Checklist – Special Medical Home Care

Your review period is: EXCEPT for Daily Progress Notes/Service Logs which should be submitted for 6 months only:	
For se	e see entire Discovery Review Tool at www.florida.qlarant.com . ervices provided and billed during the period under review, please submit the ing documents.
	Daily Progress Notes/Service Logs (6-months only) Nursing Care Plans (current and previous)
	Service Authorizations (review period)
	Support Plans (current and previous)
	Nursing Assessment (current and previous)
	Prescription for service (current and previous)
	List of duties to be performed by the nurse (review period)
	Documentation to support ongoing health/healthcare needs
	Documentation to support ongoing behavioral/emotional health
	Documentation to support submitting required documents to the Support Coordinator (review period)