

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)

HHARID4: Start of episode of care (date: MM/DD/YYYY)

HHARID5: End of episode of care (date: MM/DD/YYYY) (optional)

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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/hemiparalysis/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)).

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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)

HHARED1b: Date (Date)

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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).