

RECERTIFICATION/DISCHARGE CRITERIA CHECKLIST

ACH RISK ASSESSMENT SCORE

CRITERIA	YES	NO
1. Has the patient experienced any emergent care this cert?		
2. Has the patient been hospitalized this cert?		
3. Is the patient on 6 or more medications?		
4. Has the patient had any new medications or changes within the last 3 weeks?		
5. Has the patient had any new/changes in orders within the last 3 weeks?		
6. Has the patient had 4 or more changes in orders over the cert period?		
7. Does the patient have high risk for hospitalization or exacerbation?		
8. Where the patient's vitals or BG's outside of goal ranges?		
9. Does the patient have any unmet rehab goals?		
10. If the wound is healed, was it a chronic wound (pressure/stasis) or due to a chronic condition?		
11. Has it been less than 2 weeks since the wound has healed?		
12. On the next to the last visit prior to D/C , issue the Medicare Non-Coverage Notice (Expedited Determination Notice.) A copy signed and dated by the patient/responsible person should be brought in or mailed in to the office.		

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE, CHECK WITH THE CLINICAL MANAGER PRIOR TO INITIATING D/C ORDERS OR CONTACTING THE PHYSICIAN. THE BELOW OPTIONS MAY NEED TO BE CONSIDERED PRIOR TO DISCHARGE:

Questions(s)	Clinical Points/Questions to Consider
#1, 2, 7 (hosp/ER)	<ul style="list-style-type: none"> *Hospitalizations and/or emergent care during a cert period may indicate a reasonable potential of a complication or further acute episodes of disease process(es). *This is an indicator for ongoing medical necessity. *Consider the patient's overall medical condition. **May qualify for ongoing O&A or T/T.
#3, 4 (meds)	<ul style="list-style-type: none"> *Has the patient been taught proper administration of medications, including side effects and avoidance of interaction with other medications and food? *Multiple medications covering multiple co-morbidities may indicate a complex medication schedule. Can the patient/CG manage the med regime safely? *New or changed meds are a possible ongoing indicator for medical necessity.
#5, 6 (orders)	<ul style="list-style-type: none"> *Ongoing/recent changes in the plan of care are a possible indicator for ongoing medical necessity. *Reteaching and/or retraining may be appropriate when properly documented.
#10, 11, 12 (goals met)	<ul style="list-style-type: none"> *Is there documentation that the patient has achieved the goals set forth in the plan of care? *Be specific...i.e. able to ambulate 250' with a cane. *Has there been a decline in the outcomes of the patient? *Fluctuating or abnormal vital signs, weight changes, edema, lab values and respiratory changes may justify further skilled care needs
#13, 14 (wounds)	<ul style="list-style-type: none"> *Patients with chronic wounds or wounds due to a chronic condition, have a higher risk for repetitive breakdown due to weakened nature of scar tissue. *Healed wound sites may require O&A after immediate closure due to the fragile nature of the new tissue and potential of further acute episodes.

O&A = Observation and Assessment**

T/T = Teaching and Training**