**Audit Period**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Auditor’s Signature, Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Clinician** **Reviewer** | **MR#** | **PLOF & Pt-Specific Goal(s)****(EVALUATION)** | **Obj. Tests of Impairments****(EVAL): *List*** | **Goal-Writing Elements****(EVAL)** | **Homebound Status Documentation****(EACH NOTE)** | **Medical Necessity****Documentation****(EACH NOTE)** | **Patient Education Materials** **(EACH NOTE)** | **Interventions Documented (EACH NOTE)** | **Reassess****Goals** |
|  |  | Completed: □ YES □ NO | □ \_\_\_\_\_\_\_\_ □\_\_\_\_\_\_\_\_ □ \_\_\_\_\_\_\_\_□ \_\_\_\_\_\_\_\_□ \_\_\_\_\_\_\_\_□ \_\_\_\_\_\_\_\_ | All Present:□ YES □ NO  | Assistance Needed?□ YES □ NO □ N/A Safety assessed?□ YES □ NO □ N/A Effort quantified?□ YES □ NO □ N/A  | Impairments↔ Dx:□ YES □ NO  |  Provided: □ YES □NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Statement of change:□YES □ NOFunctional Relevance:□YES □ NO | □ 13th V□ 19th V□ 30-day□ Other |
| Pt goals in POC: □ YES □ NO | If No, Goal #:\_\_\_\_\_\_\_\_\_\_\_ | Appropriate frequency & duration of services:□ YES □ NO  | Teaching/Education & Pt/CG Response: □YES □ NO |
|  |  | Completed: □ YES □ NO | □ \_\_\_\_\_\_\_\_ □\_\_\_\_\_\_\_\_ □ \_\_\_\_\_\_\_\_□ \_\_\_\_\_\_\_\_□ \_\_\_\_\_\_\_\_□ \_\_\_\_\_\_\_\_ | All Present:□ YES □ NO  | Assistance Needed?□ YES □ NO □ N/A Safety assessed?□ YES □ NO □ N/A Effort quantified?□ YES □ NO □ N/A | Impairments↔ Dx:□ YES □ NO  |  Provided: □ YES □NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Statement of change:□YES □ NOFunctional Relevance:□YES □ NO | □ 13th V□ 19th V□ 30-day□ Other |
| Pt goals in POC: □ YES □ NO | If No, Goal #:\_\_\_\_\_\_\_\_\_\_\_ | Appropriate frequency & duration of services:□ YES □ NO  | Teaching/Education & Pt/CG Response: □YES □ NO |
|  |  | Completed: □ YES □ NO | □ \_\_\_\_\_\_\_\_ □\_\_\_\_\_\_\_\_ □ \_\_\_\_\_\_\_\_□ \_\_\_\_\_\_\_\_□ \_\_\_\_\_\_\_\_□ \_\_\_\_\_\_\_\_ | All Present:□ YES □ NO  | Assistance Needed?□ YES □ NO □ N/A Safety assessed?□ YES □ NO □ N/A Effort quantified?□ YES □ NO □ N/A | Impairments↔ Dx:□ YES □ NO  |  Provided: □ YES □NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Statement of change:□YES □ NOFunctional Relevance:□YES □ NO | □ 13th V□ 19th V□ 30-day□ Other |
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|  |  | Completed: □ YES □ NO | □ \_\_\_\_\_\_\_\_ □\_\_\_\_\_\_\_\_ □ \_\_\_\_\_\_\_\_□ \_\_\_\_\_\_\_\_□ \_\_\_\_\_\_\_\_□ \_\_\_\_\_\_\_\_ | All Present:□ YES □ NO  | Assistance Needed?□ YES □ NO □ N/A Safety assessed?□ YES □ NO □ N/A Effort quantified?□ YES □ NO □ N/A | Impairments↔ Dx:□ YES □ NO  |  Provided: □ YES □NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Statement of change:□YES □ NOFunctional Relevance:□YES □ NO | □ 13th V□ 19th V□ 30-day□ Other |
| Pt goals in POC: □ YES □ NO | If No, Goal #:\_\_\_\_\_\_\_\_\_\_\_ | Appropriate frequency & duration of services:□ YES □ NO  | Teaching/Education & Pt/CG Response: □YES □ NO |
|  |  | Completed: □ YES □ NO | □ \_\_\_\_\_\_\_\_ □\_\_\_\_\_\_\_\_ □ \_\_\_\_\_\_\_\_□ \_\_\_\_\_\_\_\_□ \_\_\_\_\_\_\_\_□ \_\_\_\_\_\_\_\_ | All Present:□ YES □ NO  | Assistance Needed?□ YES □ NO □ N/A Safety assessed?□ YES □ NO □ N/A Effort quantified?□ YES □ NO □ N/A | Impairments↔ Dx:□ YES □ NO  |  Provided: □ YES □NO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Statement of change:□YES □ NOFunctional Relevance:□YES □ NO | □ 13th V□ 19th V□ 30-day□ Other |
| Pt goals in POC: □ YES □ NO | If No, Goal #:\_\_\_\_\_\_\_\_\_\_\_ | Appropriate frequency & duration of services:□ YES □ NO  | Teaching/Education & Pt/CG Response: □YES □ NO |

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