

Coming Face to Face with the Home Health FTF

A WEBINAR PRESENTED BY
HOME HEALTH FUNDAMENTALS

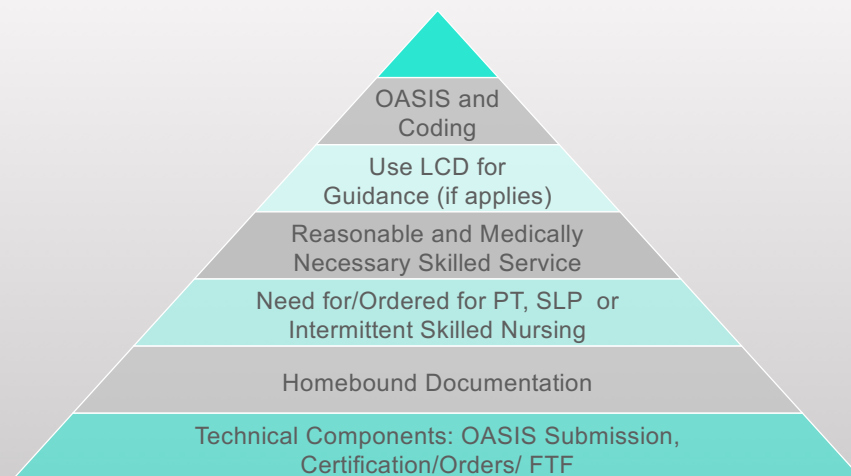
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Summer 2022



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KNOWLEDGE • EXPERTISE • COMMON SENSE

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Essential Home Health Documentation



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Medicare Home Health Benefit Defined by Chapter 7

What are the conditions?

- Patient has had a Face to Face (defined later)
- Patient must be under the care of a physician (or NP/PA/CNS as of 3/1/20)
- Patient must be homebound (Flexibilities with COVID)
- Patient must have a qualifying skilled need for SN, PT or SLP
- Care must be reasonable and medically necessary
- Care (if nursing) must be intermittent and part time

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CARES Act- Allowing NP/PA/CNS to Order and Certify Home Health

- <https://www.federalregister.gov/documents/2020/05/08/2020-09608/medicare-and-medicaid-programs-basic-health-program-and-exchanges-additional-policy-and-regulatory>
- Interim Rule updated regulations on 5/1/2020
- Chapter 7 yet to be updated
- CGS website and tools yet to be updated
- California rescinded this waiver from a state level on 9/30/21 for NP/PA to sign POC- but they have always been able to do the FTF Visit

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Intake and Admission to Support FTF

- Marketing/Intake- Ensure proper documentation is obtained from ordering provider
- Choose the “best” documentation available related to reason for home health
 - In a facility? Just needs to be a physician, NP, PA, CNS
 - Community admission? Needs to be documentation of visit by same provider who will be certifying
- Identify (write FTF, scan in with label of FTF) as the FTF visit- noting the date
- Ensure a statement on the POC/Certification states the FTF was done on xx/xx/xxxx (matching date of visit)
- Add any additional “corroborating” evidence to the POC for the provider to sign off re: homebound and medical necessity



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Five Eligibility Certification “Musts” ...

The certifying physician **or allowed provider (3/1/20)** must certify that:

- 1. The patient needs intermittent SN care, PT, and/or SLP services
- 2. The patient is confined to the home (that is, homebound)
- 3. A plan of care has been established and will be periodically reviewed by a physician **or allowed provider**
- 4. Services will be furnished while the individual was or is under the care of a physician **or allowed provider**
- 5. A face-to-face encounter
- -- The certifying physician **or allowed provider** must also document the date
- of the encounter.



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22. Goals/Rehabilitation Potential/Discharge Plans	
23. Nurse's Signature and Date of Verbal SOC Where Applicable:	25. Date HHA Received Signed POT
24. Physician's Name and Address	26. I certify/recertify that this patient is confined to his/her home 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 I have authorized the services on this plan of care and will periodically review the plan.
27. Attending Physician's Signature and Date Signed	28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.
Form CMS-485 (C-3) (02-94) (Formerly HCFA-485) (Print Aligned)	

Old vs New Certification: OLD



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Old vs New Certification: NEW

- I certify/recertify that the above stated patient is homebound and that upon completion of the FTF encounter, on (TYPE DATE HERE), has a need/continued need for intermittent skilled nursing, physical therapy and/or speech or occupational therapy services in their home for their current diagnoses as outlined in their initial plan of care. These services will continue to be monitored by myself or another physician/ **or allowed provider** who will periodically review and update the plan of care as required.



