PEOPLES HEALTH

Update/Recertification Request Form
Home Health

Date: _____ Peoples Health HH Coordinator: _____ Auth #: _____
Member Name: _____ Member #: _____
Agency: _____ Reported by: _____ Ordering MD: _____
Primary Diagnosis: _____ Original SOC: _____ Current Cert: _____ to _____
Check which applies: ☐ Update ☐ Recert Request (**attach form 485 and/or 486**) ☐ Discharge—Discharge Date: _____

Discipline	Number of Visits with Initial Auth	Additional Visits Requested	Total Number of Visits Used
SN			
HHA			
PT			
OT			
ST			
MSW			
Other			

Skilled Nursing:
List names of new/changed meds in last 30-60 days: _____
Exacerbation of illness, new illness, trip to ER or seen by PCP (specify): _____
Was teaching completed in 30-60 days? Yes __ No __ If "no," why? _____
_____
What teaching is new/ongoing for member/caregiver? _____
_____

Wound Care:
Is member/caregiver able to perform wound care? ___Yes ___ No

#1 Type: _____ Frequency: _____ Wound Size: _____cm x _____ cm x _____ cm
Wound Care Orders: _____
Describe Drainage: _____

#2 Type: _____ Frequency: _____Wound Size: _____cm x _____ cm x_____cm
Wound Care Orders: _____
Describe Drainage: _____

Physical Therapy:
Have goals on 485/486 been met? Yes ___ No ___ If "no," list goals that have not been met: _____
_____

Occupational Therapy:
Have goals on 485/486 been met? Yes___ No ___ If "no," list goals that have not been met: _____
_____

Speech Therapy:
Have goals on 485/486 been met? Yes___ No___ If "no," list goals that have not been met:_____
_____

Home Health Aide:
What level of care is needed for ADL/personal hygiene? **Circle one below:**
Minimum assistance to ambulate/transfer
Moderate assistance to ambulate/transfer/incontinent
Maximum assistance/total care needed/non-ambulatory/incontinent

What makes member homebound? _____
Additional Comments: _____
Agency Representative Signature: _____Date: _____
Physician Signature: _____Date: _____

If recertification is anticipated, Peoples Health must receive notification, accompanied by supporting clinical information and a physician's order, two weeks prior to the end of the current certification period. If the recertification request is not received within that timeframe, the authorization will be closed.