**Recertification Review Checklist**

Main head

* Main:
  + Client information section: Type is correctly listed for the service the patient is receiving
  + Unsigned Comprehensive Assessment in Attachments
* Contacts: There is an emergency contact listed with contact information present
* Activities: Future visit dates have been entered
* Activities: Communication notes are entered and QA completion

Green admission tab

* Medications: All medication indications match a diagnosis
* Medications: All skilled patient meds have scheduled times to be given

Yellow POC tab

* Intake 1: Height/Weight match comprehensive assessment
* Intake 2: All sections on this tab have been compared to the comprehensive assessment and match
* Diagnosis: all diagnoses have an onset date & primary diagnosis is the driving force for homecare.
* Orders
  + Includes frequency and duration of service with cost estimate
  + All safety measures in intake-2 are listed within the orders
  + Education and Care Coordination are listed
  + Each discipline has specific orders listed as applicable
    - Skilled orders are separated by body systems and are outlined with specific orders for nurse to follow, as well as call orders for abnormal findings
  + Updated 60-day summary present
    - Vitals listed, gives background on the last 60 days: changes, updates, hospitalizations/Er visits, med changes, PCG involvement, etc. (summary on comp assessment should match this summary)
* Goals:
  + All are measurable with status at recert, and agency intervention to assist patient in meeting the goal.
  + Measurable personal goal listed with agency intervention
  + Patient strengths are listed
  + Verbal SOC Date matches the date the VSOC was given
* Service plan (HHA cases only):
  + All tasks have a frequency associated to them.
  + Each ordered task has an individualized comment entered
  + No PRN tasks listed
  + Any precaution listed in intake 2 safety measures are listed on the service plan
  + Verify all HHA tasks listed on POC orders (under HHA to assist with ADL’s such as shower, hair care, etc.) are listed on service plan
  + Service plan has been published
* Order tracking:
  + Ensure VSOC has been entered for new cert period. If late, check for communication notes that RN has attempted to call MD multiple times
  + New meds are listed on order and med interaction report ran within 24 hours
* Attachments:
  + Original orders (VSOC signed, dated, and timed by RN)
  + Home Observation Tool
  + Signed and Dated Med List
  + Patient Medicaid Eligibility

\_\_ Admission Attachments

* Admission Packet (Consent frequency and duration match what is ordered)
* Patient Handbook Consent Form
* BAA, if applicable
* DNR Documents, if applicable
* Forms: Braden and SV completed