

Ohio Department of Job and Family Services
Certificate of Medical Necessity

Home Care Certification

Consumer Name	Treating Physician's Name
Consumer's Medicaid Billing Number	Treating Physician's Billing Number

This form is used by the treating physician, a hospital discharge planner or a registered nurse acting under the orders of the treating physician to certify the need for increased home health services and/or private duty nursing services for up to 60 consecutive days from the date of discharge from an inpatient hospital stay of three or more days in length.

POST HOSPITAL SERVICE FOR HOME HEALTH

Increased home health service is the provision of part time and intermittent nursing, aide and/or skilled therapies above the basic benefit of 14 hours up to 28 hours per week in visits of up to four hours each.

Check all boxes that apply to the consumer. **All three boxes must be checked and date of discharge from the three day inpatient hospital stay in order for the consumer to receive increased home health services.**

- The consumer is discharged from an inpatient hospital stay of three or more days in length.
Discharge Date : _____
- The consumer needs nursing services and/or a skilled therapy at least once per week.
- The consumer has a level of care comparable to an institutional level of care as evidenced by the fact that the consumer is enrolled on a waiver, or, though not enrolled on a waiver, still meets one of the following criteria:
 - Requires hands-on assistance with at least two ADLs.
 - Requires hands-on assistance with one ADL and needs medication and is unable to self-administer those medications.
 - Requires awake supervision on a 24-hour basis to prevent harm due to cognitive impairment.
 - Is below age five and exhibits at least three developmental delays (adaptive behavior, physical development, communication, cognition, social or emotional development) and would benefit from services to promote acquisition of skills and decrease or prevent regression.
 - Is age six through 15 with at least one other diagnosed condition, other than mental illness, that is likely to continue indefinitely, has functional limitations in three or more major life areas (capacity for independent living, communication, learning, mobility, personal care and self-direction), and would benefit from services that promote acquisition of skills and prevent or decrease regression in the performance of tasks in the major life areas.
 - Is age 16 and older with at least one other diagnosed condition other than mental illness, the condition manifested before the consumer's 22nd birthday and is likely to continue indefinitely, functional limitations in three or more major life areas (capacity for independent living, communication, learning, mobility, personal care, self-direction and economic self-sufficiency) and would benefit from services that promote acquisition of skills and prevent or decrease regression in the performance of tasks in the major life areas.

POST HOSPITAL SERVICE FOR HOME HEALTH CONTINUED>>>>

Needs at least a skilled nursing service to be delivered 7 days a week and/or PT, OT or speech pathology to be delivered at least 5 days a week, ordered by a physician and delivered by a licensed and/or certified professional due to either:

- The instability of the individual's condition, meaning that the individual's condition changes frequently and rapidly requiring constant monitoring and/or frequent adjustment to the treatment regime, and the complexity of the prescribed service; or
- The instability of the individual's condition, meaning that the individual's condition changes frequently and rapidly requiring constant monitoring and/or frequent adjustment to the treatment regime, and the presence of special medical complications.

Licensed Professional's Signature and Credentials (e.g., MD, RN, LSW)	Signature Date

POST HOSPITAL SERVICE FOR PRIVATE DUTY NURSING

Private duty nursing is the provision of continuous nursing in visits that range in length from four to 12 hours, up to a total of 56 hours per week.

Check all boxes that apply to the consumer. **Both boxes must be checked in order for the consumer to receive private duty nursing services.**

- The consumer is discharged from a hospital stay of three or more days in length.
Discharge Date: _____
- The consumer has a level of care comparable to a skilled level of care as evidenced by a need for at least one skilled nursing service to be delivered 7 days a week and/or PT, OT or speech pathology to be delivered at least 5 days a week, ordered by a physician and delivered by a licensed and/or certified professional due to either:
 - The instability of the individual's condition, meaning that the individual's condition changes frequently and rapidly requiring constant monitoring and/or frequent adjustment to the treatment regime, and the complexity of the prescribed service; or
 - The instability of the individual's condition, meaning that the individual's condition changes frequently and rapidly requiring constant monitoring and/or frequent adjustment to the treatment regime, and the presence of special medical complications.

Licensed Professional's Signature and Credentials (e.g., MD, RN, LSW)	Signature Date