



Home Health Agency Update/Recertification Form

Date: _____
Patient Name: _____
Agency: _____
Ordering MD: _____
Original SOC: _____

Auth #: _____
Patient #: _____
Agency Representative: _____
Primary Diagnosis: _____
Current Cert: _____ to _____

Check which applies: Update request Recertification request (**attach form 485 and/or 486**)

Discipline	Number of Visits With Initial Auth	Additional Visits Requested	Frequency
SN			
HHA			
PT			
OT			
ST			
MSW			
Other			

Skilled Nursing:

List names of new or changed meds within the last 30 days. Indicate N for new and C for changed: _____

Exacerbation of illness, new illness, trip to ER or seen by PCP (specify): _____

Was teaching completed in 30-60 days? ____ Yes ____ No; if "no," indicate reason: _____

What teaching is new or ongoing for patient or caregiver? _____

Wound Care:

Is patient or caregiver able to perform wound care? ____ Yes ____ No; if "no," indicate reason: _____

First Wound:

Type, Location and Stage of Wound: _____ Frequency: _____

Size: _____ cm x _____ cm x _____ cm

Wound Care Orders: _____

Describe Drainage and Amount: _____

Second Wound:

Type, Location and Stage of Wound: _____ Frequency: _____

Size: _____ cm x _____ cm x _____ cm

Wound Care Orders: _____

Describe Drainage and Amount: _____

Physical Therapy:

Have goals on 485/486 been met? ____ Yes ____ No; if "no," list goals that have not been met: _____



Occupational Therapy:

Have goals on 485/486 been met? ___ Yes ___ No; if "no," list goals that have not been met: _____

Speech Therapy:

Have goals on 485/486 been met? ___ Yes ___ No; if "no," list goals that have not been met: _____

Home Health Aide:

What level of care is needed for ADL or personal hygiene? **Check all that apply:**

- Minimum assistance to ambulate or transfer
- Maximum assistance, total care needed, non-ambulatory
- Moderate assistance to ambulate or transfer
- Incontinent (bowel, bladder or both)

Please list member's illness or injury that makes home health aide services reasonable and necessary:

Homebound Status:

An individual shall be considered "confined to the home" (homebound) if the following two criteria are met (select all that apply):

Criteria One—**check all that apply:**

Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence.

On the line below, please indicate which supportive device is needed (crutches, cane, wheelchair, walker); the use of special transportation (wheelchair van or ambulance); or the reason the member requires the assistance of another person to leave their place of residence.

OR

Client has a condition such that leaving his or her home is medically contraindicated

Criteria Two:

There is normal inability to leave home safely, AND leaving the home requires a considerable and taxing effort due to the following conditions—**check all that apply:**

- | | |
|--|---|
| <input type="checkbox"/> Bedbound | <input type="checkbox"/> Becomes fatigued and must rest after ambulation |
| <input type="checkbox"/> Chair fast | <input type="checkbox"/> Experiences pain that impacts ability to leave home safely |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Experiences weakness that impacts ability to leave home safely |
| <input type="checkbox"/> Senile or confused | <input type="checkbox"/> Unable to navigate stairs safely |
| <input type="checkbox"/> Dyspneic at rest | <input type="checkbox"/> Ambulation is unsteady and unsafe |
| <input type="checkbox"/> Dyspneic with minimal exertion | |
| <input type="checkbox"/> Psychiatric illness manifested by refusal to leave home (even if no physical limitations) | |
| <input type="checkbox"/> Psychiatric illness of the extent it is unsafe to leave home unattended (even if no physical limitations) | |

If recertification is anticipated, Peoples Health must receive notification, accompanied by supporting clinical information and a physician's order, two weeks prior to the end of the current certification period. If the recertification request is not received within that time frame, the authorization will be closed.