

Standard for Provision of Home Healthcare Services

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Contact:	DOH HealthCare payers sector - HealthSystemFinancing@doh.gov.ae		

1. Standard Purpose & Scope

1. The Purpose of this standard are to:

- 1.1. Ensure high quality, safe and accessible home healthcare services in the Emirate of Abu Dhabi through setting out the following:
 - 1.1.1. The duties of Home Healthcare Service Providers, Home Healthcare Referring Facilities, Payers and Third-Party Administrators.
 - 1.1.2. Service requirements for Home Healthcare Service providers.
 - 1.1.3. Licensing requirements for facilities and health professionals seeking to provide Home Healthcare services in Emirate of Abu Dhabi.
 - 1.1.4. Scope of clinical services to be provided in the home healthcare setting. and
 - 1.1.5. Patients' eligibility requirements.
- 1.2. Ensure the continuity of care for patients discharged from an in-patient setting to the home setting and for whom home healthcare is deemed necessary by their health condition and supported by evidence.
- 1.3. Ensure compliance with the requirement to integrate the electronic medical system with Health Information Exchange system (Malaffi).
- 1.4. This standard applies to: All DoH licensed Healthcare Facilities, Home Healthcare Service Providers, professionals, DoH licensed Health Payers/TPA, and eligible patients. including adults and pediatrics.

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	Department of Health (DoH)	The regulative body of the Healthcare Sector in the Emirate of Abu Dhabi Established pursuant to the law No. (10) of 2018
2.2	Homebound	<p>For the purpose of this standard, it is a status where patient is medically confined to his/her home and require skilled healthcare services as certified by the referring physician due to:</p> <ul style="list-style-type: none">• An illness or injury resulting in the patient's inability to leave the patient's place of residence without assistance by another individual or the aid of a supportive device. or• Having a condition such that leaving the place of residence requires a taxing effort or is medically contraindicated. and• May only leave his/her residence or for absences that relate to seeking medical care, and concern attending religious service, family event or memorial service infrequent and for short duration only.
2.3	Patient (s)	A person who is served by or uses the services of a DoH licensed home healthcare service provider.
2.4	Referring Healthcare Facilities	A DoH licensed Healthcare Facility that refers Patients for Home Healthcare Services in the Emirate of Abu Dhabi according to this standard.

2.5	Home Healthcare Service Provider	A healthcare facility or provider that is licensed by DoH to provide home healthcare services. In this document it can be also referred as Homecare provider or Home Health Service Provider.
2.6	Home Healthcare Services	A medical service which by its nature requires physician-supervised health services and continues to be a skilled service. Refer to Appendix 2 for further details on Home Healthcare Services Scope.
2.7	Non-health services and unskilled services	Services not covered under home care, including but not limited to Activities of Daily Living (ADL) as a custodial care. Refer to Appendix 2.
2.9	Patient Care Plan	An individualized plan of care devised through an interdisciplinary team with supporting documentation for each Patient as per Appendix 5. The Care Plan includes skilled nursing activities and therapy treatments determined by the treating/referring physician following consultation with qualified registered nurses and therapists and specifies the duration and expected Patient outcome.
2.10	Home Healthcare Referral/ Periodic Assessment Form	A document to be filled by the referring physician indicating the details of healthcare required to be delivered by Home Healthcare Providers and to be filled for initiation or renewal of Home Healthcare services. Refer to Appendix 4.
2.11	Home Healthcare Assessment Form	A document to be filled and submitted by Home Healthcare Service Providers to payers indicating the skilled healthcare services and type of care as planned to be provided to determine the Level of Care for reimbursement. Refer to Appendix 7.
2.12	Home Healthcare Patient Monitoring Form	A document to be filled and submitted by Home Healthcare Service Providers after each assessment period and is required for renewal of Home Healthcare Services. It includes clinical questions which are linked to Home Healthcare Services under each domain of care as provided to each individual patient to reflect the outcome of care and patient progress. Refer to Appendix 8.
2.13	Level of Care	For the purpose of this standard, it refers to a reimbursement level as determined by the Type of Care and can be "Simple Home Visit", "Routine Home Nursing Care", "Advanced Home Nursing Care" or it can be "Specialized Home Visits" for Specialty physician visit or psychotherapy services. Refer to appendix 6.
2.14	Type of Care	For the purpose of this standard, it reflects the extent of resources, time, knowledge and expertise required to deliver a skilled healthcare service, this can be a "Simple visit", "Routine care" or "Advanced care".
2.15	Supportive Services	Skilled health services that are delivered by medical professionals other than the nurse that includes Physiotherapist (PT), Occupational Therapist (OT), Speech Therapist/Speech & Language Pathologist, and Respiratory Therapist (RT) to improve, maintain or prevent the further deterioration of the Patient health status and functional performance, control, or relieve complications, provide necessary education and training.
2.16	Treating Physician	A DoH licensed Specialist or Consultant who has an established history of providing treatment to a Patient for a specific condition within his/her area of expertise. He/ She furnishes a consultation and/or treats a Patient for a specific medical problem and uses the results of a diagnostic test in the management of the patient's specific medical problem. A treating physician, by definition, is not simply a doctor who

		has seen a Patient once or twice. The treating physician will refer a Patient to an additional source of medical expertise for assistance, examination, information, treatment or therapy and will generate the patient's Medical Report. In certain circumstances, the treating physician can be the referring physician.
2.17	Referring Physician	A DoH licensed Specialist / Consultant located at the Referring Healthcare Facility, that will review the Healthcare Plan initiated by the Treating Physician and that will fill the referral form in line with the patient's medical condition and the nursing / supportive / specialized visits needed for this patient, and specifying the skilled healthcare service, the timeframe and frequency of the service. The Referring Physician orders Home Health Services.
2.18	Interdisciplinary Team (IDT):	Consists of various licensed medical specialties. Members collaborate to ensure that the treatment plan is appropriately applied.
2.19	Home Healthcare Service Provider Physician	A DoH licensed physician employed by a Home Healthcare Service Provider ensuring the delivery of Home Healthcare Services.
2.20	Registered Nurse (RN):	Licensed Healthcare professional as Registered Nurse.
2.21	Assistant Nurse (AN):	Licensed Healthcare professional by DoH as Assistant Nurse.
2.22	Physiotherapist (PT):	Licensed Healthcare professional by DoH as Physiotherapist.
2.23	Occupational Therapist (OT)	Licensed Healthcare professional by DoH as Occupational Therapist.
2.24	Speech Therapist/Speech & Language Pathologist (ST)	Licensed Healthcare professional by DoH as Speech Therapist/Speech & Language Pathologist.
2.25	Respiratory Therapist (RT)	Licensed Healthcare professional as by DoH Respiratory Therapist.

3. Standard Requirements and Specifications

3.1 Licensure and Authorization Rules:

- 3.1.1 Healthcare facilities may seek to provide healthcare services in the home through one of the following:
 - 3.1.1.1 A new facility under "New DoH license application". or
 - 3.1.1.2 An existing DoH licensed facility under "add service".
- 3.1.2 Application for New License or add service under existing license to provide healthcare services in the home is only available for the following healthcare facility license types:
 - 3.1.2.1 Hospital (all subtypes).
 - 3.1.2.2 Clinic (Medical / Dental).
 - 3.1.2.3 Centre (Day Care Center / PHC / Medical / Dental / Dialysis Center / Rehabilitation).
 - 3.1.2.4 Provision of Health (incl. Home Care Services).
- 3.1.3 All Home Healthcare Service Providers under the license category of provision of healthcare services must add the service under their facility trade license.
- 3.1.4 All Healthcare Providers must inform DoH Facility Licensing for any addition or removal of Home Healthcare Services.

3.1.5 All Home Healthcare Service Providers must satisfy the following requirements for licensure:

- 3.1.5.1 Meet a minimum requirement of one (1) Physician and twenty-five (25) Registered Nurses and an appropriate skill mix of staff including physiotherapist, occupational therapist, speech therapist/speech & language pathologist and respiratory therapist. The Home Healthcare Service Providers must ensure adequate skill mix of healthcare staff are available to receive new assigned patients through the allocation process.
- 3.1.5.2 Assistant nurses can be employed by the Home Healthcare Service Provider to provide services under DoH recommended scope of practice for Assistant Nurses and under the supervision of registered nurses.
- 3.1.5.3 Obtain and maintain an internationally recognized process of care accreditation.
- 3.1.5.4 The provider must have a risk management plan that identifies potential loss exposures and potential ways to mitigate the risk for both business and clinical risks. Assessment and outcome tools should be appropriate to the populations served.
- 3.1.5.5 Submit quality and safety performance metrics as determined by DoH Jawda Indicators for Home Healthcare Service Providers
- 3.1.5.6 Home Healthcare service authorization, referral, allocation and treatment process are set out at Appendix 3.
- 3.1.5.7 Adhere to any other authorization requirements set out by DoH. and
- 3.1.5.8 The requirements to provide healthcare services in the home must be met and evidenced for licensure and/or authorization as set out in Appendix 1.

3.2 Home Health Admission/ Eligibility Criteria

To be eligible for the home health benefit, the Patient should meet the following requirements:

- 3.2.1 Is diagnosed by the Referring Physician as Homebound Patient as defined by this standard.
- 3.2.2 The Referring Physician to assess the Patient medical condition, level of impairment, and the impact of their condition on their activities of daily living (ADLs) and overall well-being. The assessment may involve a comprehensive evaluation of the Patient physical, cognitive, and emotional status.
- 3.2.3 The care needed is medically necessary based on following factors that contribute to establishing medical necessity for home care services:
 - 3.2.3.1 Functional Limitations: The individual must have significant impairments or disabilities that affect their ability to perform ADLs independently. These limitations can include difficulties with mobility, bathing, dressing, toileting, eating, and managing medication.
 - 3.2.3.2 Safety Risks: Medical conditions pose safety risks to the individual or others if they were to remain at home without proper care and supervision. For example, individuals with cognitive impairments may be at risk of wandering or experiencing accidents, while those with mobility limitations may be prone to falls.
 - 3.2.3.3 Skilled Care Requirements: The individual requires skilled healthcare services that can only be provided by trained professionals, such as nursing care and/ or therapy including PT, OT, ST, and/ or RT.
 - 3.2.3.4 Progression or Chronicity of the Condition: The medical condition is expected to persist over time, requiring ongoing care and support. This can include chronic illnesses, progressive diseases, or conditions that necessitate long-term care and monitoring.
 - 3.2.3.5 Medical Stability: The individual's medical condition must be stable enough to receive care at home without immediate hospitalization or constant medical intervention. However, the severity of the condition may still warrant regular medical oversight and support.

