

POLICY: Reassessment (re-evaluation of the patient's current status and health care needs) occurs periodically during the course of care.

Patients who require continued home health services and continue to meet coverage criteria will be recertified for an additional 60 days with physician orders.

PURPOSE: To ensure the reassessment process is ongoing throughout the patient's contact with the organization and is triggered at key points in the care or service process as well as at other intervals specified by the organization or in accordance with law and regulations.

To provide continued care with medically necessary skilled services through recertification, when appropriate.

PERSONNEL: RNs, Therapists

PROCEDURE:

- I. Reassessment is performed by RNs or qualified therapists at each visit performed by that discipline. The agency must promptly alert the relevant physician(s) to any changes in the patient's conditions or needs that suggest that outcomes are not being achieved and/or that the plan of care (POC) should be altered. Based on identified changes to the patient's health status, the physician is contacted to approve additions and modifications to the POC.
- II. When home health services are provided by a certified agency, the comprehensive assessment including OASIS is required for all Medicare patients. The comprehensive assessment is also required for all non-Medicare patients served by a certified agency, but OASIS is not a required component of the comprehensive assessment for these patients.
- III. The individualized POC must be reviewed and revised by the physician who is responsible for the home health plan of care as frequently as the patient's condition or needs require, but no less frequently than once every 60 days, beginning with the start of care date. Comprehensive reassessment by the appropriate professional (RN or qualified therapist) will be performed:
 - A. Within 48 hours of (or knowledge of) patient's discharge from an inpatient facility stay of 24 hours or longer for reasons other than diagnostic testing, or on a physician-ordered Resumption of Care date [OASIS Resumption of Care or other non-OASIS comprehensive assessment];
 - B. When there is a significant change in condition. A significant change in condition is defined as a "major decline or improvement in the patient's health status" that was not envisioned in the original plan of care. This assessment is performed to re-evaluate the patient's condition, allowing revision to the patient's POC. Physician's orders would be obtained for new treatments, diagnoses, etc., as applicable [OASIS Other Follow-up or other non-OASIS comprehensive assessment];
 - C. For recertification, the comprehensive assessment visit must be performed

between days 56 and 60 of each episode [OASIS Recertification Follow-up or other non-OASIS comprehensive assessment].

1. Prior to the end of the certification period, the nurse or qualified therapist shall communicate with the physician regarding the need for recertification and continued home health services for the patient.
2. If the determination is made that the patient will be recertified, a RN or qualified therapist shall evaluate the continuing needs by performing the comprehensive assessment at a home visit. The assessment shall include a drug regimen review with an updated list of medications for the Plan of Care. If the patient had been transferred into an inpatient facility and is discharged from the facility in the 5-day recertification time frame, the RN will perform the Resumption of Care comprehensive assessment (rather than the Recertification Follow-up).
3. If at recertification, the physician orders continuation of therapy services, the qualified therapist(s) will coordinate with the physician for new therapy orders utilizing current evaluation data and information.
4. If recertification is appropriate, the RN or qualified therapist documents the date that the verbal order to recertify was received in Field 23 on the Plan of Care
5. When recertifying the patient who is receiving home health services under the Medicare benefit, the physician must include an estimate of how much longer skilled services will be required. The oral or written physician's estimate statement must be included in the clinical record and may not be the agency's estimate.
6. Recertification is not appropriate if:
 - a. The only services needed by the patient are medical social services;
 - b. The only services needed by the patient are HCA services;
 - c. The only skilled nursing service needed is venipuncture; or
 - d. The patient is no longer eligible for the services (for example, when a Medicare patient is no longer homebound).

IV. Reassessment by a qualified therapist will be performed:

- A. Prior to recertification for therapy-only patients;
- B. At least every thirty (30) days while a portion of the therapy services are performed by a therapy assistant;
- C. Comprehensive assessment time points, as applicable. Therapists may collaborate with an RN to complete the drug regimen review portion of the comprehensive assessment.

V. A revised POC must reflect current information from the patient's updated comprehensive assessment, and contain information concerning the patient's progress toward the measurable outcomes and goals identified by the Agency and patient in the POC.

VI. Revisions to the POC must be communicated as follows:

- A. Any revision to the POC due to a change in patient health status must be

- communicated to the patient, representative (if any), caregiver, and all physicians issuing orders for the home health POC.
 - B. Any revisions related to plans for the patient's discharge must be communicated to the patient, representative, caregiver, all physicians issuing orders for the home health POC, and the patient's primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the agency (if any).
- VII. Reassessment components may include, but are not limited to, the following (as appropriate for the patient):
- A. OASIS data elements integrated within the assessment;
 - B. Other non-OASIS comprehensive assessment elements;
 - C. Medication list update (drug regimen review);
 - D. Safety needs;
 - E. Functional limitations;
 - F. Knowledge deficit, continued teaching needs and response to teaching;
 - G. Need for continued medically necessary skilled services and need for additional disciplines;
 - H. Progress toward completion of goals;
 - I. Response to treatment;
 - J. Terminal patients' needs: such as treatment for pain, secondary symptoms, psychosocial issues, spiritual concerns, and respite needs of caregivers;
 - K. Nutritional needs.
- VIII. Reassessment for the collection of OASIS data or other comprehensive assessment must be performed during the specified time frames designated for each time point, and documentation must be submitted in a timely manner, according to Agency policy.