



***For a patient admitted to home health from an acute or post acute facility, this form can be:***

- *Completed by the home health agency clinician and provided, along with the hospital discharge summary to the community physician, who will be certifying the patient for home care. The document must be signed by the community/certifying physician retained in her/his records and returned with signature to the home health agency for their records. Note: discharge summary must include MD name, and date of encounter*

*OR*

- *Completed by the hospital case manager in support of the discharge summary, and signed and dated by the hospitalist who is certifying home health; this addendum is incorporated into the hospital medical record; and a copy of the addendum along with the discharge summary are sent to the home health agency.*

*Prepared by the Home Care Alliance of Massachusetts- December 2014*