Home Health Certification and Plan of Care

Order ID: 1150/19395

1. Patient s HI claim No.	2. Start Of Care Date	3. Certification Period	4. Medical Record No.	5. Provider No.
7VX6XT8FF61	06/01/2026	From: 06/01/2026 To: 07/30/2026	20602	217058

6. Patient's Name and Address
Tracey Cooper
30 Cedar Knoll Road,
COCKEYSVILLE, MD 21030-
443-278-3256

7. Provider's Name, Address and Telephone Number
HomeCentris Healthcare LLC
10 Crossroads Drive, Suite 102
Owings Mills, MD 21117-8284
410-321-8448
1487113239

8. DOB 04/26/1975 | **9.Sex** Male

10. Medications: Dose/Frequency/Route (N)ew (C)hanged

Trazodone - Trazodone Hydrochloride 50mg tablet by mouth at bedtime Take 50 mg by mouth nightly as needed for Sleep.
Celexa - Citalopram Hydrobromide eq 40 mg base 40 mg oral tablet by mouth once a day 40 mg, Oral, 1 time daily, 0600
Aspirin - Aspirin 81mg tablet by mouth at bedtime 81 MG chewable tablet Take 81 mg by mouth nightly.
Revatio - Sildenafil Citrate eq 20 mg base 1 tablet by mouth as necessary Prn

11. ICD	Principal Diagnosis	Date
G35.D	Multiple sclerosis unspecified	06/01/26

13. ICD	Other Pertinent Diagnoses	Date
F31.9	Bipolar disorder unspecified	06/01/26
Z79.82	Long term (current) use of aspirin	06/01/26
Z86.718	Personal history of other venous thrombosis and embolism	06/01/26

14. DME and Supplies:
wheelchair, hand held shower, bath bench, hoyer lift, grab bars

15. Safety Measures:
fall precautions, wheelchair precautions, bathroom safety

16. Nutrition:
1400cal ADA

17. Allergies:
no known allergies

18.A. Functional Limitations
Endurance, Paralysis, Ambulation

18.B. Activities Permitted
Up As Tolerated, Wheelchair, Transfer bed/Chair

19. Mental & Pyschosocial Status: COGNITION: 0. Alert/ oriented, able to focus and shift attention, comprehends and recalls task directions independently., ANXIETY: 0. Never, SOCIAL ISOLATION: 1. Rarely, BEHAVIORAL ISSUES: 7. None of the above behaviors demonstrated, HISTORY OF DEPRESSION: No

20. Prognosis: fair

22. A Rehabilitation Potential:
SELF-CARE: 1. Dependent - A helper completed all the activities for the patient., MOBILITY: 9. Not Applicable

22.B.Discharge Plans
family/caregiver will be responsible for managing treatment

Homebound status: Due to diagnosis of Multiple sclerosis unspecified, the patient is experiencing decreased endurance and mobility, increasing the likelihood of falls. To safely leave their home, the patient needs assistance from another person and an assistive mobility device.

Clinical Condition Requiring Homecare:

