

VOLUNTEER

HOME CARE

HOME HEALTH PATIENT IDENTIFICATION CHECKLIST

HAS YOUR PATIENT EXPERIENCED ANY OF THE FOLLOWING:

- A NEW DIAGNOSIS OR EXACERBATION?**
- NEW MEDICATION OR CHANGE IN MEDICATION?**
- A RECENT HOSPITALIZATION OR ER VISIT?**
- A RECENT FALL OR DIFFICULTY WITH AMBULATION?**
- A NEED FOR SPEECH OR OCCUPATIONAL THERAPY?**
- SKIN BREAKDOWN REQUIRING WOUND CARE OR DRESSING CHANGES?**

TO MAKE A REFERRAL, call our local office to speak with a referral nurse. We are available 24 hours a day, 7 days a week to answer any questions you may have about home health criteria and whether your patient qualifies.

CMS Requirements - Homebound

One of the following:

Requires aid of supportive device, use of special transportation, or assistance of another to leave their home.

OR

Leaving home is medically contraindicated.

Both of the following:

There must exist a normal inability to leave home.

AND

Leaving home requires a considerable and taxing effort.

*Non-medical absences from home are acceptable as long as the absence is "infrequent and short in duration". Some examples include attending a religious service, a trip to the barber, or special family event.