3.2.4 Is under the care of a Referring Physician whose specialty is related to patient's diagnosis.

3.2.4.1 Has a detailed medical report that is signed by a specialist /consultant (or more) who is considered the patient treating physician and/ or the referring physician as defined by this standard. Noting that a treating physician can be the referring physician and a patient can be under the care of different specialist(s)/consultant(s) from different specialty other than the main treating/ referring physician specialty.

3.2.5 Justifying eligibility for home health supported by evidence, clinical guidelines, that is specific with treatment needed, frequency and intensity.

3.2.6 Filled and prepared form based on a face-to-face (FTF) appointment with the Referring Physician on initiation of the home health service. The FTF encounter must be related to the primary reason for the home health admission. The referring physician writes the home health orders using Home Healthcare Referral/Periodic Assessment Form as per Appendix 4. In case of renewals, the home care physician must coordinate with the referring physician/referring healthcare facility to re assess the patient to renew the Home Healthcare Services as required.

3.3 Home Healthcare Discharge Criteria

Home Healthcare Service Providers should ensure that discharge of patients meets the discharge criteria set out below and fill the "Homecare Discharge Plan" section in DoH Home Healthcare Assessment Form (See Appendix 7).

3.3.1 Their established goals and objectives for care have been met.

3.3.2 Patient/family/ legal guardian refuses services or no longer desires services (patient self-determination).

3.3.3 Patient no longer meets admission criteria.

3.3.4 Condition has changed and/or the provider's resources are such that the required care or services are beyond the scope, type, or quantity that can be provided by the provider.

3.3.5 Has left the provider's service area.

3.3.6 The patient/family/ legal guardian is no longer able or willing to cooperate with the established Care Plan.

3.3.7 The patient's referring physician will not initiate or renew orders authorizing home health services. and

3.3.8 The patient's home environment will not support the provision of services.

3.4 Homecare Discharge Plan

It is a requirement to fill the homecare discharge plan section (as applicable) in the DoH Home Healthcare Assessment Form (See Appendix 7) on initiating the Home Care Service for service requested for transitional/training period, for services with set goals/outcomes to be achieved within estimated and defined timeline, or as indicated by the treating physician and reflected in the referral document prepared by the referring physician. It can be also filled and sent as a notification for other reasons as listed in Home Healthcare Discharge Criteria.

If the required transitional/training period or other services indicated in the initial discharge plan are requested for extension, the new discharge date and reason for extension to be clearly mentioned.

3.5 Home Healthcare Service Specifications:

DoH licensed Home Healthcare Service Providers must:

3.5.1 Ensure that all healthcare professionals employed by the facility are licensed by DoH to provide skilled health services at home.

3.5.2 Ensure compliance with the requirement to integrate the electronic medical system with Health Information Exchange system (Malaffi).

3.5.3 Accept referrals from a DoH licensed specialist/consultant in the Emirate of Abu Dhabi and within the scope of his/her specialty.

- 3.5.4 Ensure that the Home Healthcare Services are delivered in the Emirate of Abu Dhabi.
- 3.5.5 Assess the referred Patients within 3 days from receiving a referral.
- 3.5.6 Ensure that the assessment and evaluation is done in accordance with the specifications of this Standard, considering the patient's condition, expected duration of healthcare services, the eligibility criteria for home healthcare, the type of service to be provided and the range of clinical services to be provided.
- 3.5.7 Demonstrate to DoH the training to maintain identified competencies and have completed on the job training.
- 3.5.8 Ensure that the patient's assessment is relevant to the actual needs of the patient addressing all their health-related issues.
- 3.5.9 Healthcare professionals involved in the provision of healthcare services in the Patient's home must restrict their practice to what is permitted by their job description and privileges granted by the employing healthcare facility in accordance with the DoH Clinical Privileging Framework and healthcare professional scope of his/her practice to that allowed by their respective DoH license and scope of this standard as mentioned in appendix 2.
- 3.5.10 Designation of clinical staff duties to achieve the care plan objectives shall be undertaken by the home healthcare service provider physician.
- 3.5.11 Quality management and training systems are established for the healthcare facility(s) scope of practice and ensure that such systems are consistent with internationally recognized evidence-based practices and review and document the quality and safety of patient care regularly, adjusting own procedures as necessary. Evidence must be documented and maintained to demonstrate performance in patient safety and high-quality clinical outcomes as per international recognized Standards.
- 3.5.12 Healthcare professionals involved in the provision of Home Healthcare Services must monitor and evaluate patient care plans as per patient's assessment outcomes and healthcare needs.
- 3.5.13 Ensure that Home Healthcare Services are offered in a manner that is clear and understandable to the Patient as per the Patient needs (e.g., practitioner and patient can communicate in the same language).
- 3.5.14 Healthcare professionals involved in the provision of Home Healthcare Services must record and maintain patient care plans in patient files and ensure that members of the treating team involved in the care for the patient are provided appropriate handover and access to patients' care plans and assessment outcomes.
- 3.5.15 Healthcare professionals involved in the provision of Home Healthcare Services providing peritoneal dialysis services, administering narcotics/controlled substances for pain management at the home must satisfy the requirements of certified training and special authorization.
- 3.5.16 If the Home Healthcare Service Provider is providing controlled medications the below procedures should be undertaken:
 - 3.5.16.1 Urine drug testing for the patient should be performed once every month or at the discretion of the treating physician.
 - 3.5.16.2 Compliance with medication storage policies and procedures.
 - 3.5.16.3 Risk assessment of the family/caregiver for potential abuse of medication. and
 - 3.5.16.4 Ensure emergency preparedness requirements are met for as per DoH Standards.
- 3.5.17 No service provider is permitted to have the nursing staff housed at the patient's place of residence unless the need for a 24 hours service has been identified by the referring physician.

4.Key stakeholder Roles and Responsibilities

4.1. Duties for Healthcare Referring Facilities, Home Healthcare Service Providers and Professionals

4.1.1. Duties for Referring Healthcare Facilities:

All Healthcare Facilities and Professionals licensed by DoH and referring Patients to Home Healthcare Services must:

- 4.1.1.1. Comply with the requirement of this standard and other DoH relevant standards.
- 4.1.1.2. Comply with the documentation requirements as per this standard and ensure that all appendices related to referral of this standard are utilized to achieve eligible referral.
- 4.1.1.3. Ensure that inter-disciplinary teams engage in the assessment and provision of home healthcare services and comprise healthcare professionals with the necessary qualifications and skills mix to provide quality and safe healthcare to patients in home setting.
- 4.1.1.4. Coordinate the referral and follow up process in a timely manner with the Home Healthcare Service Providers by ensuring that: Patient review and assessment must be undertaken by the referring physician through face-to-face (FTF) consultation to assess the patient condition and the need to initiate the home health service . and receiving services under a Care Plan for home healthcare patients should be periodically reviewed by the referring physician within a range from 30 to 90 days depending on patient needs. This could be done face-to-face or through tele-consultation session with the referring physician as per the DoH standard for Teleconsultation Services.

4.1.2. Duties for Referring Physicians:

- 4.1.2.1. Are aware of the Home Health Admission/ Eligibility Criteria of Home Health patients as per clause 3.2.
- 4.1.2.2. Complete the Home Healthcare Referral/Periodic Assessment Form providing all the necessary information to enable initiation or renewal of home care services, develop a Patient's Care Plan that is devised by an interdisciplinary team to meet the Patient's needs including equipment and requisite medical supplies/consumables, visit protocol, duration, treatments and safety and assessment timeframe.
- 4.1.2.3. Are responsible for input from the IDT and that the Patient's Care Plan is delivered and appropriate to meet the patient's needs.
- 4.1.2.4. Are able to communicate the eligibility criteria to the patient/ patient's family/legal guardian.
- 4.1.2.5. Review documentation of services provided, one week prior to established discharge date.
- 4.1.2.6. Do not to have conflict of interests including but not limited to:
 - 4.1.2.6.1. If the required home health service is not following the allocation process, the referral physician must not be to a specific home healthcare service provider, the facility in which the referring physician works should provide a list of home care service providers in the area to the patient needs or refer to DoH for the updated list. and
 - 4.1.2.6.2. The Referring Physicians (or their immediate family members) should not own a home health service provider if they intend to refer to that provider, the referring physician may not generally refer to a home health service provider with which they or an immediate family member have an ownership or compensation relationship.
- 4.1.2.7. Ensure that the length of time of services to be covered is generally determined by the patients' needs and should be documented by the IDT as an estimated length of stay at time of admission and shared with family/legal guardian and patient. and
- 4.1.2.8. Ensure clear documentation of the medical necessity, this includes the progress in the medical condition and functional status.

4.1.3. Duties for Home Healthcare Service Providers:

All Healthcare Facilities and Professionals licensed by DoH to provide Home Healthcare Services must:

- 4.1.3.1. Provide the healthcare services defined in this standard in accordance with the specified requirements and specifications of this Standard and other relevant DoH standards and UAE relevant laws.
- 4.1.3.2. Comply with the requirement to safeguard and preserve patient rights through treatment with dignity and respect, provision of the determined healthcare services in the home in accordance with this Standard and on the basis of clinical needs.
- 4.1.3.3. Accept referrals from a DoH licensed specialty physician in the Emirate of Abu Dhabi.
- 4.1.3.4. Contact the patient within 12 hours from the allocation and assigning process.
- 4.1.3.5. Assess the referred patients within 3 days of receiving a referral.
- 4.1.3.6. Ensure that all patient needs and requirements to deliver the care are available upon accepting the referral.
- 4.1.3.7. Ensure that all Appendices of this standard are utilized to document service activity and outcome of care including the DoH Home Healthcare Assessment Form (Appendix 8) and DoH Homecare Patient Monitoring Form (Appendix 9) .
- 4.1.3.8. Ensure risk assessments are undertaken in the home including staff security and safety, and the presence of documented plans to mitigate identified risks.
- 4.1.3.9. Patient education is delivered in a culturally and socially relevant manner and that information in support of healthcare services at home is provided to the patient in accordance with the relevant DoH policies and standards.
- 4.1.3.10. Ensure patients and their families are informed of their rights and responsibilities in a manner that is clear and understandable.
- 4.1.3.11. Comply with the healthcare service process for provision of healthcare services home as set out in this Standard and illustrated at Appendix 3. and
- 4.1.3.12. Maintain confidentiality and privacy during home visits as part of patient care. This includes maintaining confidentiality and privacy of any information obtained or observed during home visits.

