

Home Health Face-to-Face (F2F) Encounter Guidance

Purpose:

The purpose of this guidance is to assist the Physician, and/or the Medicaid allowed Non-Physician Practitioner (NPP)*, with documenting patient eligibility for home health services. The Face-to-Face Encounter Form should be placed in the patient's medical record. The Face-to-Face Encounter Form must be included in the prior authorization request documentation sent from the Home Health Agency (HHA) provider to Louisiana Medicaid.

The completion of this form alone will not substantiate eligibility for the Medicaid Home Health benefit.

Medicaid Home Health Services Patient Eligibility Certification Requirements:

The face-to-face encounter is one of several requirements for the initial certification of eligibility for Medicaid home health services. For the initial certification of eligibility for Medicaid home health services, a physician must certify (attest) that the patient meets all of the following criteria:

1. The patient needs skilled services,
2. The patient is under the care of a physician,
3. The patient is receiving home health services while under a plan of care established and reviewed by a physician; and
4. The patient has had a face-to-face encounter that:
 - occurred no more than 90 days prior to the home health start of care date;
 - is related to the primary reason the patient requires home health services; **and**
 - was performed by a physician or allowed non-physician practitioner.

The certifying physician must also document the date of the face-to-face encounter, regardless of whether the face-to-face encounter was conducted by the certifying physician or an NPP.

Who Can Complete the Face-to-Face Encounter Form:

The following practitioners are eligible to satisfy the face-to-face encounter requirement described in #4 above and may complete this form:

1. The physician who certifies the patient's eligibility for home health benefit/services;
2. A physician, with privileges, who cared for the patient in an acute or post-acute care facility from which the patient was directly admitted to home health; or
3. A Medicaid allowed NPP*, defined as a nurse practitioner, clinical nurse specialist, certified nurse midwife or a physician assistant (as those terms are defined in section 1861(aa)(5) of the Social Security Act).

The Home Health agency cannot complete this form and send to the physician for his or her signature.

The Patient's Medical Record is the Basis for Certification:

The certifying physician shall use the patient's medical record as a basis for certification of eligibility for home health services. Therefore, in cases where an eligible entity other than the certifying physician completes the face-to-face encounter, the certifying physician may review, sign-off (evidencing his/her review) and incorporate the completed form into the patient's medical record held by the certifying physician.

Face-to-Face (F2F) Encounter

Patient:

First Name: _____ Last Name: _____ Date of Birth: __/__/____

Name of physician or Medicaid allowed non-physician practitioner (NPP)* who performed the face-to-face encounter: _____

Date of encounter: __/__/____

Is this face-to-face encounter with the patient related to the primary reason the patient requires Home Health Services? ____ Yes . ____ No . (Please check one :)

Subjective:

Patient's Chief Complaint:

☐ Check if not completing a history and physical during the face-to-face encounter.

History of Present Illness:

Pain Assessment:

Location: _____

Quality: ☐ aching ☐ burning ☐ radiating ☐ other: _____

Severity: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Duration: ☐ 1 day ☐ 2 days ☐ 3 days ☐ other: _____

Timing: ☐ constant ☐ intermittent ☐ time of day? _____

Context: better/worse ☐ at work ☐ rest ☐ sleep ☐ other: _____

Moderating Factors: better/worse with ☐ heat ☐ ice ☐ other: _____

Associated Signs/Symptoms: _____

Medical History: _____

Surgical Procedure(s) History: _____

Allergies: _____

Current Medications: _____

Objective:

Vital Signs: T= _____ P= _____ R= _____ BP= _____ / _____ Height= _____ Weight= _____

General Appearance _____

Objective Findings _____

Assessment:

Plan/Orders:

Plan for Home Health Services:

☐ This patient requires **Skilled Nursing Services:** (specify services needed.)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

PRINTED NAME

DATE _____

* Medicaid allowed NPP: Physician assistant, nurse practitioner, clinical nurse specialist or certified nurse midwife who is working in accordance with State law and in collaboration with the certifying physician or in collaboration with an acute or post-acute care physician with privileges who cared for the patient in the acute or post-acute care facility from which the patient was directly admitted to home health.