The patient is a 51-year-old male with a longstanding history of advanced multiple sclerosis (MS) diagnosed approximately 20 years ago, complicated by neurogenic bladder, severe spasticity, wheelchair dependence, and complete dependence for activities of daily living (ADLs). The patient resides in a single-family home with his wife and two children. A small dog is present in the home and was appropriately secured away from the patient care area during the visit. The patient is dependent on a Hoyer lift for all transfers and requires extensive caregiver assistance for daily care. He utilizes an external condom catheter for bladder management, and his wife performs manual disimpaction of stool every other day due to significant bowel dysfunction. The patient was recently hospitalized from 05/15/2026 to 05/21/2026 for placement of an intrathecal baclofen pump to address severe pain and spasticity associated with advanced MS. Following discharge, he required readmission from 05/23/2026 to 05/28/2026 for treatment of a pulmonary embolism (blood clot in the lung). He was subsequently referred to home health services for ongoing skilled care and rehabilitation. Prior to hospitalization, the patient experienced multiple falls, including a reported fall from his wheelchair secondary to severe muscle spasms. No falls have been reported since discharge, and both the patient and family report improvement in spasticity following baclofen pump implantation. The patient demonstrates significant functional impairments related to advanced MS, including decreased trunk control, impaired sitting balance, generalized weakness, reduced activity tolerance, and diminished functional mobility. Physical therapy evaluation identified a decline in strength, postural control, seated balance, transfer abilities, and overall mobility following hospitalization. The patient remains wheelchair-bound and is currently awaiting delivery of a power wheelchair to improve mobility and positioning. Skilled physical therapy services are medically necessary to address core strengthening, postural alignment, seated balance training, transfer techniques, wheelchair positioning, mobility safety, and caregiver education. These interventions are intended to reduce fall risk, maximize safe participation in daily activities, optimize use of adaptive equipment, and decrease caregiver burden. Occupational therapy evaluation was completed and revealed continued functional deficits impacting self-care and daily activities. The patient demonstrated poor unsupported sitting balance when positioned at the edge of a chair without back support, with a notable tendency to lean toward the right side. Bilateral upper extremity range of motion was within functional limits; however, strength testing revealed right upper extremity strength of 4-/5 and left upper extremity strength of 4/5. The patient exhibits impaired motor control and coordination due to the progression of multiple sclerosis, limiting his ability to perform purposeful movements efficiently. Functionally, he requires maximal assistance with upper body dressing, is dependent for lower body dressing, and remains dependent for all transfers. Occupational therapy services will focus on patient and caregiver education, development and progression of a home exercise program, ADL retraining, positioning strategies, and techniques to maximize functional independence and safety within the patient's current capabilities. The patient may benefit from participation in an intensive outpatient rehabilitation program in the future as medically appropriate. Skilled nursing services are ordered at a frequency of one visit per week for two weeks to provide ongoing assessment, monitoring of the baclofen pump and overall medical status, medication management, disease process education, and coordination of care. A home health aide has been requested to assist with bathing and personal care needs. The patient and caregiver will continue to receive education regarding safety precautions, fall prevention, skin integrity maintenance, bowel and bladder management, transfer techniques, use of adaptive equipment, and strategies to support optimal function and quality of life. Continued interdisciplinary home health services, including skilled nursing, physical therapy, occupational therapy, and home health aide support, are indicated to address the patient's complex medical and functional needs, prevent complications, and maximize safety and independence within the home environment.
 Date of Order 06/01/2026 Orders Physician Face-to-Face Date: 05/15/2026 Clinical Condition Requiring Home Care per Certifying Physician: sn-disease management, pt-eval & treat, ot-eval & treat due to Multiple sclerosis unspecified Homebound Status per Certifying Physician: patient requires another person or medical equipment such as crutches, a walker, or a wheelchair to leave home
 1 - SOC - SN Notes: soc PT Eval Notes: OT Eval Notes:
 Physician Tia, Iddrisu

SN Careplans

SN WK1: 1 (06/01/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26)

PARAMETERS FOR PHYSICIAN NOTIFICATION: temperature < 95 > 100.5, heart rate < 50 > 110, respiratory rate < 8 > 22, blood pressure systolic < 90 > 169, blood pressure diastolic < 60 > 90, O2 saturation < 88 > 100, pain < 0 > 5

CAREGIVER: 1. Non-agency caregiver(s) currently provide assistance

HOSPITALIZATION RISKS: 1. History of falls (2 or more falls - or any fall with an injury - in the past 12 months), 3. Multiple hospitalizations (2 or more) in the past 6 months, 4. Multiple emergency department visits (2 or more) in the past 6 months, 6. Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3

SN Goals

PATIENT-STATED GOAL: Patient states she wants to be more independent.

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications,

23. Signature and Date of Verbal SOC Where Applicable:
Electronically Signed by Messick, Charles RN on 06/01/2026

25. Date HHA Received Signed POT

24. Physician's Name and Address
Iddrisu Tia
108 Marburth Ave
Towson , MD 21286
PHONE: 410-847-3000 FAX: NPI: 1093337388

26. I certify/recertify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized the services on this plan of care and will periodically review the plan.
F2F date : 05/15/2026

27. Attending Physician's Signature and Date Signed : Date of physician last face-to-face

28. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

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months, 7. Currently taking 5 or more medications, 8. Currently reports exhaustion