4.1.4. Duties for Home Healthcare Service Provider Physicians:

- 4.1.4.1. Initially review the referrals for Home Healthcare Services, identifying the required services, oversee and set the homecare discharge plan as applicable and indicated by the referring physician.
- 4.1.4.2. Review and supervise the submission of DoH Home Healthcare Assessment Form to ensure a complete and accurate form is submitted to payers along with the other required documents for preauthorization of Home Healthcare Services.
- 4.1.4.3. Review and supervise the submission of DoH Homecare Patient Monitoring Form to ensure a complete and accurate form is submitted to payers following each assessment period.
- 4.1.4.4. Monitor the delivery of the home health skilled services as outlined in the patient care plan through follow-up visits and coordinate with the referring healthcare facility to conduct the patient periodic assessment by his/her Referring Physician, and coordinate for any specialized home visits as recommended and reflected in the referral document, nevertheless a home healthcare service provider physician can request for specialty physician home visits in circumstances that are beyond his/her expertise.
- 4.1.4.5. Develop ongoing relationships with referring physicians and raise any observed concerns to the referring physician in addition to coordinating with the referring facility/referring physician to conduct the periodic assessment.
- 4.1.4.6. Participate in program development and modification in collaboration with the referring physician.
- 4.1.4.7. Respond to emergent medical issues and decide course of action needed. In an emergency situation, the home healthcare service provider physician would make the decision on whether he/ she would visit or notify a specialty physician or notify appropriate emergency personnel. and

- 4.1.4.8. Support preventive practices for general health and wellness through identification of any further needs for skilled nursing care, need of supportive services or specialized therapy at home, and notify the referring physician.
- 4.1.4.9. Provide education to the clinical staff of the home healthcare service provider.
- 4.1.4.10. Engage in performance improvement activities as needed.

4.2. Duties for Payers and Third-Party Administrators (TPAs)

All Payers and TPAs must:

- 4.2.1. Comply with the provisions and specifications of this Standard in respect of healthcare services specified in this standard as covered under the health insurance scheme.
- 4.2.2. Accept referrals from Specialty physician in remote areas, and in the absence of Specialty physician may be accepted following submission of evidence of privileges being granted as per DoH Clinical Privileging Framework and compliance with the requirements set out in this Standard.
- 4.2.3. Ensure that referrals for Home Healthcare Services have the appropriate documentation to evidence the need for home healthcare services and authorization by the referring physicians as per the clause 3.2.
- 4.2.4. Billing and reimbursement of the Home Healthcare shall be in accordance with Standard Provider Contract, DoH Mandatory Tariff and associated Claims and Adjudication Rules, the Claims and Adjudication Standard, and DOH recovery standard.
- 4.2.5. Authorization must be obtained following initial and subsequent patient assessment by the referring physician.
- 4.2.6. Referrals for home health should fulfill the criteria outlined under Home Health Admission/ Eligibility Criteria. and
- 4.2.7. Ensure that all received home healthcare referral do not to have a conflict of interest including but not limited to:
 - 4.2.7.1. If the required Home Health Service is not following the allocation process, the referral must not be to a specific home healthcare service provider, the referring physician should refer to DoH for an updated list of providers. and
 - 4.2.7.2. The Referring Physicians (or their immediate family members) should not own a home healthcare service provider if they intend to refer to that provider, the referring physician may not generally refer to a home healthcare service provider with which they or an immediate family member have an ownership or compensation relationship.

5. Monitoring and Evaluation

- 5.1** Home Healthcare Service Provider should report the data through JAWDA as per procedure.

6. Enforcement and Sanctions

- 6.1** Home Healthcare Service providers must comply with the terms and requirements of this Standard, DoH may impose sanctions in relation to any breach of requirements under this Standard in accordance with the Health Insurance scheme applicable law & regulations.

7. Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	25/08/2021	DOH/AHHS/S	DOH Standard for Homecare Health Services
2	28/12/2022	USO/296/202	Quality of Home Healthcare Services
3	21/10/2021	USO/154/202	Queuing of Home Healthcare
5	06/10/2022	USO/221/202 2	Mandatory Completion of Patient's Referral Forms for Home Healthcare Services
6	09/02/2022	USO/38/2022	Home Care Services Selection Procedures for Patients
7	03/01/2022	USO/03/2022	Home Healthcare Tender Updates
8	31/08/2021	USO/125/202	Updated Home Healthcare Standard
9	16/09/2020	DOH/SA/TLM	DOH Standard on Tele-Medicine
10	03/01/2022	USO/54/2022	Integration with Malaffi Health Information

8. Appendices

8.1. Appendix 1. General Requirements

Dimension	Element	Requirement
A. General Considerations	1. Governance	<p>I. <u>Governance and management</u> Governance and management protocols defining clinical/medical, quality/safety and clinical performance roles and responsibilities, including job descriptions for staff. development plan for competencies and performance evaluations.</p> <p>Quality and performance oversight, monitoring, documentation and management, identification of KPIs, measurement procedures, management of information and performance improvement plans developed and implemented.</p>
	2. Facility Specific Policies and Standard Operating Procedures – All Such Policies and Procedures to Comply with UAE and Abu Dhabi Laws and DoH Policies and Standards	<p>I. <u>Patient Access</u> Provision of information to patients and their families on the healthcare services, the frequency and type of healthcare services to be provided to the patient, and the expected results of healthcare services provided, admission, transition and discharge criteria.</p> <p>Provision of healthcare services in a language and manner understandable by the patient and his/her family/ legal guardian and that is culturally appropriate.</p> <p>Provision and management of patient referrals, and where required, transfers.</p> <p>II. <u>Patient Assessment:</u> Have in place an assessment process to evaluate, monitor and document patient healthcare service needs, including, care planning, care outcomes and estimated length of stay. All assessments must be undertaken within 3 days of referral and reassessments by the referring physician must be undertaken in accordance to the patients care plan through face to face consultation.</p> <p>Have in place a process to re-assess patients at appropriate intervals to determine the patients' response to care and plan for any needs for continued/changed care requirements and keep records of this on patient files. A facility policy will determine when the reassessment of patients will happen. This is based on need and could range from daily if there is an emergent change in status being dealt with to weekly, every other week, or once a month. A reassessment should automatically be triggered at 30 days if no previous re-assessment has been done.</p> <p>Have in place a process to refer patients for any additional assessment or treatment needs, when identified as necessary.</p> <p>Have in place policies, procedures and arrangements to provide clinical laboratory services and diagnostic imaging services and emergency management where required, and a process to facilitate patients' access to these services.</p> <p>Have policies, procedures and appropriate forms for patient informed consent or refusal or expression of choice.</p>

