HOME HEALTH CERTIFICATION AND PLAN OF CARE

Order ID 115021649

Patient Details

Patient's HI Claim No.	Start of Care Date	Certification Period	Medical Record No.	Provider No.
1MJ1FX1NC97	08/26/2026	08/26/2026 - 10/24/2026	28822	217058

Patient's Name and Address	Gender	Date of Birth	Phone Number
Joseph Schwartz 518 CHARLES STREET AVENUE TOWSON, MD 21204	Male	11/06/1946	410-458-9981
	Email JAY@PRIGROUP.ORG		**Primary Language** English

Clinical Profile

Provider's Name	Address	Phone Number
HomeCentris Healthcare LLC	10 Crossroads Drive, Suite 102 Owings Mills, MD 21117	410-321-8448
NPI 1487113239		**Fax Number** 410-559-3002

Clinical Condition Requiring Homecare:

The patient is a 79-year-old male referred for skilled occupational therapy (OT) services following hospitalization secondary to falls, gait imbalance, and spasms stemming from a multiple sclerosis (MS) exacerbation. Past medical history is significant for cervical and lumbar spinal stenosis status post surgeries, multiple sclerosis managed with ocrelizumab, chronic lower extremity weakness greater on the right than the left (R>L), osteoporosis, depression, benign prostatic hyperplasia (BPH), and hypothyroidism. Prior to hospitalization, the patient resided with his wife in a ranch-style home and was independent with basic self-care, functional transfers, and functional ambulation using a rolling walker (RW). Currently, the patient presents with increased spasms, decreased standing balance, reduced standing tolerance, decreased bilateral upper extremity strength, and decreased activity tolerance, resulting in reduced independence with self-care and daily functional activities. Skilled OT services are recommended to address these identified deficits, improve functional strength, balance, standing tolerance, activity tolerance, and safety with self-care and functional mobility, and facilitate the patient's return to his prior level of functional independence.

Date of Order
08/26/2026
Orders
Physician Face-to-Face Date: 08/03/2026
Clinical Condition Requiring Home Care per Certifying Physician: 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 - OT Notes:
PT Eval Notes:

Physician
Dewitt, Erica

Physician Statement on 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.

ICD-10 CM Principal Diagnosis: G35.D. Multiple sclerosis unspecified

Other Pertinent Diagnoses		
ICD-10 CM	**Description**	**Medications**
M48.061	Spinal stenosis lumbar region without neurogenic claud	BACLOFEN 20 MG / 1 Tablet by mouth 4 times daily ESCITALOPRAM 20 MG / 1 Tablet by mouth daily Commonly known as: LEXAPRO GABAPENTIN 300 MG / 1 Capsule by mouth 4 times daily Commonly known as: NEURONTIN LEVOTHYROXINE 75 MCG / 1 Tablet by mouth daily before breakfast Commonly known as: SYNTHROID MAGNESIUM Take 250 MG Caps by mouth daily probiotics - mouth daily Oyster Shell Calcium/Vitamin D 250-3.125 MG-MCG / 1 Tablet by mouth once a day Clonazepam - Clonazepam 0.5 mg 1 tablet by mouth four times a day Muscle relaxer Tizanidine Hydrochloride - Tizanidine Hydrochloride eq 2 mg base 1 tablet by mouth once a day Muscle relaxer Tizanidine Hydrochloride - Tizanidine Hydrochloride eq 2 mg base 1 tablet by mouth once a day Muscle relaxer
M48.02	Spinal stenosis cervical region	
M81.0	Age-related osteoporosis w/o current pathological fracture	
F32.A	Depression unspecified	
N40.1	Benign prostatic hyperplasia with lower urinary tract symp	
R33.8	Other retention of urine	
E03.9	Hypothyroidism unspecified	
F39.	Unspecified mood [affective] disorder	
F17.210	Nicotine dependence cigarettes uncomplicated	
Z86.15	Personal history of latent tuberculosis infection	

Prognosis good	**Mental and Psychosocial 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: Yes
Functional Limitations Ambulation, Endurance	**Activities Permitted** Up As Tolerated
DME & Supplies wheelchair, rolling walker, commode, cane, bath bench	**Safety Measures** fall precautions
Nutrition Z. NO PHYSICIAN-ORDERED DIET	**Allergies** bactrim sulfa antibiotics

Advance Directives
POLST (s for Life-Sustaining Treatment)

Caregiver Status
1. Non-agency caregiver(s) currently provide assistance

Rehabilitation Potential
SELF-CARE: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper., MOBILITY: 3. Independent - Patient completed all the activities by him/herself, with or without an assistive device, with no assistance from a helper.