STANDING ORDERS: infection control: hygiene, proper hand washing; advance directive: plan if patient is unable to make healthcare decisions ; fall precautions: wear sensible shoes, remove home hazards, living space adequately lit, assistive devices prn; emergency preparedness: plan for prn evacuation, resumption of home health visits; Assess the patient's incision on post op day 7 and the nurse or physical therapist will remove aquacel dressing leaving OTA; if incision is draining educate pt/pcg on cleaning with normal saline and covering with dry gauze daily and as needed.
Assess/Instruct Pt/Pcg: Ice to ____ x 20 minutes each hour while awake. If cold machine ordered apply 20 minutes on and 20 minutes off for 3-4 times a day.
Assess/Instruct all body systems/vital signs/complications, Blood Pressure; systolic is greater than 169 mm Hg or less than 90 mm Hg; diastolic is greater than 100 mm Hg or less than 55 mm Hg, Clinician to assess comorbidities and report changes in condition to the patient's physician, Pain Rating is greater than 6 on 0-10 scale, Pulse is greater than 110 or less than 50, Respirations are greater than 22 or less than 8, SPO2: is less than 90 % at rest /with exertion, Temperature is greater than 100.5 F or less than 95.0 F, Pain Rating is greater than 6 on 0-10 scale
Implement Fall Prevention Program, Instruct and educate the patient/PCG on wearing compression stockings for the next 4 weeks per discharge instructions.
Instruct the pt/PCG on using the incentive spirometer 10 times every 2 hour while awake.
Provide education content at patient's level of health literacy.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury.
Assess: Musculoskeletal status.
Teach Pt/Pcg to maintain appropriate wt bearing status as ordered by MD, total joint replacement precautions as applicable, Safe stair climbing skills, Safe, effective use of adaptive/assist device
Assess/Instruct Pt/Pcg: Pain management measures; assess pain level, pain medication, rest, body alignment, ROM, meditation, massage.
Pt/Pcg educated in pain management techniques including positioning and relaxation techniques
Instruct Pt/Pcg: Medication actions, uses, frequency, dose, side effects, interactions of all new/change meds, Provide medication education,.
Assess/Instruct Pt/Pcg: Safety measures to prevent injury, Therapeutic Exercise, Transfer Training
Monitor surgical wound for s/s of infection, educate on s/s of concern and infection prevention to promote wound healing.

; Skin Preservation: Measures to prevent skin breakdown; pressure relief, incontinence care, nutrition, hydration ; Pain: Pain management measures; pain medication, rest, body alignment, ROM, meditation, massage ; Medications: Medication actions, uses, frequency, dose, interactions of all new/change meds
Advance Directive:Living Will

PROBLEMS IDENTIFIED ON ASSESSMENT: M1720 - Anxiety, meal preparation, A1250 - Lack of Necessary Transportation, M2020 - Oral Med Management, M1400 - Dyspnea, M1033 - Exhaustion, dependent edema, constipation, urine retention, M1610 - Urinary Catheter, swelling of affected area, limited endurance, limited range of motion, muscle weakness, muscle spasms, limited strength, pain radiating to arms/legs, balance deficit, involuntary movement of extremity, weak hand grips, B1000 - Vision Deficit, Pain Interference with ADLs, Pain Interference with Therapy activities, #1 - Observable Surgical Wound - Posterior Midline - , #2 - Observable Surgical Wound - Anterior Right Abdomen -

PROCEDURES: physician-ordered wound care: #2 - Observable Surgical Wound - Anterior Right Abdomen -, physician-ordered wound care: #1 - Observable Surgical Wound - Posterior Midline -, cough/deep breathing exercises, incentive spirometer, apply anti-embolitic stockings, apply compression bandage, physician-ordered wound care: assess close wound site each visit, catheter change, care & irrigation: condon cath, apply by cg, coordinate/arrange preparation of missing meals, coordinate/arrange resources for vision-impaired, coordinate/arrange transportation services

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, * how to maintain a diary to monitor effective and non-effective pain relief including documenting time of pain, rating, precipitating events, medications, treatments, and what works best to relieve pain teach relaxation skills and diversional activities, related medication(s) purpose, schedule, * prevention exacerbation of anxiety condition including coping patterns improved concentration strategies to reduce anxiety identification of anxiety precipitants, conflicts, and threats, related medication(s) purpose, schedule, * how to achieve wound healing including cleaning and dressing wound position changes skin care diet modification record wound measurements, related medication(s) purpose, schedule, * urinary catheter management including how to flush catheter change and wash drainage bags prevent infection including proper handwashing positioning of catheter, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related medication(s) purpose, schedule, * how to keep home safe for patient with vision loss including eliminating hazards enhancing lighting using mechanical aids, patient self-administers medications as prescribed, related medication(s) purpose, schedule, patient's transportation needs are met, meal preparation is available to patient for all meals

treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* prevention exacerbation of anxiety condition including coping patterns
* improved concentration
* strategies to reduce anxiety
* identification of anxiety precipitants, conflicts, and threats
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to achieve wound healing including cleaning and dressing wound
* position changes
* skin care
* diet modification
* record wound measurements
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* urinary catheter management including how to flush catheter
* change and wash drainage bags
* prevent infection including proper handwashing
* positioning of catheter
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* strategies to minimize fatigue and exhaustion including work simplification
* energy conservation
* lifestyle changes
* diet
* recalls related medication(s) purpose, schedule

patient/caregiver recalls
* how to keep home safe for patient with vision loss including eliminating hazards
* enhancing lighting
* using mechanical aids

patient self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

patient's transportation needs are met

meal preparation is available to patient for all meals

PT Careplans	PT Goals

Signature of Physician:	Date
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Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/01/2026