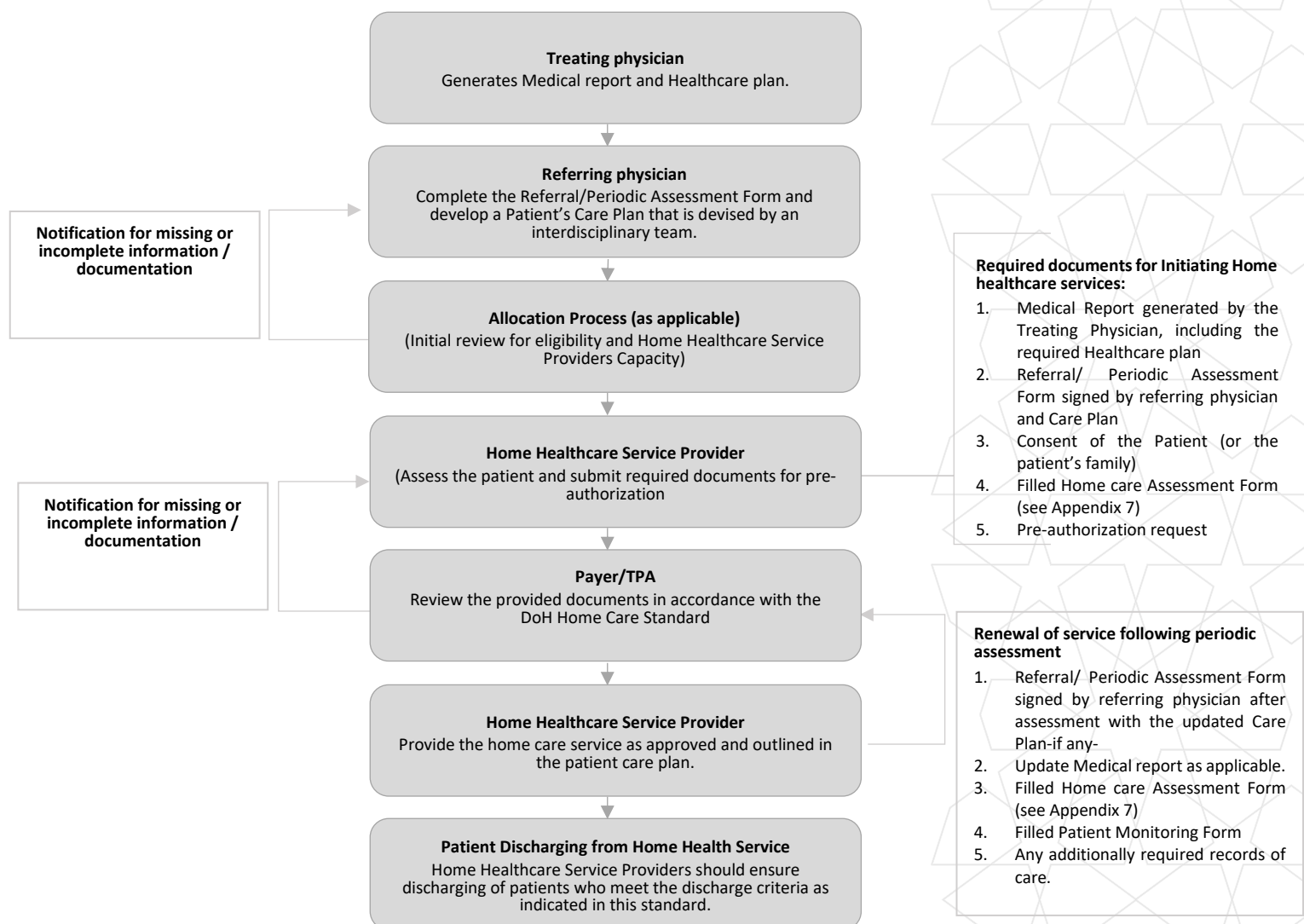
		<p>Have procedures to tailor patient care plans to the individual needs of patients, to monitor and review progress/changed care needs and to document these on patients' records.</p> <p>Have in place policies and procedures in support of patient medication management and education, including for the preparation, dispensing, actions to be taken in case of emergencies, identification of why each medication is prescribed, implications of management of multiple medications and implications of abrupt discontinuations. side effects storage administration and monitoring as well as reporting of adverse drugs reactions or medication errors.</p>
	3. Policies and Standard Operating Procedures (SOPs) for Patient Identification and Data Management - All Such Policies and Procedures to Comply with UAE and Abu Dhabi Laws and DoH Policies and Standards	<p>I. <u>Standard Operation Procedures</u></p> <p>Appropriate SOPs for patient identification and identity authentication in the home setting.</p> <p>Appropriate SOPs to secure and protect patient data and medical files when in the home setting.</p> <p>Risk management and data/file recovery protocols.</p> <p>Observations that highlight patient, family member/ legal guardian, care giver or wider public risk shall be reported to the competent authority.</p>
B. Service Operation Considerations	1. Infrastructure Equipment and support services	<p>I. <u>Equipment and Supplies</u></p> <p>Have in place the requisite equipment and supplies in support of the range of clinical and healthcare services to be provided to patients in the home setting.</p> <p>Environmental and occupational health and safety policies and procedures tailored to the provision of service in the home of the patient and compliant with DoH requirements (Chapter VI, Healthcare Providers Policy Manual, Version 1.0 and the DoH Standards for Health Sector EHSMS Requirements). including for infection prevention and control, management and safety of the environment, and staff education with demonstration of safety competencies.</p> <p>Technologies to support case management, communication with the patient and referrals, where required including in cases of emergency.</p>
	2. Quality assurance and measurement	<p>I. <u>Treatment Protocols and Training</u></p> <p>Standardized treatment protocols using evidence-based guidelines for each of the clinical services they intend to provide, and evidence that these are implemented and updated in accordance with evidence.</p> <p>Training and certification of professionals and staff, including special authorization for healthcare professionals engaged in providing peritoneal dialysis services and/or pain and symptom management using narcotics and controlled drugs. Facilities seeking to provide:</p> <p><u>Peritoneal dialysis</u></p> <p>Peritoneal dialysis services at home, must satisfy the following requirements:</p> <p>Submit special request seeking pre-authorization to provide peritoneal dialysis in the home. and</p> <p>Provide evidence that the DoH licensed healthcare professionals providing this service have successfully completed certified training and received</p>

		<p>certification/accreditation and that they work within their scope of practice and the scope of service of the facility.</p> <p><u>Pain management</u></p> <p>Provide pain management using narcotics and/or controlled drugs must satisfy the following requirements:</p> <ul style="list-style-type: none"> • Submit special request seeking authorization to provide narcotics and/or controlled drugs in the home (DoH Narcotics and Controlled Drugs Standard). and • Provide evidence of a system in place for referral to 24-hour emergency provision in the event of need for advice, support and/or intervention for acute symptom management and/or admission to an appropriate inpatient setting. <p>II. <u>Jawda reporting</u></p> <p>Establish metrics and indicators and measurement protocols to plan and measure quality improvement and patient safety, which must include indicators to assess clinical and service delivery aspects</p> <p>Comply with Jawda reporting and performance requirements</p>
	3. Healthcare professional requirements	<p>I. Employ a sufficient number of qualified and licensed healthcare professionals (currently minimum 25 registered nurses) to satisfy the service requirements and to meet patient's needs for proper services provision with an appropriate skill mix of staff including physicians, nurses, assistant nurses, physiotherapist, occupational therapist, speech therapist/speech & language pathologist, respiratory therapist, and dietician.</p> <p>II. Home Healthcare service provider must have a Medical Director (A physician or a registered nurse) who shall act as a supervisor over the professional staff, be responsible for the services provided in the home healthcare facility and establish the services policies and procedures.</p> <p>III. Comprehensive training and support service must be available for all healthcare providers.</p> <p>IV. Complete documentation of patient records including the daily activities & clinical observation records and daily progress notes.</p> <p>V. In case patient decided to dis-continue the services, notification should be shared with payer.</p>
	4. Patient counseling and education	To educate patient on medical conditions, treatment plan and medications
	5. Accreditation	International accreditation (JCIA/ CARF)

8.2 Appendix 2. Scope of Home Healthcare Services

Home Services	Healthcare	Scope of Services
1. Skilled nursing services		<p>I. Skilled nursing services that are necessary to maintain or improve the patients' current condition or prevent or reduce further deterioration.</p> <p>II. Services can be provided by either Registered Nurses and/ or Assistant Nurses.</p> <p>III. Services to be provided are as per DoH's Scope of Practice -Nursing</p> <p>IV. Tele-monitoring Services (see DoH Standard for Teleconsultation Services) if performed with a specific intent, and not just for observation, for example: To monitor patient pulse, blood pressure, blood glucose levels daily through a wearable device.</p>
2. Supportive Services		<p>I. Rehabilitation services that can delivered by Home DoH licensed healthcare professional at the patient home and should be expected to result in a significant improvement or maintenance of the patient health condition and functional capabilities within a reasonable and defined period of time, or requires a skilled therapist to safely and effectively establish a maintenance therapy program. These services include ST, OT, PT, and RT</p> <p>II. Tele-monitoring Services (see DoH Standard for Teleconsultation Services) if performed with a specific intent, and not just for observation, for example: To follow up on therapy/ exercise program with the patient remotely.</p>
3. Specialized Services and Consultation Home Visits		<p>I. Are skilled Health Services delivered by DoH licensed professional or technical medical personnel in order to obtain the specified medical outcome and provided safely to the patient. The conditions for this include:</p> <ol style="list-style-type: none"> The patient is expected to improve at the end of their treatment plan or prevent or reduce further deterioration. Ordered and monitored by the referring physician. The service may include the following health services subject to DoH approval: <ol style="list-style-type: none"> Specialty Physician Home Consultation. Home Psychotherapy. Home Hemodialysis (will follow the relevant billings). Investigational and Screening Services (Including Point of Care Testing, Radiology exam). and Provision of other services are subject to DoH approval. <p>II. Dependent upon the individual needs of the patient, specialized services that require specific equipment and supplies must be part of the Home Healthcare service provider inventory. and personnel who will be performing the specialized service must demonstrate competency and training to provide the specialized service and be pre-approved by DoH.</p>

8.3 Appendix 3. Provision of Home Healthcare Process



8.4 Appendix 4. DoH Home Healthcare Referral/Periodic Assessment Form

(Note: The Treatment Plan should be attached to the Referral/ Periodic Assessment Form)



Home Healthcare Referral/Periodic Assessment Form

The purpose of the form:

Referral (For initiation of Home Healthcare services) ☐

Periodic Assessment (For renewal of Home Healthcare services after periodic assessment) ☐

Date: _____

1	Referring Facility Details			
1.1	Facility Name:			
1.2	License No:			
2	Administrative Items		3	Pre-referral Status
2.1	Personal Information		3.1	Patient is referred for Home Healthcare from
2.1.1	Patient Name:		3.1.1	An in-patient hospital (Please specify the diagnosis --- -----) <input type="checkbox"/>
2.1.2	Date of Birth		3.1.2	Directly from the community <input type="checkbox"/>
2.1.3	Emirates ID Number:		3.1.3	Long Term Facility <input type="checkbox"/>
2.1.4	Patient Language/s:		3.1.4	Rehabilitation Hospital <input type="checkbox"/>
2.1.5	Gender:		3.1.5	Other: Please Specify <input type="checkbox"/>
2.2	Insurance:		3.2	In the past two months, patient has admitted to which of the following setting other than the one mentioned in previous point
2.2.1	Type:		3.2.1	An in-patient hospital (Please specify the diagnosis --- -----) <input type="checkbox"/>
2.2.2	Card Number:		3.2.2	Home Healthcare Services <input type="checkbox"/>
2.3	Residence:		3.2.3	Long Term Facility <input type="checkbox"/>
2.3.1	Alone	<input type="checkbox"/>	3.2.4	Rehabilitation Hospital <input type="checkbox"/>
2.3.2	With Family	<input type="checkbox"/>	3.2.5	Other: Please Specify <input type="checkbox"/>

