



| Name of Policy | Documentation of Visit |  |
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| <p><b>Policy Statement:</b></p> | <p>As a condition of payment, Care at Home caregivers must document each occurrence of health services provided in the client’s health service record (plan of care). Improper documentation may result in repayment and penalties. When you document on the Home Health Aid Visit Note in Netsmart, this will capture all of the below requirements.</p> |
| <p><b>Procedure:</b></p>        | <p>The record must be legible at a minimum to the Caregiver.</p> <p>The client’s name must be on each page of the client’s record.</p> <p>Each entry in the health service record must contain:</p> <ul style="list-style-type: none"> <li>(1) The date on which the entry in made.</li> <li>(2) The date or dates on</li> </ul>                          |

which the health service is provided.

(3) The length of time spent with the client if the amount paid for the service depends on time spent.

(4) The signature and title of the Caregiver.

Home Health Aid Visit Note must be submitted by 9:00 a.m. Monday and final timesheet corrections are due by 5:00 p.m. Monday to be considered in the following week's paycheck process. It is the responsibility of the Caregiver to verify that the Caregiver's timesheet has been submitted. Each visit should be entered within 24 hours of the time that the visit has occurred.

Timesheets must be submitted within the Netsmart EHS system fax, mail or in person within thirty (30) days after the first original date of service to which the timesheet relates. Timesheets received after thirty (30) days will be held for confirmation of payment to Care at Home before paycheck is issued to Caregiver. Submitting timesheets after thirty (30) days from effective date will require investigation and may be

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|  | <p>subject to disciplinary action up to and including termination.</p> <p>Care at Home Caregiver Time and Activity Documentation form is available on the external website, <a href="https://cahde.devereo.com">https://cahde.devereo.com</a>, or you may request a copy by contacting the Care at Home office in Wilmington, Delaware..</p> |
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| <b>Signature:</b> | <b>Name:</b> | <b>Date of Review:</b> |
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