DISCHARGE PLAN:
family/caregiver will be responsible for managing treatment

Orders for Discipline and Treatment:
1 - SOC - OT

PT Eval

OT CAREPLAN

OT frequency WK1: 1 (08/26/26-08/29/26),WK3: 1 (09/06/26-09/12/26),WK5: 1 (09/20/26-09/26/26),WK7: 1 (10/04/26-10/10/26),WK9: 1 (10/18/26-10/24/26)

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: 0. No assistance needed - patient is independent or does not have needs in this area

HOSPITALIZATION RISKS: 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; 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:POLST (Physician Orders for Life-Sustaining Treatment)

08/26/2026 Problems : GG0170M1 - 1 - Step (curb)
GG0130F1 - Upper Body Dressing
GG0130A1 - Eating
GG0130H1 - Don/Doff Footwear
GG0130G1 - Lower Body Dressing
GG0130E1 - Shower/Bathe Self
GG0130C1 - Toileting Hygiene
GG0130B1 - Oral Hygiene
GG0170L1 - Walk 10 ft on Uneven Surface
GG0170E1 - Chair to Bed to Chair
GG0170G1 - Car Transfer
GG0170P1 - Picking Up Object
GG0170O1 - 12 Steps
GG0170N1 - 4 Steps
GG0170K1 - Walk 150 Feet
GG0170J1 - Walk 50 ft with 2 Turns
GG0170I1 - Walk 10 Feet
GG0170F1 - Toilet Transfer
GG0170D1 - Sit to Stand
M1033 - Exhaustion
Pain Effect on Sleep
Pain Interference with Therapy activities
Pain Interference with ADLs
M1400 - Dyspnea
M2020 - Oral Med Management
balance deficit
D0160 - Depression

PROCEDURES: Medication Review : Medication reviewed with patient with all medications in the home, home exercise program: Bilateral UE triceps extensions, biceps curls, armchair press-ups 2-3 sets 8-12 reps, equipment training, work simplification/energy conservation, transfers training: Skilled OT, assist with bathing: Skilled OT, assist with lower body dressing: Skilled OT, assist with upper body dressing: Skilled OT

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, * depression-prevention strategies including avoidance of isolation healthy eating sleeping habits identification of activities that bring pleasure preventive care, related medication(s) purpose, schedule, * strategies to minimize fatigue and exhaustion including work simplification energy conservation lifestyle changes diet, related

OT NARRATIVE

79 y.o. male presenting to skilled OT services s/p hospitalization secondary to alls, gait imbalance and spasms stemming from MS exacerbation. Past medical history significant for cervical and lumbar spinal stenosis s/p surgeries, multiple sclerosis on ocrelizumab chronic LE weakness (R>L), osteoporosis, depression, BPH and hypothyroidism. Patient previously resided with his wife in a ranch style home. Patient previously independent with basic self care, functional transfers, and functional ambulation utilizing rw. Patient currently presents with increased spasms, decreased standing balance, standing tolerance, bilateral UE strength and activity tolerance resulting in decreased self care independence. Skilled OT services recommended at this time to address deficits hindering Patient from returning to prior level of functional independence.