4	Face-to-face encounter confirmation		
<p>A physician must order home health services and must certify a patient's eligibility for the benefit.</p> <p>* The face-to-face requirement ensures that the orders and certification for home health services are based on a physician's current knowledge of the patient's clinical condition.</p> <p>* Prior to certifying a patient's eligibility for the home health benefit, the certifying physician must document that he or she has had a face-to-face encounter with the patient.</p> <p>* Documentation regarding these face-to-face encounters must be presented on certifications for patients within 30 days prior to the start of home healthcare, or within the 60 days after the start of care .</p> <p>* As part of the certification form itself, or as an addendum to it, the physician must document when the physician saw the patient, and document how the patient's clinical condition as seen during that encounter supports the patient's homebound status and need for skilled services.</p>			
Medical Information			
The clinical reason for the encounter was... <i>[brief statement on the main reason why patient was admitted]</i>			
The patient's clinical condition, as observed, during the encounter supports the patient's homebound status as follows... <i>[brief statement on the main reason why patient is referred for care through a home health facility]</i>			
4.1	Reasons for Home Care Referral. Note: Patient can be referred to Homecare Services only if he/she is Homebound (status where patient is medically confined to his/her home and require skilled healthcare services)		
4.1.1	Homebound: A status where patient is medically confined to his/her home and require skilled healthcare services as certified by the referring physician due to:		<input type="checkbox"/>
4.1.1.1	An illness or injury resulting in the patient's inability to leave the patient's place of residence without assistance by another individual or the aid of a supportive device. or		<input type="checkbox"/>
4.1.1.2	Having a condition such that leaving the place of residence requires a taxing effort or is medically contraindicated. and		<input type="checkbox"/>
4.1.1.3	May only leave his/her residence or for absences that relate to seeking medical care, and concern attending religious service, family event, or memorial service.		<input type="checkbox"/>
Domains of Care (mark all required skilled services and provide duration and details on service as applicable)			
4.2	Medication Management	Duration(hours)	
4.2.1	Intravenous infusion (IV)		<input type="checkbox"/>
4.2.2	Intramuscular injections (IM)		<input type="checkbox"/>
4.2.3	Administration of Narcotic analgesics (opioid)		<input type="checkbox"/>
4.2.4	Enteral multiple medications (Minimum 3 medications)		<input type="checkbox"/>
4.3	Nutrition/Hydration	Duration(hours)	
4.3.1	Continuous NGT for feeding or patient with NGT inserted with frequent ER visits due to NGT complications		<input type="checkbox"/>
4.3.2	Continuous GT, JT feeding via mechanical pump or patient with frequent ER visits due to Mechanical pump complications		<input type="checkbox"/>
4.3.3	IV supplement administration for patient 'at risk' nutritional status		<input type="checkbox"/>
4.3.3	Total parenteral Nutrition (TPN)		<input type="checkbox"/>

4.3.4	Patients 'at risk' nutritional status require assessment of failure to thrive or nutritional status		<input type="checkbox"/>
4.4	Respiratory Care	Duration(hours)	
4.4.1	Initiation of and adjustment of medical gases		<input type="checkbox"/>
4.4.2	Dual O2 and BiPAP therapy at least 16 hrs./day with BiPAP		<input type="checkbox"/>
4.4.3	Insertion and replacement of tracheal cannula (Indicate frequency)		<input type="checkbox"/>
4.4.4	Frequent daily suctioning as a part of complicated tracheostomy care		<input type="checkbox"/>
4.4.5	Tracheostomy care for pediatrics less than 6 years old		<input type="checkbox"/>
4.4.6	Home Invasive Mechanical Ventilator management		<input type="checkbox"/>
4.4.7	Continuous O2 therapy (at least 16 hrs./day) with requirements for periodic assessment and monitoring of respiratory changes or patient's respiratory status at risk and may change suddenly and unpredictably		<input type="checkbox"/>
4.4.8	Pulmonary disease with history of more than one emergency room visit or acute care hospital admission within the last three months		<input type="checkbox"/>
4.5	Skin & Wound care	Duration(hours)	
4.5.1	Wound Care for Multiple >2 wounds/pressure sore stage II in various areas of the trunk and pelvis		<input type="checkbox"/>
4.5.2	Wound care for stage III or IV pressure sore		<input type="checkbox"/>
4.5.3	Complex wound care and/or sterile dressing changes for any wound or skin condition or Negative pressure wound therapy (NPWT)		<input type="checkbox"/>
4.5.4	Primary dressing for therapeutic or protective covering as part of treatment for surgical wounds or wound debridement		<input type="checkbox"/>
4.5.5	Complex stoma care (infected, frequent leaking, mucocutaneous junction separation, peristomal skin damage)		<input type="checkbox"/>
4.5.6	Pressure sores at stage II for patients with spasticity or multiple joints contractures		<input type="checkbox"/>
4.5.7	Wound care of Severe Epidermolysis Bullosa (Junctional or Dystrophic).		<input type="checkbox"/>
4.6	Bowel and Bladder Care	Duration(hours)	
4.6.1	Catheter care in the presence of UTI, Nephropathy or GUT abnormalities that may be affected by catheterization or requiring Catheter care with daily Bladder irrigation/wash		<input checked="" type="checkbox"/>
4.6.2	Bowel and bladder training (indicate the duration for training)		<input type="checkbox"/>
4.6.3	Rectal enemas in Inflammatory BD, Malignancy and after bowel surgery (indicate the duration for transitional/training period)		<input type="checkbox"/>
4.6.4	Indwelling catheter change (indicate frequency)		<input type="checkbox"/>
4.6.5	Peritoneal dialysis service for patient with history of peritonitis or HF and at risk of fluid overload		<input type="checkbox"/>
4.6.6	Newly Initiated Intermittent catheterization program or Sterile Intermittent catheterization for patients unable for selfcare		<input type="checkbox"/>
4.7	Palliative Care	Duration(hours)	
4.7.1	Relieving pain and/or ease symptoms related to serious illness such as malignancy and advanced stage "D" heart failure		<input type="checkbox"/>

4.8	Observation and/or Close Monitoring Services	Duration(hours)	
4.8.1	Patient at high risk of serious physical harm due to severe spasticity refractory to medication (MAS >3/4)		<input type="checkbox"/>
4.8.2	Patient with status of intractable epilepsy refractory to multiple antiepileptic medication with respiratory status at risk requiring observation and monitoring		<input type="checkbox"/>
4.8.3	Patient with fluctuating vital signs, symptoms of drug toxicity, abnormal/fluctuating lab values related to acute episode of illness requiring observation and monitoring		<input type="checkbox"/>
4.9	Post-Hospital Discharge Transitional Care/ Training Period	Duration(hours)	
4.9.1	Newly inserted feeding tube for bolus feeding for transitional care/ training period (indicate the duration for transitional/training period)		<input type="checkbox"/>
4.9.2	New Colostomy, Urostomy or Cystostomy management for transitional care and training for ostomy care for transitional care/ training period (indicate the duration for transitional/training period)		<input type="checkbox"/>
4.9.3	Newly initiated Peritoneal dialysis for transitional care/ training period (indicate the duration for transitional/training period)		<input type="checkbox"/>
4.9.4	Assess the patient respiratory status and technique for patient recently discharged to home with respiratory care & equipment for a transitional/training period (other care not included in the Respiratory Care domain and indicate the duration for transitional/training period)		<input type="checkbox"/>
4.9.5	Ensuring cardiorespiratory stability for patient recently discharge post critical care requiring a transitional period (indicate the duration for transitional period)		<input type="checkbox"/>
4.10	Physiotherapy & Rehabilitation Services	Sessions/Week	
4.10.1	Patient require physical therapy with reasonable expectation of significant improvement in a predictable and reasonable time (Indicate the expected outcome and estimated frame time)		<input type="checkbox"/>
4.10.2	Patient require speech therapy & regular assessment by speech language pathologist (Indicate the expected outcome and estimated frame time)		<input type="checkbox"/>
4.10.3	Patient require occupational therapy to improve functions with set clear goals (Indicate the expected outcome and estimated frame time)		<input type="checkbox"/>
4.10.4	Patient with high potential to develop complication require maintenance physiotherapy training period (indicate the duration for training)		<input type="checkbox"/>
4.10.5	Patient require respiratory therapy sessions as performed by respiratory therapists with set clear goals as recommended by specialist within the scope of practice		<input type="checkbox"/>
4.11	Devices and Aids Needed		
4.11.1	Patient needs devices and aids		<input type="checkbox"/>
4.11.2	Patient does not any devices and aids		<input type="checkbox"/>

4.11.3	Needs the following devices:		
	<ul style="list-style-type: none"> - - - - - - 		
Other Medical Information			
The clinical reason for the encounter was... <i>[brief statement on the main reason why patient was admitted]</i>			
The patient's clinical condition, as observed, during the encounter supports the patient's homebound status as follows... <i>[brief statement on the main reason why patient is referred for care through a home health facility]</i>			
Other Diagnosis, comorbidities and complications not covered in previous points:			
Addition details on required care/service			
Required Home Healthcare Services			
The patient needs the following home health services <i>[selection required]</i>			
	Required Services	Frequency	Duration
1	Skilled Nursing Services		
2	Physiotherapy		
3	Occupational Therapy		
4	Speech Therapy		
5	Respiratory Therapy		

Date of the next assessment/follow up: _____	
Homecare Discharge Plan Discharge Plan for services require transitional/training period, for services with set goals/outcomes to be achieved within estimated and defined timeline, or as indicated by the treating physician/referring physician.	
<input type="checkbox"/> After completion of transitional period <input type="checkbox"/> After completion of training period <input type="checkbox"/> Other reason to plan for discharge: _____	
Expected date (duration) to discharge from home care service _____	
<input type="checkbox"/> Extension of Home care Service Reason for Extension	
New Expected date (duration) to discharge from home care service _____	
I certify that a face-to-face encounter was performed on the above-named patient on [date] by [physician name].	
Referring physician Details	
Treating physician	Referring physician
Name	Name
Specialty	Specialty
License Number	License Number
Signature	Signature

-End of Home Healthcare Referral/Periodic Assessment Form-

8.5 Appendix 5. Patient Care Plan and Assessment

The Healthcare Plan is a coordinated plan between the Treating Physician, referring physician and the Home Healthcare service provider, and should be aligned on the elements in the table below.

Details the minimum requirements to be completed for a patient-specific care plan for healthcare services in the patient's home. Providers must ensure that each patient provided with healthcare services in the home has a care plan completed as a part of the assessment of the need for healthcare services by a multi-disciplinary team in accordance with the fields detailed in **Table 1**.

The Care Plan is monitored on a regularly basis and is subject to evaluation and re-assessment based on the patient's health condition or outcomes. All fields must be completed and agreed with the referring physician following face-to-face assessment with the patient.

