Multiple selection from the value set: acute, chronic, acute-chronic, resolving, resolved)

DIAG1: Pertinent diagnoses (Repeat until complete: ICD-10-CM, Description, Date, Status)

Procedure CDEs

PROC: Procedures (include code from ICD-10-PCS, HCPCS, CPT when available)

PROC1: Relevant procedures (e.g. surgical) (Repeat until complete: Code, Description, Date)

Medication CDEs

MED: Medications (Status value set: New, Active, Changed, Discontinued)

MED1: Medications (Repeat until complete: RxNorm, Description, Dose, Frequency, Route, Status)

MED2: Other medications (text)

Allergies CDEs

ALL: Allergies (all) (include RxNorm for medication allergies when known)

ALL1: Allergies (Repeat until complete: RxNorm, Description)
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### Functional Assessment CDEs

**HHAFA**: Functional Assessment

- **HHAFA1**: Functional limitations (Multiple selection from the value set: Amputation, Bowel/bladder (Incontinence), Contracture, Hearing, Paralysis, Endurance, Speech, Legally blind, Dyspnea with minimal exertion, Angina with minimal exertion or at rest, CVA/hemiparesis/paralysis/dysphonia, Confined to wheelchair, Fall risk)
- **HHAFA2**: Other functional limitations (text)
- **HHAFA3**: Activities permitted (Multiple selection from the value set: Complete bedrest, Bedrest BRP, Up as tolerated, Transfer bed/chair, Partial weight bearing, Independent at home, Crutches, Cane, Wheelchair, Walker, No restrictions)
- **HHAFA4**: Other activities permitted (text)
- **HHAFA5**: Mental status (Multiple selection from the value set: Oriented, Comatose, Forgetful, Depressed, Disoriented, Lethargic, Agitated)
- **HHAFA6**: Other mental, psychosocial, and cognitive status observations (text)

### DME, Safety, and Nutritional CDEs

**HHADSN**: DME, Safety and Nutritional Requirements

- **HHADSN1**: DME and supplies (text)
- **HHADSN2**: Safety measures (text)
- **HHADSN3**: Nutritional requirements (text)

### Prognosis CDEs

**HHAPRO**: Prognosis

- **HHAPRO1**: Prognosis (Single selection from the value set: Poor, Guarded, Fair, Good, Excellent)
- **HHAPRO2**: Prognosis, additional clarification (text)

### Risk, Education, and Patient specified CDEs

**HHARED**: Risk and Education

- **HHARED1**: Description of risk for emergency department visits and hospital readmission and all necessary interventions to address risk (text)
- **HHARED2**: Patient and caregiver education and training to facilitate timely discharge (text)
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**HHARED3**: Patient-specific interventions and education, measurable outcomes / goals and Status (identified by the HHA and patient)

- **HHARED3a**: Interventions/Education (text)
- **HHARED3b**: Measurable Outcomes / Goals (text)
- **HHARED3c**: Status (single selection from value set: Proposed, Accepted, Planned, In Progress, On Target, Ahead of Target, Behind Target, Sustaining, Achieved, On Hold, Cancelled, Rejected)

**Home Health Services Order CDEs**

**HHAORD**: Home Health Services Orders

- **HHAORD1**: Intermittent skilled nursing services (if required) [Multiple selection from value set: Administration of medications, Tube feedings, Wound care, Catheters, Ostomy care, NG and tracheostomy aspiration/care, Psychiatric evaluation and therapy, Teaching/training, Observe/assess, Complex care plan management, Rehabilitation nursing, Other (text)]

  Note: For each of the ordered skilled nursing services, indicate the following:

- **HHAORDF1**: Frequency (Single selection from the value set: (weekly, biweekly, 2x per week, 3x per week, 4x per week, 5x per week, 2x per day, as indicated, other)

- **HHAORDF2**: Duration (Integer with units from value set: Days, Weeks or Months, or as indicated)

- **HHAORD1a**: Justification and signature (required if the patient’s sole skilled service need is for skilled oversight of unskilled services (management and evaluation of the care plan or complex care plan management): (text)

- **HHAORD1b**: Physician’s Signature (required if justification is completed) (text)

**HHAORD2**: Therapy Services (Qualified therapist skills required)

Physical therapy services:

- **HHAORD2a**: Qualified therapist skills required to: (multiple selection from the value set: Restore patient function, Perform maintenance therapy, Therapeutic exercises, Gait and balance training, ADL training, other (text)).

