

**Suggested Electronic Clinical Template Elements of a
Progress Note Documenting a
Face-to-Face Examination for Home Health Services
*DRAFT v3.1 (02/07/14)***

MRADL: Mobility Related Activities of Daily Living¹

A. Chief Complaint

- A1. Indicate that this visit is a face-to-face examination for the purpose of evaluating the patient for a home health services.
- A2. Describe, in patient's own words, the symptoms/problems/conditions that limit /impair his/her ability to perform Mobility Related Activities of Daily Living (MRADLs) and/or functional abilities.

B. History of Present Illness

- B1. **History of Present Illness** -- Why does the patient now require skilled home health services?
 - B1a. Describe the patient's functional impairments /limitations that require home health services.
 - B1b. Indicate which type of home health services that the patient now requires: Skilled Nursing, Physical Therapy, Speech Therapy and/or Occupational Health Therapy or continues to need Occupational Health.
 - B1c. Describe MRADLs which are currently limited by the patient's functional impairments /limitations.
 - B1d. Indicate
 - B1e. Describe areas of the home that impair the patient's functional abilities/limitations and/or contribute to their homebound status.
 - B1f. Describe the mobility aides (cane, walker, rollator) that are currently being used or have been tried to assist the patient's functional impairments /limitations.
 - B1g. Describe the reason mobility aides are being used or are no longer required.
 - B1h. Describe the medical condition(s) that contribute to the patient's impairment:
 - B1hi. Primary diagnosis
 - B1hii. Secondary diagnoses
 - B1i. Indicate whether this is a longstanding condition. If it is, describe factors that aggravate the patient's medical condition(s) over time and provide supporting documentation (test results, X-ray reports, etc) of one or more quantitative characteristics that is associated with the patient's decline.
 - B1j. Describe prior treatments/services attempted to improve the patient's medical condition(s) (medications, therapies, etc).

C. Past Medical History

- C1. **Past Medical History** – What are the medical history factors that contribute to the patient's home bound status?
 - C1a. List the patient's co-morbid medical conditions and current medication

D. Social History

- D1. What is the patient's living situation (lives alone, lives with family, attendant care and the hours/week, assist provided)?
- D2. Provide a brief description of the patient's physical layout of his/her home (e.g. steps to enter, 1 story vs. multi-story home, etc.)
- D3. Describe the availability of a willing caregiver in order to aid the patient in the accomplishment of his/her MRADLs of any other home care needs in the customary locations of the home.

E. Review of Systems (ROS)

Each face to face examination must be individualized to the particular patient. The ROS below is designed to remind the practitioner of the concerns that commonly indicate the need for a home health services. The face to face examination of any given individual may not necessitate that every element below is addressed. Additional details describing the patient's condition may be added. If the information from the ROS is already contained in another section of the face to face examination, it need not be repeated here.

E1. Constitutional

- E1a. Has patient experienced any medical or surgical procedures that have contributed to the need for home health services? If yes, explain.
- E1b. Are any medical or surgical procedures anticipated to occur in the near future that will affect or prolong the patient's functional abilities/limitations requiring home health services? If yes, describe the type of procedure, expected length of time for recovery.

E2. Eyes

- E2a. Is the patient's visual acuity contributing to their homebound status? If so, explain.

E3. Respiratory

- E3a. Describe the patient's respiratory/breathing symptoms that contribute to the need for home health services.
- E3b. Does patient use home O2? If yes, at what frequency (daily, 6 hours a day, etc)? For what duration? Use what delivery system? What flow rate?
- E3c. Does patient get SOB in home while performing MRADLs? If yes:
 - E3ci. Describe MRADLs that make patient SOB in the home (with best oxygenation provided);
 - E3cii. Describe interventions that palliate SOB while performing MRADLs,
 - E3ciii. Describe how these symptoms have changed over time.

E4. Cardiovascular

- E4a. Describe the patient's cardiovascular symptoms that contribute to the need for home health services.
- E4b. Describe clinically significant increased heart rate, palpitations, or ischemic pain that occurs or worsens when the patient attempts or performs MRADLs within the home (with best oxygenation provided)?
- E4c. Describe what measures have been taken in the past that have worked or failed to alleviate these symptoms.
- E4d. How far does the patient report that she/he can walk or self-propel an optimally configured manual wheelchair before experiencing these signs/symptoms?
- E4e. How have these signs/symptoms changed over time?

E5. Musculoskeletal

- E5a. Describe the patient's musculoskeletal symptoms that contribute to the need for home health services.
- E5b. Describe the patient's activity level. Are they bed bound and/or able to use the bathroom, etc?

