

CRITERIA	YES	NO	N/A	COMMENTS
10. Physician has been informed of changes in patient needs or status.				
11. Evaluation/measurement of progress of patient toward anticipated goals documented.				
12. If outcomes were not met by patient within the appropriate time frames, reason(s) are documented.				
13. Patient and/or family participated in planning the discharge from home health services.				
14. Discharge was appropriate and appropriate referrals for follow up were made.				
D. OASIS Compliance:				
1. OASIS forms completed within specified timeframes as per regulation and policy.				
2. Is the SOC date on the 485 the same as the date in the SOC OASIS M0030?				
3. Diagnoses listed on the OASIS form match the 485.				
4. The answer to M0825 matches visits rendered.				
5. Answers to the MOO items 690 and 700 address the patient's status regarding transfer and walking as documented in the progress notes?				
E. Reviewer's decision on relationship of care plan and amount and kind of service as related to patient's condition.				
1. Record reflects service to be appropriate in amount and type of service provided.				
2. Record reflects inappropriate utilization of service related to: a. Overutilization				
b. Underutilization				
<i>Follow-up action required:</i>				

SIGNATURE/TITLE OF REVIEWER: _____

REVIEW DATE: _____