

DOCUMENTATION REQUIREMENTS FOR:

**Home Health Services Provided by Home Health Agencies
(skilled and aide visits, private duty nursing and personal care services)**

Important Notice: All supporting documentation must meet AHCA requirements, be maintained in the recipient's medical record and submitted with the review request.

ADMISSION REVIEW (INITIAL AUTHORIZATION)		
SERVICE	DOCUMENTATION	REQUIRED WHEN:
Skilled or Aide Visits PDN	Nursing Assessment (Results)	<ul style="list-style-type: none"> ▶ Must be signed and dated by the individual who performed the assessment. ▶ For recipients age 18 and older, the OASIS is acceptable.
Skilled or Aide Visits PDN PCS	Physician order for services	Required with each admission review request. <ul style="list-style-type: none"> ▶ Must be a separate document. ▶ Must be signed and dated by the ordering physician before or on the date of the plan of care and prior to care coordination. ▶ A physician must co-sign and date orders made by a PA or ARNP.
Skilled or Aide Visits PDN PCS	Plan of Care (POC)	Required with each admission (initial authorization) review request. <ul style="list-style-type: none"> ▶ Independent PCS providers are required to use the Personal Care Service Plan of Care Form. ▶ Must be developed prior to care coordination. ▶ Must be signed and dated by the ordering physician. (eQHealth will accept the signed POC or an unsigned POC with appropriately documented verbal order.)
Skilled or Aide Visits PDN PCS	Physician monitoring evidence	Required with each admission review request. Acceptable documents: <ul style="list-style-type: none"> ▶ Hospital discharge summary (for initial requests for home health services following an inpatient stay) ▶ Current H&P examination. ▶ AHCA's Physician Visit Documentation Form.
PCS	Parent/guardian work schedule	Required for admission review when the recipient's parent(s) or guardian works.
PCS	Parent/guardian school schedule	Required for admission review when the recipient's parent(s) or guardian attends school.
PCS	Parent/guardian limitations	Required for admission review when the recipient's parent(s) or guardian has medical limitations or disabilities.

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PDN	Proof of AHCA approval of nursing services provided by a parent	Required if nursing services are provided by a parent. <ul style="list-style-type: none"> ▶ Authorization for Private Duty Nursing Provided by a Parent or Legal Guardian, AHCA Form 5000-3541, Revised February 2013.
PDN PCS	DCF/CMS Assessment	Upon eQHealth request, for children enrolled in the CMS Network
PDN PCS	Proof that services are unavailable through the school.	Documentation required for children attending school.
CONTINUED STAY REVIEW		
SERVICE	DOCUMENTATION	REQUIRED WHEN:
Skilled or Aide Visits PDN	Nursing Assessment	<ul style="list-style-type: none"> ▶ Must be signed and dated by the individual who performed the assessment. ▶ For recipients age 18 and older, the OASIS is acceptable.
Skilled or Aide Visits PDN PCS	Physician order for services (current)	Required for each continued stay review or upon request by eQHealth Solutions. <ul style="list-style-type: none"> ▶ Must be current for the services and service timeframe requested. ▶ Must be a separate document. ▶ Must be signed and dated by the ordering physician before the plan of care is developed and prior to care coordination. ▶ A physician must co-sign and date orders made by a PA or ARNP.
Skilled or Aide Visits PDN PCS	Plan of Care (active/current)	Required with each continued stay review request when the previous POC is expired or upon request by eQHealth Solutions. <ul style="list-style-type: none"> ▶ The POC must be developed prior to the end of the current certification period and prior to care coordination. ▶ Must be signed and dated by the ordering physician.
Skilled or Aide Visits PDN PCS	Physician monitoring evidence	Required with each continued stay review request. Acceptable documents: <ul style="list-style-type: none"> ▶ Current H&P examination. ▶ AHCA's Physician Visit Documentation Form.
PCS	Parent/guardian work schedule	Required for continued stay review: <ul style="list-style-type: none"> ▶ Because of a change in the schedule, or