Occupational therapy services:

- **HHAORD2b**: Qualified therapist skills required to: (multiple selection from the value set: Restore patient function, Perform maintenance therapy, Therapeutic exercises, ADL training, other (text)).
Speech-language pathology services:

**HHAORD2c**: (multiple selection from the following value set:
Swallowing, Restore language function, Restore cognitive function, Perform maintenance therapy, other(text))

Other Services:

**HHAORD2d**: (multiple selection from the following value set:
Home health aide services, Medical social services)

Note: For each of the ordered skilled nursing services, (except for: restore function, perform maintenance therapy), indicate the following:

**HHAORDF1**: Frequency (Single selection from the value set: (weekly, biweekly, 2x per week, 3x per week, 4x per week, 5x per week, 2x per day, as indicated, other)

**HHAORDF2**: Duration (Integer with units from value set: Days, Weeks or Months, or as indicated)

**HHAORD3**: Verbal Orders

**HHAORD3a**: Date/Time (date/time).

**HHAORD3b**: Order (text).

**HHAORD3c**: Taken by (text).

**Frequency, Duration and Purpose of Visit CDEs**

HHAFDP: Frequency, Duration and Purpose of Visits

**HHAFDP1**: For each visit schedule define the following:

**HHAFDP1a**: Frequency (days of the week or number of days per week)

**HHAFDP1b**: Duration (Numeric, units: minutes or hours)

**HHAFDP1c**: Purpose (text)

**Additional Item CDEs**

HHAADDL: Additional items the HAA or Physician choose to include:

**HHAADDL1**: Additional Items (text)

**Service/Intervention, Rehabilitation Potential and Discharge Plans CDEs**

HHAREH: Service/Intervention/Rehabilitation Potential/Discharge Plans

**HHARED1**: For each skilled service define the following:

**HHARED1a**: Service/Intervention (text)

**HHARED1b**: Rehabilitation potential (text)

**HHARED2**: Discharge plans (text)

**HHARED1a**: Provider Name (text)
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**HHARED1b: By (text)**

**Provider Signature CDEs**

SIG: Preparer Signature Elements:

- **PREPSIG1**: Preparer signature (image, electronic, or digital)
- **PREPSIG 2**: Provider first name, last name, middle initial and suffix (text).
- **PREPSIG 3**: Date of Signature (MM/DD/YYYY)

**Recertification CDEs**

**HHAREC**: Recertification

- **HHAREC2**: How much longer will skilled service be needed: (Value, Units)

**Physician Signature CDEs**

SIG: Physician Signature Elements

- **PHYSSIG1**: Physician Signature (image, electronic, or digital)
- **PHYSSIG 2**: Physician first name, last name, middle initial and suffix (text).
- **PHYSSIG 3**: Date of Signature (MM/DD/YYYY)
- **PHYSSIG 4**: Physician NPI (numeric with check digit)

**Date Received CDE**

**HHADAT**: Dates

- **HHADA4**: Date signed POC was received by the HHA (Date: MM/DD/YYYY)

**POC Revision Communication CDEs**

**HHAPRC**: POC Revision Communication Elements

Repeat once for each of Patient/Caregiver, Certifying Physician, Ordering Physician (may be multiple)

- **HHAPRC1**: Name (text.)
- **HHAPRC2**: Date (date).
- **HHAPRC3**: By (text).