

The use of this document is entirely voluntary/optional.

Patient:

First Name: _____ Last Name: _____ Date of Birth: __/__/__

Name of physician/Medicare allowed non-physician practitioner (NPP)* who performed the encounter:

Date of encounter: __/__/__

Is this encounter with the patient related to the primary reason the patient requires Home Health Services?

Yes No (Please check one :)

Subjective:

Objective:

Assessment:

Plan for Home Health Services:

This patient requires one or more of the following services (Check all that apply):

Skilled Nursing Physical therapy Occupational Therapy or Speech Language Pathology:

(Please specify services needed):

**Note: Occupational Therapy is not a qualifying service for the Medicare home health benefit. It can, however, qualify a patient for recertification.*

If choosing to document homebound status, proceed to next section. If not, proceed to signature line on the next page.

Homebound Status

Medicare Definition of Confined to the Home (i.e., "homebound")

The patient is considered homebound if the following two criteria are met:

1. The patient, because of illness or injury, needs the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; requires the use of special transportation; or the assistance of another person in order to leave their place of residence; **OR** have a condition such that leaving his/her home is medically contraindicated, **AND**
2. There must exist a normal inability to leave the home, **AND** if the patient does leave the home, it requires a considerable and taxing effort.

If the patient does in fact leave the home, the patient may nevertheless be considered homebound if the absences from the home are infrequent or for periods of relatively short duration, or are attributable to the need to receive health care treatment.

Based on the Medicare Definition of “Confined to the Home” (i.e. “Homebound”):

Please check one:

- This patient meets the Medicare definition of “Confined to the Home.”
- This patient does not meet the Medicare definition of “Confined to the Home.”

(Please specify why the patient meets or does not meet definition of “Confined to the Home”):

_____/_____/_____
PHYSICIAN OR MEDICARE ALLOWED NPP SIGNATURE PRINTED NAME DATE

** Medicare allowed NPP: Physician assistant, nurse practitioner, clinical nurse specialist or certified nurse midwife who is working in accordance with State law and in collaboration with the certifying physician or in collaboration with an acute or post-acute care physician with privileges who cared for the patient in the acute or post-acute care facility from which the patient was directly admitted to home health.*

