

OASIS Alert

Documentation: Nail Down Home Care Benefit Eligibility

Use this checklist from one HHH MAC to guide your eligibility assessments.

Before you conduct the comprehensive assessment and complete the OASIS, the initial assessment visit must take place. This first visit determines a patient's immediate needs for care and support, but it also establishes his eligibility and homebound status. Make sure you're able to identify situations when patients qualify for home care, and when they don't.

Use these reasons for skilled service need and tips on documenting them from HHH Medicare Administrative

Contractor **Palmetto GBA** to help inform your identification process and strengthen your documentation:

- 1) New onset or acute exacerbation of diagnosis (include documentation to support signs and symptoms and the date of the new onset or acute exacerbation).
- 2) New and/or changed prescription medications. Palmetto defines new medications as those the beneficiary has not taken recently, i.e., within the last 30 days. Changed medications are those which have a change in dosage, frequency, or route of administration within the last 60 days.
- 3) Hospitalizations (include date and reason).
- 4) Acute change in condition (be specific and include changes in treatment plan as a result of changes in medical condition, e.g., physician contact, medication changes).
- 5) Changes in caregiver status or an UNSTABLE CAREGIVING situation (e.g., involvement of many services or community resources, unsafe or unclean environment which interferes with putting the plan into action).
- 6) Complicating factors (i.e., simple wound care on lower extremity for a beneficiary with diabetic peripheral angiopathy).
- 7) Inherent complexity of services. You must show why the services can be safely and effectively provided only by a skilled professional.
- 8) Lack of knowledge or understanding of the beneficiary's care, which requires initial skilled teaching and training of a beneficiary, the beneficiary's family or caregiver on how to manage the beneficiary's treatment regime.
- 9) Reinforcement of previous teaching when there is a change in the beneficiary's physical location (i.e., discharged from hospital to home).
- 10) Any type of re-teaching due to a significant change in a procedure, the beneficiary's medical condition, when the beneficiary's caregiver is not properly carrying out the task, or other reasons which may require skilled re-teaching and training activities.
- 11) The need for a nurse to administer an injection of a self-injectable medication such as insulin or Calcimar. Clinical documentation needs to indicate: (a) the beneficiary's inability to self-inject and the non-availability of a willing/able caregiver, (b) the appropriate diagnosis to warrant administration of the medication, (c) laboratory results (if required to meet Medicare criteria), and (d) dosage of the medication.
- 12) The need for foley/suprapubic catheter changes and/or assessment/instruction regarding complications.

- 13) The need for gastrostomy tube changes and/or assessment or instruction about complications.
- 14) The need for administration of IM/IV medications based on medical necessity, supporting diagnosis, and accepted standards of medical practice.
- 15) Dressing changes for complicated wound care including documentation (at least weekly) of wound location, size, depth, drainage, and complaints of pain.
- 16) The need for management and evaluation of a complex care plan. Answering "yes" to the following questions may be helpful in determining this need:
- Is the patient at HIGH RISK for hospitalization or exacerbation of a health problem if the plan of care is not implemented properly (e.g., multiple medical problems or diagnosis, limitations in activities of daily living or mental status, cultural barriers, history of repeated hospitalizations)?
 - Does the patient have a COMPLEX, UNSKILLED care plan (e.g., many medications, treatments, use of complex or multiple pieces of equipment, unusual variety of supplies)?
 - Is there an UNSTABLE CAREGIVING situation (e.g., involvement of many services or community resources, unsafe or unclean environment) that interferes with putting the plan of care into action)?
 - Does it require the skills of a registered nurse or a qualified therapist to ensure safe and appropriate implementation of the plan of care?

Note: Palmetto's latest top 10 denials and advice for avoiding them are at www.palmettogba.com/Palmetto/Providers.Nsf/files/Dec_2011_Medicare_Advisory_J11HHH_Final_Web.pdf/File/Dec_2011_Medicare_Advisory_J11HHH_Final_Web.pdf.

Note: For more tips and strategies on running a successful home health agency, see Eli's Home Care Week. Information on subscribing is online at www.elihealthcare.com or by phone at 1-800-874-9180.