- E5c. If the patient complains of abnormalities in strength, coordination or tone, as it relates to MRADLs, detail how these symptoms have changed over time in relation to the patient's functional status.
- E5d. If the patient experiences joint/bone pain, describe the signs/symptoms (decreased range of motion, etc.) that occur or worsen when the patient attempts or performs MRADLs within the home, detail how these symptoms have changed over time in relation to the patient's functional state. (For Chronic musculoskeletal pain see "Pain Management" section below.) If the patient has a history of falls in the home, detail where in the home they occur; the reason the able to arise to a seated/standing position without the help of another person. patient believes that she/he falls; the frequency and timing of the falls. Also note if after a fall the patient is the need
- E5e. How far does the patient report that she/he can walk before these signs/symptoms interrupt that activity? Detail how they have changed over time.

E6. Gastrointestinal

- E6a. Describe the patient's gastrointestinal symptoms that require for home health services.
- E6b. If the patient has special nutritional needs that require IV Infusion / Enteral Feedings, describe the patient's nutritional / enteral needs and why home health services are indicated.

E7. Genitourinary

- E7a. Describe the patient's genitourinary symptoms that require the need for home health services.
- E7b. If the patient has Chronic Kidney Disease, Renal Failure, how does this require the need for home health services?
- E7c. Does the patient require In Home Hemodialysis?
- E7d. If the patient requires peritoneal dialysis, describe when the peritoneal tube was placed, last changed, & frequency of dialysis.

E8. Neurological

- E8a. Describe the patient's Neurological symptoms that contribute to the need for a home health services.
- E8b. If the patient complains of dizziness, syncope or seizures, state how these symptoms have changed over time. Describe.
- E8c. If the patient complains of lack of coordination or abnormal sensation, state how these symptoms have changed over time.

E9. Skin

- E9a. If the patient currently experiences a skin ulcer(s) or other loss of skin integrity, describe the location(s); the treatment(s), the size and cause.
- E9b. If the patient has a history of a decubitus ulcer(s) or other loss of skin integrity, describe the event.
- E9c. Does the patient have any ostomy, stoma, wounds? If so describe.

E10. Cognitive/Behavioral

- E10a. Describe any behaviors or cognitive impairment (including a memory deficit/poor compliance with medications) exhibited by the patient that contribute to the need for home health services. Describe potential safety risks for either the patient or others?

E11. Pain Management

- E11a. If the patient has "Acute Pain" describes the location, character, aggravating and relieving factors?
- E11b. Describe the level of pain reported by the patient.
- E11c. Explain how other conditions, morbidities and co-morbidities contribute to the patient's complaint of pain.
- E11d. Describe management of the patient's chronic pain symptoms, including use of analgesics, particularly narcotics?

F. Physical Exam

Each face to face examination must be individualized to the particular patient. The Physical Exam below is designed to remind the practitioner of the various organ systems that commonly relate to the patient's ambulatory capabilities, level of independence, and need for skilled care within the home setting. The face to face examination of any given individual may not necessitate that every element below be addressed in every examination however, acknowledging that it was considered and not applicable is beneficial. Also, additional details describing the patient's condition may be added. However, when conducting the physical exam:

Provide quantifiable, objective measures/tests of observed abnormal characteristics;

F1. Constitutional

- F1a. List Height, Weight, Blood Pressure, Heart Rate, O2 Saturation, BMI, Respiratory Rate.
- F1b. Does patient use oxygen chronically? If yes
 - F1bi. List Pulse Rate, Resp Rate, Pulse Ox (at rest) without oxygenation.
 - F1bii. List Pulse Rate, Resp Rate, Pulse Ox (at rest) with best oxygenation.
 - F1biii. List Pulse rate, Blood Pressure and Resp Rate (at rest and with exertion).

F2. Eyes

- F2a. Describe patient's visual acuity.
- F2b. Describe patient's retinal/lens/Extraocular Muscle examination
- F2c. Describe patient's depth perception.
 - F2ci. Field of vision (any field cuts or diplopia)?

F3. Respiratory

- F3a. Describe the patient's general respiratory/pulmonary exam.
- F3b. After walking the maximum distance possible on level ground (up to 50 ft) with current best mobility assistance and best oxygenation, list pulse rate, resp rate, pulse oximetry. (Six minute walk)
 - F3bi. Indicate if supplemental O2 was used? If it was, list the frequency, duration delivery system and flow rate.
 - F3bii. Describe patient's respiratory effort (use of accessory muscles, intercostal retractions, etc.).
 - F3biii. Was mobility aid used? If yes, describe.