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DATE OF SERVICE: 10/26/2021

PRIMARY CARE PROVIDER: Zhi H. Huang, MD

Telephone Visit

Interpreter resource used for communication assistance was Need not met.
 I contacted the patient by phone. I verified the patient's identity by two factors, name and date of birth.
 I intend for this telephone encounter to take the place of a face-to-face visit. The risks and benefits of a telephone encounter were discussed. The patient understands the limitations of such a visit and wishes to proceed.

Attendees on the call include (include name and role): Mom

Chief Complaint
 Patient presents with

- need home health RN referral

Han Su is a 32 y.o. male with cerebral palsy/epilepsy/CKD G2/dysphagia/thrombocytopenia/hep C need a visit in order to qualify for home health care referral for RN to check pt's BP and blood test;

- would like home health RN to do flu shot;
- Pt doing fine except seizure activity not controlled as care giver wishes, less frequent of seizure. Last seizure in last night. Fu UCSF neurologist,
- severe vit D def, unable to tolerate dairy product and vit D & calcium supplement, only able to eat tofu, has tried to get more sunlight per parent;
- Care giver more work as pt unable to go to adult day care due to covid 19 pandemic. pt is enjoying stay home with parents;
- Weight 131 lb up from 129 lb;
- both bowel and urinary incontinence and wear diapers;
- home PT done and pt able to stand a little longer plus walks a few more steps, last session is last month. Parents encourage pt to do a little more walking at home, no fall;
- no choking;
- want to defer covid vac even neurologist ok to do covid vac, but still concerned about side effect of covid 19 vac due to uncontrol seizure activity.

Current Medications:

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drive.google.com/drive/u/0/shared-with-me

Home Health Codin... FreshBooks My meetings | GoT... HHVBP Connect Healthy Living at H... Home Health Agen... HOSPICE FUNDAM... Inbox (5,993) - prov... Other bookmarks Reading list

Nurse Signature and Date of Verbal SOC Where Applicable
 Digitally Signed by: Christie X Chen , RN

I certify/ recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred 10/26/2021 within timeframe requirements and it is related to the primary reason the patient requires home health services.

Primary Physician **Address**

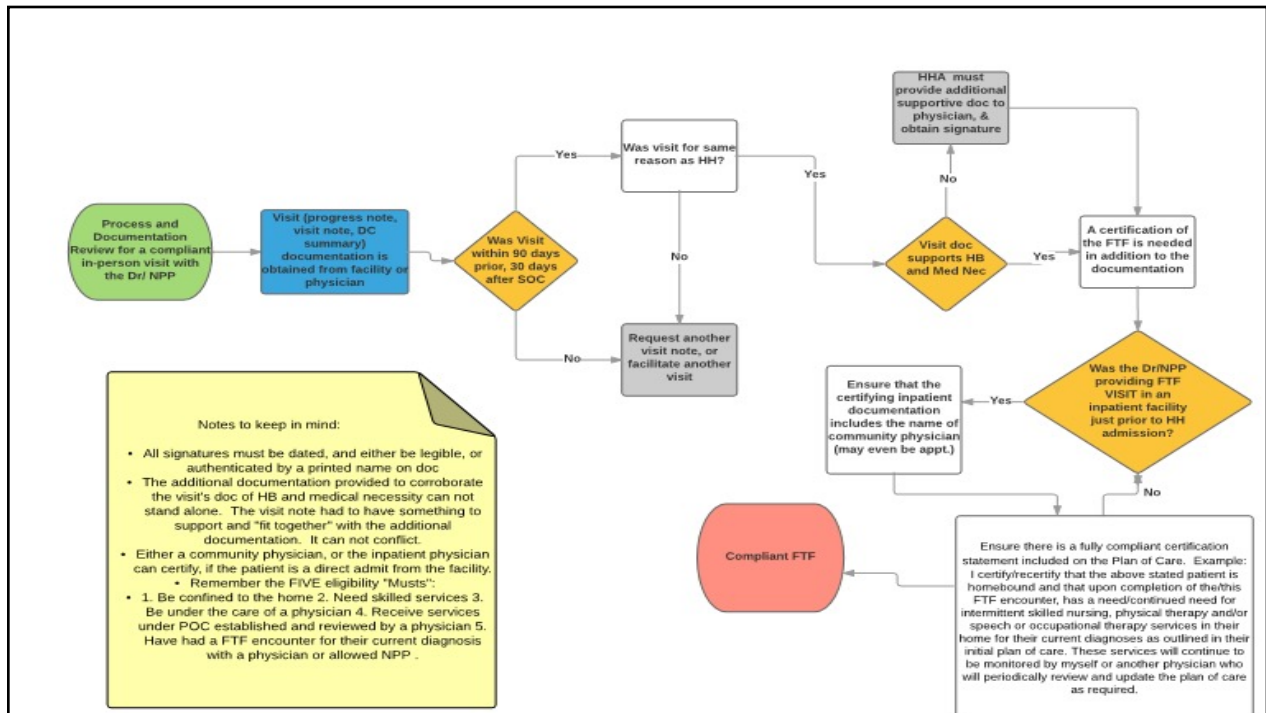
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Real Life Application