Table1.

1. Assessment (Subjective/ Objective)	2. Mental State	3. Related Diagnosis	4. Rehabilitation potential Functional limitation and activities permitted	5. Safety measures to protect against injury	6. Nutrition al Require ments
7. All Medication and treatments	8. Inference	9. Planning (Goals, Objectives, and outcomes)	10. Type of Intervention & Responsible Healthcare Professional	11. Rationale	12. Duration

Referring physician:

Signature:

Date

-End of Patient Care Plan and Assessment -

8.6 Appendix 6. DoH Home Healthcare Assessment and reimbursement of Home Healthcare Services

- Reimbursement for home healthcare services is based on level of care (Simple Home Visit, Routine Home Nursing Care, Advanced Home Nursing Care), and the level of care is determined by assessing the type of care provided by professionals for each skilled health service across all domains of care.
- Incentive payments reflecting patient's improvement indicators and discharge from homecare services are to be considered as per a mechanism and shall be communicated separately.
- DoH Home Healthcare Assessment Form (Appendix 7) is required to be filled and completed by home healthcare service providers and submitted along with the required documents for preauthorization of home healthcare services to reflect the type of care for each skilled health service provided across all domains of care and to determine the level of care for reimbursement.
- Reimbursement for "Specialized Home Visit" level of care is for specialty physician (specialist/consultant) visits or psychotherapy visits.
- Home visits by home healthcare service provider's physician (follow-up or routine physician visits) are not billed separately and considered bundled within the approved Level of Care fees.

Table1. Level of Care

Visits
Simple Home Visit - one profession (Includes Nursing and other supportive services)
Specialized Home Visit (Includes Consultation by Specialty Physician or Psychotherapy)

Nursing Care
Routine Home Nursing Care
Advanced Home Nursing Care

- "Simple Home Visit": is a level of care representing home visits by professionals for nursing and supportive services including Nurse service, Physiotherapy (PT), Occupational therapy (OT), Speech therapist/Speech & language Pathologist (ST) and Respiratory therapy (RT).
- A "Simple Home Visit" reflects the level of care for services provided by one profession.
- "Simple Home Visit" level of care for services provided by a nurse is expected to be served in a duration less than or equal to 6 hours a day.
- Multiple nurse visits during a day are regarded as level of care "Simple Home Visit", unless the aggregate duration of services provided through multiple nurse visits during a day exceeds 6 hours, then the level of care for the provided services will be upgraded to "Routine Home Nursing Care".
- "Simple Home Visit" level of care is reimbursed as a quantity of (1) in a day regardless of the number of visits conducted by one profession on the same day.
- Multiple visits conducted by different professions (nurses, physiotherapists, occupational therapists, speech therapists/speech & language pathologists and respiratory therapists) are counted in respect of each profession, however the maximum quantity of level of care "Simple Home Visit" allowed for healthcare services provided by multiple professions for the same patient and by same home healthcare service provider is up to (14) a week.
- "Specialized Home Visit": is a level of care representing home visits for consultation by Specialty physician (Specialists/Consultants) or psychotherapy visits which are medically necessary and can be requested to be provided together with any existent home healthcare service provided by an authorized home healthcare service provider.
- "Specialized Home Visit" level of care can be recommended by the treating physician and reflected in the referral document prepared by the referring physician. Nevertheless, a home care physician can request for specialist/consultant visits in circumstances that are beyond his/her expertise and the facility to avail the requested service will be reimbursed as level of care "Specialized Home Visit".
- "Specialized Home Visit" are reimbursed in a quantity of (1) in a day regardless of the number of visits conducted by same professional on the same day.

- “Routine Home Nursing Care”: are routine home nursing care services that are expected to be serviced at a duration not less than 6 hours a day, however if a service is safely delivered in less than 6 hours, then the type of care will be regarded as “Simple Visit” except for services that require specialty nurses such as for peritoneal dialysis services, pain management and symptom management using narcotics or wound care for complex wounds.
- In circumstances that a patient requires extended nursing services for more than 16 hours a day to provide more than two health services at distinct domains with type of care “Routine Care”, then the Level of care for the provided services will be upgraded to “Advanced Home Nursing Care”.
- “Advanced Home Nursing Care”: are advanced home nursing care services that usually expected to be serviced at a duration not less than 16 hours a day due to complexity of the provided services or as require additional nursing expertise, however if the service(s) are safely delivered in less than 16 hours, then the type of care will be considered as “Routine Care” except for services that require specialty nurses such as for peritoneal dialysis services, pain management and symptom management using narcotics or wound care for complex wounds.
- For nursing care services, the highest type of care provided for services across all domains will represent the level of care to determine the reimbursement, considering “Simple Visit” as the lowest type of care and “Advanced Care” as the highest type of care, accordingly the level of care for nursing services can be regarded as “Simple Home Visit”, “Routine Home Nursing Care”, or “Advanced Home Nursing Care”.
- All other supportive services (PT, OT, SP, RT) are considered as type of care “Simple Visit”, hence the level of care for these supportive services can be only regarded as “Simple Home Visit”.
- Domine 9 “Physiotherapy & Rehabilitation Services” is for supportive services (PT, OT, SP, RT).

Requirement to complete DoH Homecare Patient Monitoring Form

- DoH Homecare Patient Monitoring Form (Appendix 8) is required to be filled in and submitted along with the required documents for preauthorization of Home healthcare services after each assessment period to renew for home healthcare services.
- Each domain of care has a set of Individualized Clinical questions (series) linked to different healthcare services included in the domain and are required to be reported - as applicable- if the respective service is selected in DoH Home Healthcare Assessment Form (Appendix 7).
- Payer will collect and review all submitted forms and share a summary with DoH on defined intervals.

8.7 Appendix 7. DoH Home Healthcare Assessment Form

DoH Home Healthcare Assessment Form

Section A. Determining the home health services and type of care.

- Please select the type of care to be provided in each domain and daily duration of service/weekly session along with details as per remarks.

Domain	Ref. No	Skilled Health Services	Type of Care*	Daily Duration (Hours)	Remark
1. Medication Management <small>N.B. Report Questions in Home Healthcare Patient Monitoring Form (IM series) as applicable</small>	1.1	Intravenous infusion (IV).	<input type="checkbox"/> Simple Visit <input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> Medication name, dose, frequency.
	1.2	Intramuscular injections (IM).	<input type="checkbox"/> Simple Visit		<ul style="list-style-type: none"> Medication name, dose, frequency.
	1.3	Administration of Narcotic analgesics (opioid).	<input type="checkbox"/> Advanced Care <small>(Specialized nurse with training and certification on pain and symptom management using narcotics and controlled drugs)</small>		<ul style="list-style-type: none"> Medication name, dose, frequency.
	1.4	Enteral multiple medications. Minimum 3 medications as per recommended by the treating physician.	<input type="checkbox"/> Simple Visit		<ul style="list-style-type: none"> Medication name, dose, frequency.
Details for Domain (1) as per "Remarks"					

Domain	Ref. No	Skilled Health Services	Type of Care*	Daily Duration (Hours)	Remark
2. Nutrition/ Hydration Care N.B. Report Questions in Home Healthcare Patient Monitoring Form (IN series) as applicable	2.1	Continuous NGT for feeding or NGT inserted with frequent ER visits due to NGT complications.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> Indicate the date of NGT insertion. Indicate frequency of ER visits due to feeding complications from previous assessment.
	2.2	Continuous GT, JT feeding via mechanical pump or with frequent ER visits due to Mechanical pump complications.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> Indicate the duration of feeding via mechanical pump. Indicate frequency of ER visits due to feeding complications from previous assessment.
	2.3	IV supplement administration for patient 'at risk' nutritional status.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> Indicate the duration of daily IV supplement.
	2.4	Total parenteral Nutrition (TPN).	<input type="checkbox"/> Advanced Care		<ul style="list-style-type: none"> Indicate the duration of daily TPN.
	2.5	Assessment of failure to thrive or nutritional status for patients 'at risk' nutritional status.	<input type="checkbox"/> Simple Visit <input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> Frequency of visits (intermittent /daily) to be determined as recommended by the treating/referral physician.
Details for Domain (2) as per "Remarks"					

Domain	Ref. No	Skilled Health Services	Type of Care*	Daily Duration (Hours)	Remark
3. Respiratory Care N.B. Report Questions in Home Healthcare Patient Monitoring Form (IR series) as applicable	3.1	Initiation of and adjustment of medical gases.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral if the patient will require monitoring.
	3.2	Dual O2 and BiPAP therapy at least 16 hrs./day.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> Indicate the duration for the Oxygen and BiPAP therapy.
	3.3	Insertion and replacement of tracheal cannula.	<input type="checkbox"/> Simple Visit		<ul style="list-style-type: none"> As recommended by the treating/referral physician.
	3.4	Frequent daily suctioning as a part of complicated tracheostomy care.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral physician.
	3.5	Tracheostomy care for pediatrics less than 6 years old.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral physician.
	3.6	Invasive Mechanical Ventilator management.	<input type="checkbox"/> Advanced Care		<ul style="list-style-type: none"> Details on the Invasive Mechanical Ventilation Settings and duration.
	3.7	Continuous O2 therapy (at least 16 hrs./day) with periodic assessment and monitoring of respiratory changes or patient's respiratory status at risk and may change suddenly and unpredictably.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral physician if the patient will require monitoring.