F4. Cardiovascular

- F4a. Describe the patient's general cardiovascular exam, including peripheral pulses
- F4b. Is jugular venous distention present (with the patient reclined at 30 degrees)? If yes, describe.
- F4c. Are there blood pressure fluctuations noted with mobility?
- F4d. Describe the patient's lower and upper extremity edema if present. Describe how the edema makes it difficult to perform MRADLs?

F5. Gastrointestinal

- F5a. Describe the patient's general abdominal examination.
- F5b. Describe the presence of surgical incisions and status of healing.
- F5c. If the patient has an enteral tube (PEG) in place, describe.

F6. Genitourinary

- F6a. Describe the presence of surgical incisions and status of healing.
- F6b. Describe the presence of any wounds/wound dehiscence and the wound stage if appropriate.
- F6c. If the patient has a fistula for hemodialysis, describe.
- F6d. If the patient has a suprapubic catheter in place, describe.

F6e. Describe the presence of a peritoneal tube for peritoneal dialysis if present.

F7. Musculoskeletal

- F7a. Describe the patient's demonstrated muscle tone as it affects movement necessary to accomplish MRADLs.
- F7b. Describe any pertinent abnormalities of joint range of motion and joint architecture (e.g. joint swelling, erythema, subluxation contractures, heterotopic ossifications, etc).
- F7c. Describe the patient's muscular strength as it relates to the accomplishment of MRADLs on a scale of 0-5:
0: no muscular contraction detected
1: a trace muscular contraction detected
2: active movement of the muscle accomplished with gravity eliminated
3: active movement of the muscle accomplished against gravity with no resistance applied
4: active movement of the muscle accomplished against gravity with less than full resistance applied
5: active movement of the muscle accomplished against gravity and against full resistance
- F7d. Describe patient's tone, coordination and reflexes.
- F7e. Describe patient's demonstrated control of the postural alignment of the head/neck and trunk during supported and unsupported (without the use of his/her hands and/or the use of the wheelchair back or seating) sitting.
- F7f. Describe the patient's demonstrated standing balance, ambulation capacity, ability to transfer and weight shift and/or ability to carry necessary items for ADL/IADL (with the use of current mobility aides).
- F7g. If the patient is a "Fall Risk" describe or calculate the level of risk.
- F7h. Describe the patient's demonstrated ability/inability to transfer (include the use of current mobility aides, mechanical lift, one or two person assistance, and transfer board) and/or ability to accomplish positional change (supine to sitting, sitting to standing) Describe the patient's demonstrated ability/inability to ambulate (with the use of current mobility aides).
F7hi. Describe distance, speed, safety, surfaces, and prosthetics/orthotics.
- F7i. Is the patient a candidate for physical rehabilitation? Yes/No
F7ii. If no, describe why not.
- F7j. Is the patient having fatigue? How is it measured (i.e. Brief Fatigue Inventory BFI)?

F8. Neurological

- F8a. Record any abnormalities of Cranial Nerves, peripheral sensation, coordination, deep tendon reflexes or spasticity as it relates to the accomplishment of MRADLs.
- F8b. Record limitations of function and impairments related to the presence of hemiparesis or hemiparalysis.
- F8c. Can the patient walk in tandem, (heel to toe, walk a straight line)?
- F8d. Is the patient at risk for falls due to a neurological condition? If yes, describe.

F9. Skin

- F9a. Does patient have current areas of open wounds? If yes, describe.
F9ai. Describe location, size, stage and treatment.
- F9b. Does patient have scars? If yes, describe.
- F9c. Does patient have other pertinent skin lesions? If yes, describe.
- F9d. Swelling or edema? If yes, describe.
- F9e. Cyanosis, rash, or scarring? If yes, describe.

F9f. Venous stasis changes? If yes, describe.

F10. Psychiatric

F10a. Describe the patient's mental status, judgment, insight, and memory.

F10b. Was a mental status examination performed? If yes, report findings.

G. Homebound Status

G1. Ensure that the patient meets Medicare Home Health requirements: an individual shall be considered "confined to home" (homebound) if the following two criteria are met as outlined in Section 30.1.1 of the Medicare Benefit Policy Manual @ <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf>.

H. Plan

H1. Indicate intent to order home health services: Skilled Nursing Care, Wound care, Physical Therapy, Occupational Therapy and/or Speech Therapy.

I. Physician or Treating Practitioner's

1. First Name
2. Last Name
3. Credentials
4. NPI
5. Date of Face-to-Face
6. Digital Signature

Add a field to capture: cross-reference to order

Detailed Written Order (DWO)

Beneficiary's name

Date of the face - to - face examination.

Diagnosis

Orders for Discipline and treatments

Goals/Rehabilitation Potential/Discharge Plans

Physician's signature

Date of physician signature