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		<ul style="list-style-type: none"> ▶ Because of an eQHealth request for updated information.
PCS	Parent/guardian school schedule	<p>Required for continued stay review:</p> <ul style="list-style-type: none"> ▶ Because of a change in the schedule, or ▶ Because of an eQHealth request for updated information.
PCS	Parent/guardian limitations	<p>Required for continued stay review:</p> <ul style="list-style-type: none"> ▶ Because of a change in the limitation(s), or ▶ Because of an eQHealth request for updated information.
PDN PCS	DCF/CMS Assessment	<ul style="list-style-type: none"> ▶ Upon eQHealth request, for children enrolled in the CMS Network, or ▶ If another assessment was performed.
PDN	Proof that services are unavailable through the school.	Documentation required for children attending school.
MODIFICATION REVIEW (FOR CHANGE IN CLINICAL CONDITION)		
SERVICE	DOCUMENTATION	REQUIRED WHEN:
Skilled or Aide Visits PDN	Nursing Assessment	<ul style="list-style-type: none"> ▶ Must be signed and dated by the individual who performed the assessment. ▶ For recipients age 18 and older, the OASIS is acceptable.
Skilled or Aide Visits PDN PCS	Physician order for services	<p>Required with each modification review request.</p> <ul style="list-style-type: none"> ▶ The <u>current</u> order for the authorized period showing the changes must be submitted. ▶ Must be a separate document. ▶ Must be signed and dated by the ordering physician before the POC is developed and prior to requesting the modification. ▶ A physician must co-sign and date orders made by a PA or ARNP.
Skilled or Aide Visits PDN PCS	Plan of Care (active)	<p>Required with each modification review request.</p> <ul style="list-style-type: none"> ▶ Must be updated <u>prior to</u> requesting the modification of services. ▶ Must be signed and dated by the ordering physician.
PCS	Parent/guardian work schedule	<p>Required for a modification review if parent/guardian works:</p> <ul style="list-style-type: none"> ▶ And there is a change in the schedule, or ▶ Because of an eQHealth request for updated information.
PCS	Parent/guardian school schedule	<p>Required for a modification review if parent/guardian attends school:</p> <ul style="list-style-type: none"> ▶ And there is a change in the schedule, or ▶ Because of an eQHealth request for updated information.

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PCS	Parent/guardian limitations	Required for a modification review: <ul style="list-style-type: none"> ▶ Because of a change in the limitation(s), or ▶ Because of an eQHealth request for updated information.
PDN PCS	DCF/CMS Assessment	<ul style="list-style-type: none"> ▶ Upon eQHealth request, for children enrolled in the CMS Network, or ▶ If another assessment was performed.
PDN PCS	Proof that services are unavailable through the school.	Documentation required for children attending school.
RETROSPECTIVE REVIEW RECIPIENT DISCHARGED PRIOR TO ELIGIBILITY DETERMINATION.		
SERVICE	DOCUMENTATION	REQUIRED WHEN:
Skilled or Aide Visits PDN	Nursing Assessment(s) - All	Required for retrospective review. <ul style="list-style-type: none"> ▶ All assessments must be submitted. ▶ Must meet AHCA's policy requirements.
Skilled or Aide Visits PDN PCS	MD Order for Services- All	Required for retrospective review. <ul style="list-style-type: none"> ▶ Must be current for the timeframes during which services were provided. ▶ Must be separate documents. ▶ Must be signed and dated by the ordering physician before the plans of care were developed. ▶ Must be co-signed and dated if the orders were made by a PA or ARNP
Skilled or Aide Visits PDN PCS	Plan(s) of Care - All	Required for retrospective review. <ul style="list-style-type: none"> ▶ Must be submitted for the timeframe for which authorization is requested.
HH Visits (Skilled or aide) PDN PCS	Physician monitoring evidence	Required for retrospective review. Evidence must indicate that the physician examined the recipient within <u>30 days preceding</u> the start of services and that the recipient was monitored at least every 180 days. Acceptable Documents: <ul style="list-style-type: none"> ▶ Hospital discharge summary (for initial requests for home health services following an inpatient stay) ▶ Current H&P examination. ▶ AHCA's Physician Visit Documentation Form.
PCS	Parent/guardian work schedule	Required for retrospective review, if applicable. <ul style="list-style-type: none"> ▶ Required for entire timeframe for which prior authorization is requested.

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PCS	Parent/guardian school schedule	Required for retrospective review, if applicable. ▶ Required for entire timeframe for which prior authorization is requested.
PCS	Parent/guardian limitations	Required for retrospective review, if applicable. ▶ Required for entire timeframe for which prior authorization is requested.
PDN PCS	DCF/CMS Assessment	▶ Upon eQHealth request, for children enrolled in the CMS Network. ▶ All assessments performed during the requested time period.
PDN PCS	Proof that services are unavailable through the school.	▶ Documentation required for children attending school. ▶ Required for the entire requested time period.

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