	3.8	Pulmonary disease with history of more than one emergency room visit or acute care hospital admission within the last three months.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral if the patient will require monitoring. Indicate frequency of ER visits/acute hospital admission within last 3 month.
Details for Domain (3) as per "Remarks"					

Domain 4	Ref. No	Skilled Health Services	Type of Care*	Daily Duration (Hours)	Remark
4. Skin & Wound care N.B. Report Questions in Home Healthcare Patient Monitoring Form (IS series) as applicable	4.1	Treatment of multiple ≥ 2 wounds/ pressure sores stage II in the trunk or pelvic areas.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> Indicate the number of pressure sores, grade, size and area. Indicate the care (dressing, debridement, other) and frequency.
	4.2	Management of stage III or IV pressure sore.	<input type="checkbox"/> Routine Care <input type="checkbox"/> Advanced Care (if performed by Specialized nurse with training and certification on Wound Care)		<ul style="list-style-type: none"> Indicate the number of pressure sores, grade, size and area. Indicate the care (dressing, debridement, other) and frequency.
	4.3	Complex wound care and/or sterile dressing changes for any wound or skin condition or	<input type="checkbox"/> Routine Care <input type="checkbox"/> Advanced Care (if performed by Specialized nurse with training and		<ul style="list-style-type: none"> As recommended by the treating/ref

		Negative pressure wound therapy (NPWT).	certification on Wound Care)		<p>erral physician</p> <ul style="list-style-type: none"> Indicate the size, care and frequency.
	4.4	Primary dressing for therapeutic or protective covering as part of treatment for surgical wounds or wound debridement.	<input type="checkbox"/> Simple Visit <input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral physician Indicate the size, care and frequency.
	4.5	Complex stoma care (infected, frequent leaking, mucocutaneous junction separation, peristomal skin damage, high output stoma with high risk of readmission).	<input type="checkbox"/> Simple Visit <input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral physician
	4.6	Pressure sores at stage II for patients with spasticity or multiple joints contractures.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral physician. Indicate the number of pressure sores, grade, size, and area. Indicate the care (dressing, debridement, other) and frequency. Indicate Ashworth Scale.
	4.7	Wound care of Severe Epidermolysis Bullosa (Junctional or Dystrophic).	<input type="checkbox"/> Routine Care <input type="checkbox"/> Advanced Care (if performed by Specialized nurse with training and certification on Wound Care)		<ul style="list-style-type: none"> As recommended by the treating/referral physician. Indicate the size, care (dressing,

					debridement, other) and frequency.
Details for Domain (4) as per "Remarks"					

Domain	Ref. No	Skilled Health Services	Type of Care*	Daily Duration (Hours)	Remark
5. Bowel and Bladder Care N.B. Report Questions in Home Healthcare Patient Monitoring Form (IB series) as applicable	5.1	Catheter care in the presence of UTI, Nephropathy or GUT abnormalities that may be affected by catheterization or requiring Catheter care with daily Bladder irrigation/wash.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral physician.
	5.2	Bowel and bladder training with treating physician recommendation for transitional/training period.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral physician. Indicate the duration to complete the Bowel/Bladder training in Home Care Discharge plan section.
	5.3	Rectal enemas in Inflammatory BD, Malignancy and after bowel surgery with treating physician recommendation for transitional/training period.	<input type="checkbox"/> Simple Visit		<ul style="list-style-type: none"> As recommended by the treating/referral physician. Indicate the duration to complete the transition/training period in Home Care Discharge plan section. Indicate the frequency of visits.
	5.4	Indwelling catheter change.	<input type="checkbox"/> Simple Visit		<ul style="list-style-type: none"> As recommended by the treating/referral physician.

					<ul style="list-style-type: none"> Indicate frequency to change the catheter.
	5.5	Peritoneal dialysis for patient with history of peritonitis of HF and at risk of fluid overload.	<input type="checkbox"/> Routine Care <input type="checkbox"/> Advance Care <small>(if performed by Specialized nurse with training and certification on Peritoneal dialysis)</small>		<ul style="list-style-type: none"> As recommended by the treating/referral physician.
	5.6	Newly Initiated Intermittent catheterization program or Sterile Intermittent catheterization for patients unable for selfcare.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral physician.
Details for Domain (5) as per "Remarks"					

Domain	Ref. No	Skilled Health Services	Type of Care*	Daily Duration (Hours)	Remark
6. Palliative Care N.B. Report Questions in Home Healthcare Patient Monitoring Form (IP series) as applicable	6.1	Relieving pain and/or ease symptoms related to serious illness such as malignancy and advanced stage "D" heart failure.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral physician.
Details for Domain (6) as per "Remarks"					

Domain	Ref. No	Skilled Health Services	Type of Care*	Daily Duration (Hours)	Remark
7. Observation and/or Close Monitoring Services N.B. Report Questions in Home Healthcare Patient Monitoring Form (IO series) as applicable	7.1	Patient at high risk of serious physical harm due to severe spasticity refractory to medication (MAS >3/4).	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral physician.
	7.2	Status of intractable epilepsy refractory to multiple antiepileptic medication with respiratory status at risk requiring observation and monitoring.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral physician.
	7.3	Fluctuating vital signs, symptoms of drug toxicity, abnormal/fluctuating lab values related to acute episode of illness requiring observation and monitoring.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral physician. Indicate the circumstances requiring the close monitoring.
Details for Domain (7) as per "Remarks"					

Domain	Ref. No	Skilled Health Services	Type of Care*	Daily Duration (Hours)	Remark
8. Post-Hospital Discharge Transitional Care/ Training Period N.B. Report Questions in Home Healthcare Patient Monitoring Form (IP series) as applicable	8.1	Newly inserted feeding tube for bolus feeding for transitional care/ training period if recommended by treating/referral physician.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> As recommended by the treating/referral physician. Fill the Home care Discharge plan section to specify the transitional care/ training period.

	8.2	New Colostomy, Urostomy or Cystostomy management for transitional care and training for Ostomy Care for transitional care/training period if recommended by treating/referral physician.	<input type="checkbox"/> Simple Visit <input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> • As recommended by the treating/referral physician. • Fill the Home care Discharge plan section to specify the transitional care/training period.
	8.3	Newly initiated Peritoneal dialysis for transitional care/training period if recommended by treating/referral physician.	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> • As recommended by the treating/referral physician. • Fill the Home care Discharge plan section to specify the transitional care/training period.
	8.4	Assess the patient respiratory status and technique for patient recently discharged to home with respiratory care & equipment with treating physician recommendation for a transitional/training period (other care not included in the Respiratory Care domain).	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> • As recommended by the treating/referral physician. • Fill the Home care Discharge plan section to specify the transitional care/training period.
	8.5	Ensuring cardiorespiratory stability for patient recently discharge post critical care with	<input type="checkbox"/> Routine Care		<ul style="list-style-type: none"> • As recommended by the treating/ref

		treating physician recommendation for a transitional period.			<p>erral physician.</p> <ul style="list-style-type: none"> Fill the Home care Discharge plan section to specify the transitional care/training period.
Details for Domain (8) as per "Remarks"					

Domain	Reference	Skilled Health Services	Type of Care*	Weekly Frequency	Remark
9. Physiotherapy & Rehabilitation Services <small>N.B. Report Questions in Home Healthcare Patient Monitoring Form (IR series) as applicable</small>	9.1	Episodes of physical therapy as a part of treatment or rehabilitation program where there must be a reasonable expectation of significant improvement in a predictable and reasonable time as recommended by specialist within the scope of practice.	<input type="checkbox"/> Simple Visit		<ul style="list-style-type: none"> As recommended by the treating/referral physician. Indicate objective & measurable goals for improvements and timeframe to achieve the set goals in Home Care Discharge plan section. Indicate the frequency of sessions.
	9.2	Patient unable to communicate, on speech therapy & regular assessment by speech language pathologist (1 YEARS and above) or as recommended by	<input type="checkbox"/> Simple Visit		<ul style="list-style-type: none"> As recommended by the treating/referral physician. Indicate objective & measurable

		specialist within the scope of practice.			<p>goals for improvements and timeframe to achieve the set goals in Home Care Discharge plan section.</p> <ul style="list-style-type: none"> • Indicate the frequency of sessions.
	9.3	Patient recommended for Occupational Therapy to improve functions with set clear goals as recommended by specialist within the scope of practice.	<input type="checkbox"/> Simple Visit		<ul style="list-style-type: none"> • As recommended by the treating/referral physician. • Indicate objective & measurable goals for improvements and timeframe to achieve the set goals in Home Care Discharge plan section. • Indicate the frequency of sessions.
	9.4	Maintenance physiotherapy training period for patients with high potential to develop complication.	<input type="checkbox"/> Simple Visit		<ul style="list-style-type: none"> • As recommended by the treating/referral physician. • Fill the Home care Discharge plan section to specify the transitional care/training period.

	9.5	Respiratory therapy sessions as performed by respiratory therapists with set clear goals as recommended by specialist within the scope of practice.	<input type="checkbox"/> Simple Visit		<ul style="list-style-type: none"> As recommended by the treating/referral physician. Fill the Home care Discharge plan section to specify the transitional care/training period.
Details for Domain (9) as per "Remarks"					

Section B. Summary of Monthly Requested Home Health Services & related Home Healthcare Patient

Monitoring questions

*Patient Name:	
*Age:	
*Gender:	
*Address (**Location of service):	
*Home Care facility Name:	
*Patient/Direct guardian Contact details	
*Assessment Date:	
*Next Assessment Date:	

*Mandatory Fields

**** Location of service is the address where the nursing service is being provided.**

- Indicate the type of service as "S" Simple visit, "R" Routine care, or "A" Advanced care per each skilled health service requested to be provided.