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PT WK1: 1 (06/01/26-06/06/26) ,WK2: 1 (06/07/26-06/13/26) ,WK3: 1 (06/14/26-06/20/26) ,WK4: 1 (06/21/26-06/27/26) ,WK5: 1 (06/28/26-07/04/26) ,WK6: 1 (07/05/26-07/11/26) ,WK7: 1 (07/12/26-07/18/26) ,WK8: 1 (07/19/26-07/25/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: GG0170F1 - Toilet Transfer, GG0170R1 - Wheel 50 ft w 2 Turns, GG0170S1 - Wheel 150 feet, GG0170D1 - Sit to Stand, GG0170E1 - Chair to Bed to Chair, GG0170G1 - Car Transfer

PROCEDURES: Stretching exercises/core exercises: stretching exercises in supine on B LE on AP; core strengthening exercises, wheelchair training: POwer wheelchair, home exercise program: Perform daily in supine position: abdominal bracing, pelvic tilts, gluteal sets, quadriceps sets, heel slides, and assisted upper extremity reaching activities for core activation and trunk control. Complete 10-15 repetitions of each exercise, transfers training: pressure relief strategies sitting etc

TEACH PATIENT/CAREGIVER: Sit to Stand - 02. Substantial/maximal assistance, Chair to Bed to Chair - 02. Substantial/maximal assistance, Car Transfer - 02. Substantial/maximal assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent

PATIENT-STATED GOAL: To get my exercises for the core

GOALS
Sit to Stand - 02. Substantial/maximal assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Car Transfer - 02. Substantial/maximal assistance

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

OT Careplans

OT WK1: 1 (06/01/26-06/06/26) ,WK3: 1 (06/14/26-06/20/26) ,WK5: 1 (06/28/26-07/04/26) ,WK7: 1 (07/12/26-07/18/26)

PROBLEMS IDENTIFIED ON ASSESSMENT: M1400 - Dyspnea, GG0130B1 - Oral Hygiene, GG0130C1 - Toileting Hygiene, GG0130E1 - Shower/Bathe Self, GG0130F1 - Upper Body Dressing, GG0130G1 - Lower Body Dressing, GG0130H1 - Don/Doff Footwear, GG0130A1 - Eating

PROCEDURES: safety during ADLs : at chair level, wheelchair training, home exercise program: to increase BUE MMT and Hands control, equipment training, work simplification/energy conservation, transfers training

TEACH PATIENT/CAREGIVER: * lifestyle modifications to manage respiratory condition including diet changes and regular exercise strategies to control shortness of breath home remedies to keep lungs healthy, related medication(s) purpose, schedule, Chair to Bed to Chair - 02. Substantial/maximal assistance, Car Transfer - 02. Substantial/maximal assistance, Sit to Stand - 02. Substantial/maximal assistance, Toilet Transfer - 01. Dependent, Wheel 50 ft w 2 Turns - 06. Independent, Wheel 150 feet - 06. Independent, Oral Hygiene - 05. Setup or clean-up assistance, Toileting Hygiene - 01. Dependent, Shower/Bathe Self - 01. Dependent, Upper Body Dressing - 03. Partial/moderate assistance, Lower Body Dressing - 01. Dependent, Don/Doff Footwear - 01. Dependent, Eating - 05. Setup or clean-up assistance

OT Goals

PATIENT-STATED GOAL: Increase BUE strenght, contorl movement and core strengthening.

GOALS
patient/caregiver recalls
* lifestyle modifications to manage respiratory condition including
* diet changes and regular exercise
* strategies to control shortness of breath
* home remedies to keep lungs healthy
* recalls related medication(s) purpose, schedule

Sit to Stand - 02. Substantial/maximal assistance

Chair to Bed to Chair - 02. Substantial/maximal assistance

Car Transfer - 02. Substantial/maximal assistance

Toilet Transfer - 01. Dependent

Wheel 50 ft w 2 Turns - 06. Independent

Wheel 150 feet - 06. Independent

Oral Hygiene - 05. Setup or clean-up assistance

Toileting Hygiene - 01. Dependent

Shower/Bathe Self - 01. Dependent

Upper Body Dressing - 03. Partial/moderate assistance

Lower Body Dressing - 01. Dependent

Don/Doff Footwear - 01. Dependent

Eating - 05. Setup or clean-up assistance

Signature of Physician:	Date
	PAGE 3 of 3
Optional Name/Signature of Nurse/Therapist:	Date
Electronically Signed by Messick, Charles RN	06/01/2026