**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 □ NO  Functional 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 □ NO  Functional 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 □ NO  Functional 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 □ NO  Functional 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 □ NO  Functional Relevance:  □YES □ NO | □ 13th V  □ 19th V  □ 30-day  □ Other |
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