Home Care Face-to-Face Encounter Certification

all five steps are required

Patient Name:_____ DOB:_____

I CERTIFY THAT A FACE-TO-FACE ENCOUNTER WAS PERFORMED ON THE ABOVE NAMED PATIENT

① Encounter Date:_____ By:_____

Must be 90 days prior or within 30 days of admission to home care

includes a nurse practitioner, physician assistant or certified nurse midwife under the supervision of a physician.

② Encounter with the patient was necessitated by the following medical condition(s), which is the primary reason for home health care (list medical conditions):

_____

_____

Reason face-to-face encounter occurred (hospitalization, medication, treatment, procedure, modalities, etc.....)

The following clinical findings support that the patient is homebound (homebound means that there exists a normal inability to leave home, and consequently, leaving home requires considerable and taxing effort) and that the patient needs intermittent skilled nursing and/or therapy. The patient is under my care, and I have initiated the establishment of the plan of care. The patient will be followed and the plan of care will be reviewed. If another community-based physician is involved in the patients care, these findings in this face-to-face encounter have been communicated. I have also provided the agency additional information to support the patient's homebound status and need for skilled care. (examples of this information could include physician progress notes, discharge summaries, history and physical forms, operative reports, referral orders, etc)

③ Homebound due to:

Explain why the patient's condition results in a normal inability to leave home or why leaving home requires a considerable and taxing effort

_____

_____

Based on the above findings, the following are medically necessary home care services (complete all that apply):

RN for_____ HHA for_____

PT for_____ MSW for_____

OT for_____ ST for_____

This form can be completed by a clinical nurse specialist, PA, NP or ordering physician.

⑤ _____ _____ _____

Physician Signature Printed Name Date

Fax Completed form to (313) 556-2225