Skilled Health Services	Service 1	Service 2	Service 3	Service 4	Service 5	Service 6	Service 7	Service 8
Domain 1	1.1 []	1.2 []	1.3 []	1.4 []				
Domain 2	2.1 []	2.2 []	2.3 []	2.4 []	2.5 []			
Domain 3	3.1 []	3.2 []	3.3 []	3.4 []	3.5 []	3.6 []	3.7 []	3.8 []
Domain 4	4.1 []	4.2 []	4.3 []	4.4 []	4.5 []	4.6 []	4.7 []	
Domain 5	5.1 []	5.2 []	5.3 []	5.4 []	5.5 []	5.6 []		
Domain 6	6.1 []							
Domain 7	7.1 []	7.2 []	7.3 []					
Domain 8	8.1 []	8.2 []	8.3 []	8.4 []	8.5 []			
Domain 9	9.1 []	9.2 []	9.3 []	9.4 []	9.5 []			

Total duration of nursing service (hours) provided per day:	
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- Mark all applicable Patient Monitoring questions to be reported by next assessment

Individual Clinical Questions	IC.01	IC.02	IC.03	IC.04	IC.05	IC.06	IC.07
Domain 1	IM.01 <input type="checkbox"/>	IM.02 <input type="checkbox"/>	IM.03 <input type="checkbox"/>	IM.04 <input type="checkbox"/>	IM.05 <input type="checkbox"/>		
Domain 2	IN.01 <input type="checkbox"/>	IN.02 <input type="checkbox"/>	IN.03 <input type="checkbox"/>	IN.04 <input type="checkbox"/>			
Domain 3	IR.01 <input type="checkbox"/>	IR.02 <input type="checkbox"/>	IR.03 <input type="checkbox"/>	IR.04 <input type="checkbox"/>			
Domain 4	IS.01 <input type="checkbox"/>	IS.02 <input type="checkbox"/>	IS.03 <input type="checkbox"/>	IS.04 <input type="checkbox"/>			
Domain 5	IB.01 <input type="checkbox"/>	IB.02 <input type="checkbox"/>	IB.03 <input type="checkbox"/>				
Domain 6	IP.01 <input type="checkbox"/>	IP.02 <input type="checkbox"/>					
Domain 7	IO.01 <input type="checkbox"/>	IO.02 <input type="checkbox"/>					
Domain 8	IT.01 <input type="checkbox"/>	IT.02 <input type="checkbox"/>	IT.03 <input type="checkbox"/>	IT.04 <input type="checkbox"/>			
Domain 9	IR.01 <input type="checkbox"/>	IR.02 <input type="checkbox"/>	IR.03 <input type="checkbox"/>	IR.04 <input type="checkbox"/>	IR.05 <input type="checkbox"/>	IR.06 <input type="checkbox"/>	IR.07 <input type="checkbox"/>

Overall Home Care	IO.01 <input type="checkbox"/>	IO.02 <input type="checkbox"/>
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- Determine overall requested Homecare services

Level of Care	Upgraded**	Profession	Quantity per Month
Simple Home Visit*	N/A	<input type="checkbox"/> Nurse	
		<input type="checkbox"/> Physiotherapist	
		<input type="checkbox"/> Occupational Therapist	
		<input type="checkbox"/> Speech Therapist	
		<input type="checkbox"/> Respiratory Therapist	
Specialized Home Visit (including nurses or allied professional accompanying the physician)	N/A	<input type="checkbox"/> Specialist/Consultant	
		<input type="checkbox"/> Psychotherapy	
Routine Home Nursing Care*	<input type="checkbox"/>	Nurse	
Advanced Home Nursing Care*	<input type="checkbox"/>	Nurse	

*Level of Care for nursing services to be determined as "Simple Home Visit", "Routine Home Nursing Care" or "Advanced Home Nursing Care" based on the highest type of care to be provided across all domains or the provided services are qualified to be upgraded to higher level of care

** Mark the level of care as "Upgraded" if the provided nursing services are qualified for an upgrade to higher level of care as per the Standard for Provision of Home Healthcare Services

Section C. Homecare Discharge Plan

Discharge plan for:

- ☐ Nursing services
 ☐ Physiotherapy services
☐ Speech therapy services
 ☐ Occupational therapy services
☐ Respiratory Therapy Services

Initiation date for Home care services (under the respective home care facility):	
Expected period for completion of home care services:	
Expected date for discharge from home care services:	

For extension

Reason for extension:	
New expected date for discharge from Home care services:	

Home Care Physician Name:

- End of DoH Home Healthcare Assessment Form-

8.8 Appendix 8. DoH Home Healthcare Patient Monitoring Form

DoH Home Healthcare Patient Monitoring Form

The form includes clinical questions linked to home health services as provided to each individual patient in each domain of care.

*Patient Name:	
*Age:	
*Gender:	
*Address (**Location of service):	
*Home Care facility Name:	
*Patient/Direct guardian Contact details	
*Assessment Date:	
*Next Assessment Date:	

***Mandatory Fields**

**** Location of service is the address where the nursing service is being provided.**

Domain	Reference	Description	Measuring
Medication Management Clinical Monitoring (IM series)	IM.01	If applicable – Controlled DM readings within the assessment period for patient known with uncontrolled DM.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	IM.02	If applicable - Patient is shifted from sliding scale to fixed insulin dose due to improvement in glycemic control during assessment period.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	IM.03	If applicable - Patient is shifted from Insulin injections to oral anti diabetic medication due to improvement in glycemic control during assessment period.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	IM.04	Uneventful period following medication management serviced during the assessment period. N.B. Including any incident of overdose/missed dose, wrong doses, or complication due to route of administration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IM.05	ER visit or requirement for unplanned specialist visits throughout the assessment period due to incident or complication related to Medication Management.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nutrition/ Hydration Care Clinical Monitoring (IN series)	IN.01	Safe feeding (no aspiration events or complication due to feeding inserted device) through the assessment period and improvement in patient nutritional status.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IN.02	Complications due to IV supplement administration or Parenteral nutrition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	IN.03	Reduce dependency on continuous enteral feeding, IV fluid for patient at risk of nutritional status or shifting to oral nutrition due to improvement in patient condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	IN.04	ER visits or requirement for unplanned specialist visits throughout the assessment period due to incident or complication related to Nutrition/Hydration Care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory Care Clinical Monitoring (IR series)	IR.01	Uneventful respiratory status (no complication) for patient with frequent suctioning and/or on O2 therapy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IR.02	Improvement in respiratory status in terms of reducing dependency on/or weaning from O2 therapy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IR.03	Uneventful respiratory status (no complication) for patient on Mechanical ventilation.	<input type="checkbox"/> Yes <input type="checkbox"/> No

	IR.04	ER visit or requirement for unplanned specialist visits throughout the assessment period due to incident or complication related to Respiratory Care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin & Wound Care Clinical Monitoring (IS. series)	IS.01	Healed Pressure sore or reducing the stage of existing pressure sore throughout the assessment period.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	IS.02	Healed surgical wound, or any other type of wound or skin condition that initially requiring complex wound management or/and sterile dressing, or assisted device wound management (NPWT).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	IS.03	Reduced wound care management from complex wound therapy or assisted device wound management (NPTW) for any existing pressure sore, surgical wounds, or any other wound or skin condition to primary or simple wound dressing.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	IS.04	ER visits or requirement for unplanned specialist visits throughout the assessment period due to incident, complication related to Skin & wound Care or aggravation of existing wound condition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bowel and Bladder Care Clinical Monitoring (IB. series)	IB.01	Uneventful (no complication) days while Bowel and bladder care are provided during the assessment period.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IB.02	ER visit or requirement for unplanned specialist visits throughout the assessment period due to incident or complication related to Bowel and bladder care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IB.03	Extension of Bowel and bladder care period beyond the initially set forth period as a transition or for training.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Palliative Care Clinical Monitoring (IP. series)	IP.01	Uneventful (no complication) days while Palliative Care provided during the assessment period.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IP.02	ER visit or requirement for unplanned specialist visits throughout the assessment period due to incident or complication for a patient receiving palliative care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation and/or Close Monitoring Services Clinical Monitoring (IO. series)	IO.01	Uneventful (no complication) days while Observation and/or Close Monitoring Services are provided during the assessment period.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IO.02	ER visit or requirement for unplanned specialist visits throughout the assessment period due to incident or complication for a patient under Observation and/or Close Monitoring Services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Post Discharge Transitional Care/ Training Period Clinical Monitoring (IT. series)	IT.01	Uneventful (no complication) days while patient receiving transitional care or training during the assessment period.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IT.02	ER visit or requirement for unplanned specialist visits throughout the assessment period due to incident or complication while patient receiving transitional care or training.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IT.03	Final period or successful completion of transitional care/training period with plan for patient discharge safely from homecare services or care is reduced to lower level of care.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	IT.04	Extension of transitional care/training period beyond the initially set forth period as a transition or for training. N.B. If "Yes", indicate the reason for extension.	<input type="checkbox"/> Yes (Reason.....) <input type="checkbox"/> No
Physiotherapy & Rehabilitation Services Clinical Monitoring (IR. series)	IR.01	Patient is progressing in achieving their individual rehabilitation goals (Physical Therapist). N.B. If "Yes", report the progress in any internationally recognized measurable scale comparing the progress from previous assessment period to current assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IR.02	Patient is progressing in achieving their individual rehabilitation goals (Speech and language therapist). N.B. If "Yes", report the progress in any internationally recognized measurable scale comparing the progress from previous assessment period to current assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

	IR.03	Patient is progressing in achieving their individual rehabilitation goals (Occupational Therapist). N.B. If "Yes", report the progress in any internationally recognized measurable scale comparing the progress from previous assessment period to current assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IR.04	Patient is progressing in achieving their determined individual goals (Respiratory Therapist). N.B. If "Yes", report the progress in any internationally recognized measurable scale comparing the progress from previous assessment period to current assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IR.05	Final period for completion of maintenance physiotherapy training period for patients with high potential to develop complication and plan to discharge from the home physiotherapy care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IR.06	Extension of training period beyond the initially set forth period for maintenance physiotherapy training period. N.B. If "Yes", indicate the reason for extension.	<input type="checkbox"/> Yes (Reason.....) <input type="checkbox"/> No
	IR.07	ER visit or requirement for unplanned specialist visits throughout the assessment period due to injury or complication related to Physiotherapy & Rehabilitation Services	<input type="checkbox"/> Yes <input type="checkbox"/> No

Domain	Reference	Description	Measuring
Overall Home Care	OC.01	Is the patient currently receiving home (nursing) care services and planned for discharge from the home nursing care. N.B. If "Yes", indicate the expected date.	<input type="checkbox"/> Yes (Date.....) <input type="checkbox"/> No <input type="checkbox"/> N/A
	OC.02	Is the patient currently receiving home (supportive) care services (PT, OT, ST, RT) and planned for discharge from the home supportive care. N.B. If "Yes", indicate the expected date.	<input type="checkbox"/> Yes (Date.....) <input type="checkbox"/> No <input type="checkbox"/> N/A

Home Care Physician Name & Signature:

Assessment Date:

-End of DoH Home HealthCare Patient Monitoring Form -