

IF IT TAKES A TAXING EFFORT TO LEAVE THEIR HOMES AND YOUR PATIENTS HAVE HAD...

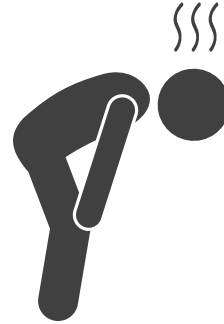
2 OR MORE
FALLS IN THE
LAST YEAR



5 OR MORE
CURRENT
MEDICATIONS

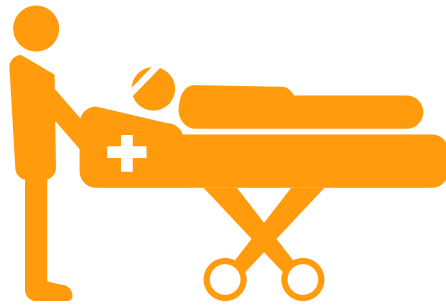


2 OR MORE
HOSPITALIZATIONS
IN THE PAST 6 MONTHS



REPORTS OF
EXHAUSTION
CURRENTLY

2 OR MORE ER
VISITS IN THE
PAST 6 MONTHS



UNINTENTIONAL
LOSS OF 10 OR
MORE POUNDS
IN THE LAST YEAR



MENTAL, EMOTIONAL,
OR BEHAVIORAL STATUS DECLINE
IN THE PAST 3 MONTHS



DIFFICULTY WITH MEDICAL
INSTRUCTION COMPLIANCE
IN PAST 3 MONTHS INCLUDING DIET,
EXERCISE, OR MEDICATIONS

Your Patients May Qualify for Home Health Care!

**Contact Ready2Nurse
for a complimentary
consultation.**



(408) 296 - 9009

Above info per CMS Oasis M1033 Risk for Hospitalization



REQUIREMENTS FOR HOME HEALTH SERVICE

HOMEBOUND STATUS

INCLUDES HAVING AT LEAST 1
OF THE FOLLOWING

MEDICAL
RESTRICTIONS

RESIDUAL
WEAKNESS

TAXING EFFORT TO LEAVE HOME

IS BEDRIDDEN

UNSAFE TO LEAVE
HOME UNASSISTED

DEPENDENT UPON
SUPPORTIVE DEVICE(S)

REQUIRES
ASSISTANCE
FOR MOST
TO ALL
OF ADLS

SHORTNESS
OF BREATH
ON EXERTION



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C: (408) 296 - 9009

F: (530) 213 - 5566



FACE TO FACE REQUIREMENT:

Referring provider
must see patient
within 90 days before
or 30 days after start
of home health care

WRITING HOME HEALTH ORDERS

Please include:

- ICD 10 diagnoses
- Ordering of services such as Skilled Nursing services for home health evaluation and treatment
- Specify start of care date, if any
- Last clinical note including demographics, insurance, medications, labs, and allergies
- MD's signature

Each referral is
valid for 60 days.

