

# Face to Face Certification Statement

Patient name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of Encounter: \_\_\_\_\_

## For Medicare/Medicaid patients:

I certify/recertify that this patient is confined to his/her home (and meets homebound criteria—Medicare only) and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy.

The patient is under my care, and a plan of care has been initiated and will periodically be reviewed by a physician.

I (or an acute/post acute physician or collaborating NPP) had a Face-to-Face encounter with this patient on the above date, during which the primary reason for home health services was addressed.

I have a clinical note (supporting documentation) documenting my encounter with the patient in the patient's medical record to support certification and eligibility for home care, and will make it available to Advocate Home Health Services upon request.

\_\_\_ I am the certifying physician and will follow the patient in the community.

\_\_\_ I am the certifying physician, but Dr. \_\_\_\_\_ will follow the patient in the community. \_\_\_\_\_ MD \_\_\_ DO \_\_\_ DPM  
(First and Last name)

Certifying Physician Signature/Credentials: \_\_\_\_\_ MD \_\_\_ DO \_\_\_ DPM

Date: \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_  
(First and Last)

Please fax completed form to 630.368.5930.

## Patient Eligibility: Confined to Home

### Criteria 1:

#### ONE Must Be Met

Because of illness or injury, need the aid of supportive devices such as:

- Crutches
- Canes
- Wheelchairs
- Walkers
- The use of special transportation
- The assistance of another person to leave their place of residence

Have a condition such that leaving his or her home is medically contraindicated.

### Criteria 2:

#### BOTH Must Be Met

There must exist a normal inability to leave home.

#### AND

Leaving home must require a considerable and taxing effort.

## Reasons for and Types of Home Skilled Services

### Eligibility Criteria 2

#### Cardiac

- Change/decline in status
- Changes in medication and medication management
- Skilled assessment and observation of cardiovascular status
- Teaching and training of disease process and symptom management
  - Diet, infection control, safety
  - O<sub>2</sub> use, safety, storage, re-ordering, and need for fire plan
  - Pulse oximetry PRN for S/S respiratory distress and notify physician if <... % on room air

#### Diabetic

- Change/decline in status
- Unstable blood sugars
- Changes in medication and medication management
- Skilled assessment and observation of endocrine status
- Teaching and training of disease process and symptom management
  - Diet, infection control, safety – S/S hyper/hypoglycemia
  - Blood sugar monitoring, signs and symptoms to report to physician or RN

#### GU Catheter

- Change/decline in status
- Skilled assessment and observation of genitourinary status and chronic catheter maintenance
- Teaching and training of disease process and symptom management
  - Diet and fluids, safety, infection control – signs and symptoms of UTI, peri/groin care
  - Medication management
- Reinsert foley every month + PRN

#### Infusion Therapy

- Lab monitoring **with** medication adjustment
- SN for skilled assessment and training for infusion therapy, line care and maintenance, symptom management, safety and infection control, instruct on signs and symptoms to report to physician or RN

#### Ostomy

- SN for assessment and observation of GI status, teaching and training of disease process and symptom management
  - Diet, infection control, safety, signs and symptoms to report to physician or RN
  - Medication management as appropriate
  - Instruct on ostomy care every 3-7 days and PRN

#### Pulmonary

- Change/decline in status
- Changes in medication and medication management
- Skilled assessment and observation of respiratory status
- Teaching and training of disease process and symptom management
  - Diet, infection control, safety
  - Pulse oximetry PRN for S/S respiratory distress and notify physician if <... % on room
  - O<sub>2</sub> use, safety, storage, re-ordering, and need for fire plan

#### Rehabilitation Services

- PT/OT skilled evaluation for rehabilitation services
  - Gait training, transfer training and stair training
  - Instruction on use of assistive device for ambulation on all surfaces
  - Instruction on use of assistive devices for ADLs
  - Instruct and upgrade home exercise program
  - Recommend home adaptation to facilitate safety
  - Therapeutic exercises to increase strength and endurance
  - Passive and active ROM exercises for strengthening
  - Safety, pain and medication management
- ST skilled evaluation for speech, comprehension and safe swallow
  - Diet recommendations
  - Instruction on use of assistive devices for communication
  - Instruct and upgrade home exercise program

#### Wound/Post-Op Care

- SN skilled assessment and observation of skin/wound status, measure weekly
- Teaching and training of disease process and symptom management
  - Diet, medication management, safety, infection control
  - Assess for pain and teach pain management strategies
  - Perform/instruct on wound care until healed or becomes chronic in status
- Post-surgical wound assessment and care