- Medical review denials for FTF
- Face to Face process reviewed
- Changed process to updated MAC expectations
 - Discontinued form
 - Ensure clinician reviews practitioner notes upon intake
 - Added certification statement with date of FTF
 - Added admission summary to the POC
- Describe where/how these technical mandates are met in the chart in your ADR cover letter if audited

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1
Ensure orders were obtained prior to services

2
Ensure all signatures are either legible or "authenticated" with a clear name on same form

3
All signatures must have credentials (MD, DO, RN, etc), or "authenticated" with printed credentials

4
All signatures must be dated by signer

5
All orders must be signed/dated prior to billing claim

POC/Certification/Orders

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Statement "1" must first be met:

1. The patient must either need physical assistance, or depend on a device, leaving the home.

Then, both "2" and "3" must be met:

2. There must also be a normal inability to leave the home.

AND

3. Leaving the home must require a considerable and taxing effort.

Homebound Law

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Homebound



- Documentation must support throughout
- Amount needed varies by type of patient
- Beware of vague descriptions
- Utilize objective, measurable language



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Real-Life Application

- Describe the homebound status using CMS verbiage in the cover letter
- “Statement one- must depend on assistance and/or assistive devices, as evidenced by _____”
- “Statement two- normal inability to leave the home and outings require a taxing effort, as evidenced by _____”



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- Must show WHY the patient NEEDS the skills
- Covers all disciplines
 - Nursing
 - Physical therapy
 - Occupational therapy
 - Speech language pathology
- When denial for nursing, top skill denied observation/assessment

Medical Necessity- A Qualifying Criteria



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Showing the Need through Documentation

Clinical Indications that Support Need for Home Health

- Patient has a new diagnosis of _____
- Patient recently had an exacerbation of symptoms related to _____
- Patient recently had the following changes in medications and/or treatments

- Patient recently hospitalized for _____
- Patient has a wound _____
- Patient has an infection requiring antibiotics _____
- Patient recently had a decline in function related to _____
- Patient recently had a decline in safe ability to perform ADLs _____
- Patient recently had a change in speech and/or swallowing _____



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Supporting Skill through Documentation

Interventions for skilled services

- Skilled nursing for assessment of symptoms related to recent changes in condition and treatments (defined)
- Skilled nursing for wound care, IV medication administration, Disease Management and Teaching on new medications, Pain Management, Ostomy/Foley Catheter/Tracheal Care
- Physical Therapy for Gait, Strength, Endurance Training, Therapeutic Exercise, Caregiver Training
- Occupational Therapy for ADL Re-training, Caregiver Training, Environmental Assessment
- Speech Therapy for Swallow Assessment, Speech Assessment and training
- Home Health Aide for Bathing, Dressing, Grooming
- Social Worker for Resources Assessment, Placement, Counseling



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Medical Necessity Documentation

- Documentation should answer question "Why Home Health, Why Now?"
 - Objective clinical evidence of patient's individual need for care
 - Progress or lack of progress
 - Medical condition
 - Functional losses
 - Treatment goals



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How Does Face to Face (FTF) Fit in Here?

- The FTF is the physician or NPP encounter- which reflects some of the clinical indications of why the patient needs home health
 - May discuss the increased s/s of CHF, COPD, Diabetes, other conditions
 - May discuss pain or new conditions
 - May discuss decreased function, falls, etc.
- The assessing clinician has the opportunity to provide more details to be incorporated into the FTF documentation
 - Details of lung sounds, level of exertion causing dyspnea, blood sugars
 - Details of wounds, pain assessments, medication compliance and understanding, side effects, etc.
 - Details of new risk for falls, inability to care for self due to declines
- Included on 485 and when signed by certifying clinician, becomes doctor record for FTF



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The “What If’s” ...

- What if the reason for home health is not related to the visit notes provided?
 - ALF- patient had fall, new wound, etc
- What if the patient was seen by the NP, but the orders came from the physician?
 - Finally trained, then the rules change!
- What if the patient is GOING to get their FTF done, but has not yet had it?
 - Waiver allows telehealth- set up appointment and facilitate it!
 - Hold the POC until the date can be confirmed- and then send with full FTF certification statement on the POC/Certification



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Questions?

Thank you!



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