OT GOALS

PATIENT-STATED GOAL: Walk better

GOALS
Toilet Transfer - 06. Independent

Shower/Bathe Self - 05. Setup or clean-up assistance

patient/caregiver recalls
* depression-prevention strategies including avoidance of isolation
* healthy eating
* sleeping habits
* identification of activities that bring pleasure
* preventive care
* recalls related medication(s) purpose, schedule

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, treatments, and what works best to relieve pain
* teach relaxation skills and diversional activities
* 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 self-administers medications as prescribed
* recalls related medication(s) purpose, schedule

Sit to Stand - 05. Setup or clean-up assistance

Chair to Bed to Chair - 05. Setup or clean-up assistance

Walk 10 Feet - 04. Supervision or touching assistance

Walk 50 ft with 2 Turns - 04. Supervision or touching assistance

Walk 150 Feet - 04. Supervision or touching assistance

1 - Step (curb) - 04. Supervision or touching assistance

4 Steps - 04. Supervision or touching assistance

12 Steps - 04. Supervision or touching assistance

Picking Up Object - 04. Supervision or touching assistance

Car Transfer - 05. Setup or clean-up assistance

medication(s) purpose, schedule, patient self-administers medications as prescribed, related medication(s) purpose, schedule, Sit to Stand - 05. Setup or clean-up assistance, Chair to Bed to Chair - 05. Setup or clean-up assistance, Toilet Transfer - 06. Independent, Walk 10 Feet - 04. Supervision or touching assistance, Walk 50 ft with 2 Turns - 04. Supervision or touching assistance, Walk 150 Feet - 04. Supervision or touching assistance, 1 - Step (curb) - 04. Supervision or touching assistance, 4 Steps - 04. Supervision or touching assistance, 12 Steps - 04. Supervision or touching assistance, Picking Up Object - 04. Supervision or touching assistance, Car Transfer - 05. Setup or clean-up assistance, Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance, Oral Hygiene - 06. Independent, Toileting Hygiene - 06. Independent, Shower/Bathe Self - 05. Setup or clean-up assistance, Lower Body Dressing - 06. Independent, Don/Doff Footwear - 06. Independent, Eating - 06. Independent, Upper Body Dressing - 06. Independent	Walk 10 ft on Uneven Surface - 04. Supervision or touching assistance Oral Hygiene - 06. Independent Toileting Hygiene - 06. Independent Lower Body Dressing - 06. Independent Don/Doff Footwear - 06. Independent Eating - 06. Independent Upper Body Dressing - 06. Independent

PT NARRATIVE
Joseph Anthony Schwartz III is a 79 y.o. White male with past medical history significant for cervical and lumbar spinal stenosis s/p surgeries, multiple sclerosis on ocrelizumab chronic LE weakness osteoporosis, depression, BPH and hypothyroidism who admitted with a complaint of falls, gait imbalance, spasms. Pt dx with multiple sclerosis. Patient is on scheduled baclofen for spasms related to his MS and he will get spasms in spite of this. He amb with a walker, , and fell twice. Pati.\n Ent presents with significant weakness in bilateral lower extremities right greater than left. Where's a brace to assist with foot clearance on the right lower extremity? I did ask if he had a previous ankle foot orthose he said he did, but it did not work well. Patient ad frequent muscle spasms, which caused pain in the lower extremities throughout the evaluation. He reported they are having difficulty controlling them. The doctor is aware\n Required, moderate assist. To go from set to supine, she find a sit with moderate to minimum assistance. Standing with minimum assistance walking with bilateral foot drag significant difficulty clearing, experienced knee buckling on the right. Maximum assist to recover, walking only approximately 7 feet\n Begin education on supine exercises and issued handouts. Trained the caregiver how to assist with the exercises, caregiver's name is d. She understood the exercise as well. Patient fatigued easily and experienced shortness of breath with activity focus of care will be on safety with transfers walking with the Walker. Bed mobility, lower extremity, strengthening and balance. Fair potential to benefit from skilled therapeutic intervention Fair potential to benefit from skilled therapeutic intervention.

PT GOALS

Signature and Date of Verbal SOC Where Applicable:
Electronically signed by: Charles Messick RN on 08/26/2026

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. This patient is under my care, and I have authorized the services on this plan of care and I or another physician will periodically review this plan. I attest that a valid face-to-face encounter occurred (or will occur) within timeframe requirements and it is related to the primary reason the patient requires home health services.
F2F date: 08/03/2026

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.

Certifying Physician or Allowed Practitioner Name and Address **Erica DeWitt**
2700 Quarry Lake Dt
Baltimore, MD 21209
NPI 1962820688

Phone Number 4104155814

Fax Number 14104155752

Physician's Signature and Date Signed

X

Erica DeWitt, MD
08/03/2026: Date of physician last face-to-face