

HHCCN

Home Health Change of Care Notice: Complete this form when items and/or services will be reduced or will no longer be provided, whether for financial reasons or other stated reasons. Use with a change in the original POC that reduces or terminates a service (though not all of the services)

Must be issued prior to the HHA reducing or discontinuing care listed in the beneficiary's plan of care:

- Traditional Medicare ONLY
- Physician ordered change in the plan of care or a lack of orders to continue the care previously provided (first check box)
- For administrative reasons specific to the HHA on that occasion(second checkbox); or
- F2F not done by 30 days (second check box)
- Should be delivered far enough in advance of the care change so that the beneficiary may pursue alternatives to continue receiving the care noted on the HHCCN
- Immediate issuance is allowed in unforeseen circumstances like agency staffing shortage or a dangerous home situation

Exceptions:

- Increase in care
- Changes in the HHA personnel
- Changes in expected arrival time or departure time
- Changes in brand of product
- Change in duration of services that has been included in the plan of care

Examples to check box one:

- Physician reduces the orders or supplies (even if we ask the physician for the orders)
- There is a decrease in the ordered frequency of visits and supplies that was not on the original orders

Examples to check box two:

- Noncompliance
- Unsafe environment
- Patient does not comply with F2F requirement
- Agency reasons (for example staffing shortage)

Triggering Events due to physician change:

- The plan of care lists wound care every day. The provider writes a new order to decrease wound care to every other day
- The plan of care lists wound care 2x week. The provider writes a new order to discontinue all wound care

Triggering Events due to Home Health Agency reasons:

- PT services are ordered 4x week in the plan of care. The agency has an unexpected staffing shortage and can only provide PT 2x week
- PT services are ordered 4x week in the plan of care. The agency has lost PT staff and can no longer provide PT services
- Agency has initiated care for a beneficiary, but the beneficiary has not obtained the required F2F document in the required time frame and the agency does not feel that the requirement will be met