

DOCUMENTATION GUIDANCE FOR COVID-19 – Home Health

THE FOLLOWING OUTLINES DOCUMENTATION GUIDANCE THAT CAN BE USED TO ADDRESS VARIOUS SCENARIOS THAT YOU MIGHT ENCOUNTER DURING A TIME OF NATIONAL STATE OF EMERGENCY AND PANDEMIC. THE GUIDANCE BELOW IS NOT ALL ENCOMPASSING AND YOU MAY EXPERIENCE A SCENARIO THAT IS NOT ANTICIPATED BELOW. IT IS INTENDED THAT YOU USE THE GUIDANCE BELOW TO ADDRESS YOUR SPECIFIC SCENARIO BY ADDING PATIENT AND COMMUNITY SPECIFIC DETAILS.

Home Health

Scenario	Visit Note	Documentation Considerations	Orders
Treatment withheld due to patient/family request but discharge is not appropriate because patient has not yet been diagnosed with COVID 19. Plan to resume treatment once concerns are addressed.	Missed visit note and coordination of care required for each date patient was scheduled for skilled treatment. Ex: "Treatment withheld this date due to patient/family request in response to COVID 19. Pt to be screened/evaluated and treatment to resume once cleared."	Include all required components of missed visit, rationale, reasoning, who spoke to with MD, coordination or care between IDT team.	Verbal order required – call to inform MD of missed visit or hold order.
Patients discharged due to positive COVID 19 diagnosis	Discharge summary without a visit or OASIS discharge if last discipline involved. "Pt. with positive COVID 19 diagnosis. Patient to be discharged from all skilled therapy treatment and placed on strict isolation precautions. Will evaluate once Pt. has been medically cleared as indicated."	Discharge Summary must include detailed information about progress from SOC through discharge as well as statement regarding why the patient is being discharged from skilled treatment and detailed recommendations for continuity of care. Ex. Reason for Discharge: "Pt. with positive COVID 19 diagnosis. Treatment to be discharged from all skilled therapy treatment and placed on strict isolation precautions. Will evaluate once Pt. has been medically cleared as indicated. Recommend [detailed recommendations specific to patient]."	Communicate with agency and physician regarding discharge recommendations and document all coordination of care with relevant details including date, time, who you spoke with.
Patients discharged due to agency choice to not allow clinicians in the community to provide therapy	Discharge summary without a visit or OASIS discharge if last discipline involved. "Skilled (ST/PT/OT) services have been discharged at the request of [FACILITY] due to the National State of Emergency as a result of COVID-19. New Evaluation will be completed as appropriate once restrictions are lifted."	Discharge Summary must include detailed information about progress from SOC through discharge as well as statement regarding why the patient is being discharged from skilled treatment and detailed recommendations for continuity of care. "Pt with positive COVID 19 diagnosis. "Skilled (ST/PT/OT) services to be discharged at the request of [FACILITY] due to the National State of Emergency as a result of COVID-19. New evaluation will be completed as appropriate once restrictions are lifted. Discharge recommendations include [detailed recommendations specific to patient]."	Communicate with agency and physician regarding discharge recommendations and document all coordination of care with relevant details including date, time, who you spoke with.

**Reminder that the HHCCN, Form CMS-10280 may apply and is used to notify Original Medicare beneficiaries receiving home health care benefits of plan of care changes. HHAs are required to provide written notification to beneficiaries before reducing or terminating an item and/or service.

