

**Addendum to 485 Plan of Care  
Face-to-Face Encounter Documentation MR# \_\_\_\_\_**

**Please complete all blanks.**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I certify I had a face-to-face encounter on \_\_\_\_\_  
Month Day Year

State why the patient needs to be restricted to home during this time. (Note: patient can still leave home for medical care, church or short, infrequent outings.)

\_\_\_\_\_  
\_\_\_\_\_

For each service you order(ed), state why the patient needs care by the discipline:

Nursing \_\_\_\_\_

Physical Therapy \_\_\_\_\_

Speech Therapy \_\_\_\_\_

*You may order additional home health services, but the above disciplines qualify the patient for receipt of skilled home health.*

\_\_\_\_\_  
Signature NP/PA (if encounter performed by NP or PA)

\_\_\_\_\_  
NA/PA Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature (must co-sign NP/PA signature)

\_\_\_\_\_  
Physician Printed Name

\_\_\_\_\_  
Date

Please fax completed form to the Athens Regional Home Health at (706)475-5570.

## F2F: Examples

### Why does the patient need to be restricted to home?

- (List diagnosis, i.e. COPD); leaving home makes symptoms worse
- (List diagnosis, i.e. knee replacement); has painful ambulation, needs help of DME or another person
- (List diagnosis, i.e. infection); medically restricted to home due to infection

### Why Nursing might be needed:

- Teach how to manage meds
- Teach about disease process
- Administer and teach patient how to give IV meds
- Wound care
- Catheter care/other tube care

### Why Physical Therapy might be needed:

- Restore function
- Evaluate and treat for (*disease process*)
- Improve ambulation
- Ultrasound therapy/other modalities
- Improve safety in home
- Reduce patient fall risk

### Why Speech Therapy might be needed:

- Evaluate and treat for (*disease process*)
- Improve speech function
- Improve swallowing function

### Use of a Discharge Summary, office note or referral documentation:

**Q: If an agency accepts face-to-face encounter documentation in the form of a discharge summary or referral that includes all of the required elements, would that meet the requirements?**

A: The regulatory language reads that “the documentation... must be clearly titled, dated and signed by the certifying physician,” therefore the discharge summary or referral must be ... clearly titled and dated as a face-to-face encounter.

**(Source: May 12, 2012 CMS Clarifications regarding Face-to-Face)**