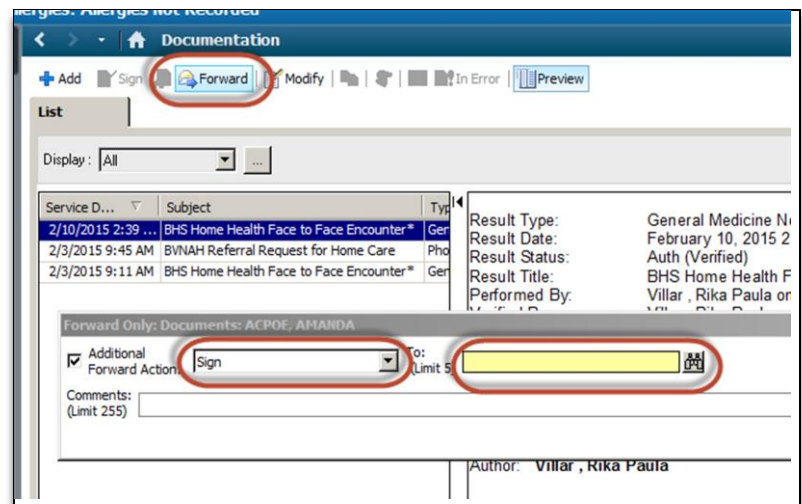


Greetings!

Beginning March 2015, in CIS, you will now be able to electronically refer your patient to **BVNAH Home Care / Palliative/ Hospice Care**. Here's how:

- Complete the Home Health Face to Face Note in CIS
 - Regardless of the patient's insurance, this must be completed and will serve as the order
 - Go to Documentation > Add > Search "Home Health Face to Face" on the search field and select the **Home Health Face to Face Encounter** note (Does not apply to Hospice patients)
 - Use this template to select the services that your patient needs.
 - IMPORTANT:** Select all that apply for the homebound reasons.
 - IMPORTANT:** If this note is completed by anyone other the provider, it needs to be forwarded to the provider for signature. In Documentation, select the note, click **Forward**. Select **Sign** for Additional Forward Action. On the **To:** field, type in the provider's name.
- Send a message to the **Consult BVNAH Referral Pool** and use the **BVNAH Referral Request for Home Care Template**.
 - IMPORTANT:** Make sure that the Home Health Face to Face is completed (Does not apply to Hospice patients)
- BVNAH Staff will get back to you to acknowledge receipt of the referral. If they need more information, they will reply to your message or call you.

- <u>Home Health Face to Face</u> - <u>Use Free Text</u>	
	Addendum to Home Health Plan of Care
Date of Face to Face Encounter	Date
Medical Condition	Primary Discharge Diagnosis / OTHER
Nursing	Medication management (reconciliation, teaching) / Chronic disease management / W care / Trach or GT care / Drain care / Home safety evaluation / OTHER
Physical Therapy	Functional mobility training / Home exercise program to strengthen, increase ROM / Fi disease / OTHER
Occupational Therapy	ADL Management / Fall prevention training / Energy conservation / Cognitive training
Speech Therapy	Swallow evaluation and training / Speech and language training / Cognitive training to
Homebound due to	Inability to leave home without assistance/supervision / Inability to ambulate without ass / Unsteady gait / Severe SOB and fatigue / Impaired transfers / Inability to negotiat / Mental status changes / FREETEXT

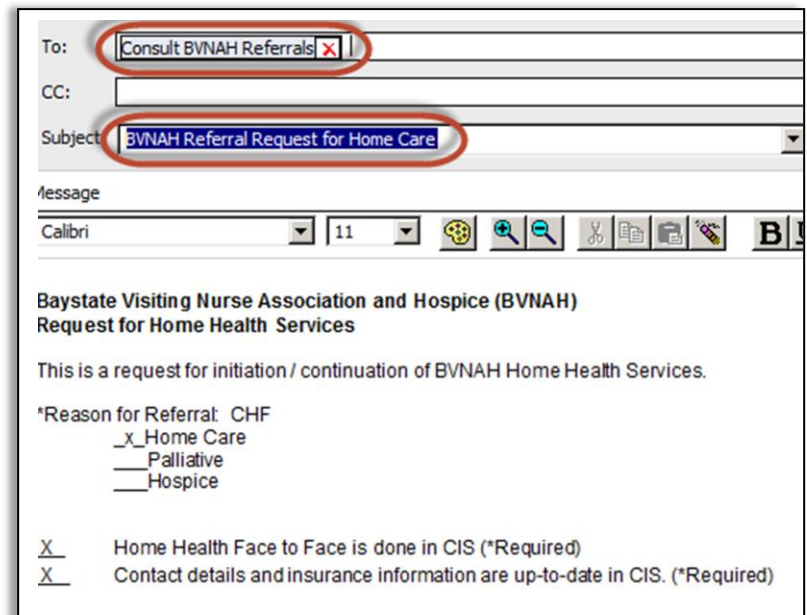


Documentation

Forward

Additional Forward Action: Sign

To: [Provider Name]



To: Consult BVNAH Referrals

Subject: BVNAH Referral Request for Home Care

Baystate Visiting Nurse Association and Hospice (BVNAH)
Request for Home Health Services

This is a request for initiation / continuation of BVNAH Home Health Services.

*Reason for Referral: CHF
 Home Care
 Palliative
 Hospice

Home Health Face to Face is done in CIS. (*Required)
 Contact details and insurance information are up-to-date in CIS. (*Required)