

Home health software evaluation checklist

Use a fictional patient during a live demonstration. Mark each item 0 (not shown), 1 (partly shown or follow-up needed) or 2 (demonstrated end to end). Maximum score: 64. Record non-negotiable state and payer requirements separately.

1. Intake and patient records

Test a fictional referral from arrival to a usable patient record.

☐	Can staff enter or import a referral and identify missing information before accepting it?	0 / 1 / 2
☐	Can you see the source document beside the extracted patient, physician and insurance details?	0 / 1 / 2
☐	What happens if a patient already exists or two documents disagree?	0 / 1 / 2
☐	Can the team track who owns the next intake action and when it is due?	0 / 1 / 2

Evidence / open questions: _____

2. OASIS assessment and review

Ask the vendor to use the current CMS OASIS instrument and guidance applicable to your organization.

☐	Which assessment time points and current OASIS items are supported? Have the vendor show one.	0 / 1 / 2
☐	Can a clinician trace suggested answers to visit observations or source records?	0 / 1 / 2
☐	How are required patient interviews, unanswered items, contradictions and skip logic handled?	0 / 1 / 2
☐	Can a reviewer return an assessment, compare versions and document who signed the final record?	0 / 1 / 2

Evidence / open questions: _____

3. Scheduling and EVV exceptions

Use the Medicaid programs and states where your organization actually operates.

☐	Can a scheduler assign visits by service, staff qualification, availability and patient need?	0 / 1 / 2
☐	Can the EVV workflow capture service, patient, worker, date, location, and start and end times?	0 / 1 / 2
☐	What does a worker do without connectivity, and how is a late or missed visit surfaced?	0 / 1 / 2
☐	Can staff correct an EVV exception with a reason and audit trail, then transmit to your state or aggregator?	0 / 1 / 2

Evidence / open questions: _____

4. Clinical documentation

Include at least one nurse and one field clinician in the demonstration.

☐	Can the clinician finish a real-world visit note on a phone or tablet?	0 / 1 / 2
☐	Can a reviewer see what is missing, return a note and track the correction?	0 / 1 / 2
☐	Are medication changes, care-plan updates and visit notes connected to the same patient record?	0 / 1 / 2
☐	Can you export a complete, readable record with signatures and version history?	0 / 1 / 2

Evidence / open questions: _____

5. Billing and claims handoff

Test the payers and service lines that matter to your revenue.

☐	Can billing see which visits, orders, authorizations and notes are ready or still blocking a claim?	0 / 1 / 2
☐	Can the team follow a claim from review through submission, rejection, correction and payment?	0 / 1 / 2
☐	How are payer-specific edits, 30-day Medicare home health periods and private-pay invoices handled?	0 / 1 / 2
☐	Can staff reconcile received payment against the patient record and identify unresolved denials?	0 / 1 / 2

Evidence / open questions: _____

6. Payroll and verified hours

Use a fictional pay period that includes one corrected or missed visit.

☐	Can payroll compare scheduled, completed, verified and approved time?	0 / 1 / 2
☐	How do overtime, different rates, travel time and organization-specific pay rules work?	0 / 1 / 2
☐	Can a manager approve corrections with a visible reason and history?	0 / 1 / 2
☐	Can approved hours export in the format your payroll provider actually accepts?	0 / 1 / 2

Evidence / open questions: _____

7. Security, privacy and AI

Request written answers and supporting documents; a marketing badge is not evidence.

☐	Will the vendor sign an appropriate business associate agreement and identify relevant subcontractors?	0 / 1 / 2
☐	Can you configure roles, multifactor authentication, access reviews and audit logs?	0 / 1 / 2
☐	How are data encrypted, backed up, restored and returned to you when the contract ends?	0 / 1 / 2
☐	If AI handles patient information, where does that data go, who can access it and is it used for model training?	0 / 1 / 2

Evidence / open questions: _____

8. Implementation and total cost

Put promises in the agreement and confirm them during a pilot.

[]	What is included in setup, training, migration, support and ongoing updates?	0 / 1 / 2
[]	Which state EVV, clearinghouse, payer, payroll and EHR connections are live for your use case?	0 / 1 / 2
[]	What are the complete fees, contract term, cancellation terms and data-export provisions?	0 / 1 / 2
[]	What measurable acceptance tests must pass before your organization expands from pilot to rollout?	0 / 1 / 2

Evidence / open questions: _____

Three live demo tests

1. Referral to assessment: upload a fictional referral, review extracted information, complete an OASIS item, correct a contradiction and show sign-off.
2. Visit exception to payment: change a schedule, record a missed or offline visit, resolve EVV, review the note and trace the result into billing and payroll.
3. Exit test: export the fictional patient record, attached documents, signatures, audit history and approved hours in usable formats.

Decision: Total ____ / 64 Required integrations confirmed: Yes / No Open deal-breakers: _____

Official references

[CMS OASIS-E2 Guidance Manual - official reference](#)

[Medicaid EVV guidance - official reference](#)

[CMS Home Health PPS - official reference](#)

[HHS HIPAA Security Rule summary - official reference](#)

[HHS cloud computing and BAA guidance - official reference](#)

This buying tool does not replace clinical, legal or payer-specific review. Bring it to a DomAfina demo: domafina.com/#demo