A-1 HOME HEALTH CARE
POLICIES AND STANDARD PROCEDURES

POLICY # CC-11

SUBJECT: ACCEPTANCE OF REFERRALS FOR HOME CARE SERVICES

POLICY: It is the policy of The Home Health Agency to assume the responsibility of completing an assessment and evaluation of all requests for home care services by qualified personnel. Patient shall be accepted on the basis of reasonable expectations that the needs of the client can be met and provided by the Agency in the patient's place of residence or home.

PURPOSE:

1. To ensure compliance with company philosophy, goals and objectives by establishing and communicating specific guidelines for assessing all referrals and/or requests for home care.

2. To ensure the development of an appropriate individualized plan of care that meets the needs of each client referred or requesting service.

3. To ensure that services requested are feasible and that there is adequate staff available to provide services.

PROCEDURE:

1. Admission criteria include the following:
   - 1.1 Development of realistic plan of care that includes consideration of discharge planning and alternate plans of care.
   - 1.2 Adequacy and suitability of agency personnel and resources to provide the services required by the patient.
   - 1.3 Home environment suitable to provide the required services.
   - 1.4 Reasonable expectation that the client's medical, nursing and social needs can be met adequately in the client's place of residence.
   - 1.5 Services requested are medically justified and reimbursable, or the client is eligible for indigent care.
   - 1.6 The patient is currently under the care of a licensed physician who ordered the medical treatment program to be implemented by the Agency.
   - 1.14 The appropriate plan to meet medical emergencies is in place.

2. The management of home care services must be realistically based on the availability of local resources, the client's willingness and ability to function in a non-institutional environment, and the willingness, ability and availability of family members or other responsible individuals to participate in the care.

3. Eligibility for the referral assessment is not based on color, national origin, race, creed, sex, religious or political affiliation, sexual preference, physical/mental handicap, or payer source.
   - 3.1 Referrals are accepted by the Administrator, Director of Patient Care Services, or the Clinical Manager.
   - 3.2 Referrals may be accepted by telephone, fax or mail from various referral sources, such as physicians, discharge planners, clients or significant others.

4. The nursing assessment is completed within forty-eight (48) hours of receipt of a request, or as otherwise required by state or federal regulations. If client requests assessment to done beyond 48 hours; chart will be updated with communication.

5. The Skilled Nurse, upon assessment, will determine the method of reimbursement for Home Care Services.

6. Prior to acceptance as private pay, the individual and/or family will be informed of the agency's charges.

7. Prior to acceptance as an insurance reimbursed case, the client and/or family will be informed of any deductibles, co-insurance or other out-of-pocket expenses mandated by their carrier.

8. Prior to acceptance as a Medicare reimbursed case, the client and/or family will be informed of estimated coverage of services.

9. The Administrator, with the approval of the Director of Patient Care Services, may authorize provision of services at no charge if the client is indigent, in order to meet state guidelines of providing an annual volume of free care to indigent clients.

10. The Skilled Nurse will assure that the physical facilities and equipment in the client's residence is adequate for safe and effective care.

11. The Skilled Nurse will refer an ineligible client to other community resources where the client may obtain the specific services required.

12. If an assessed client is ineligible for service, referral activity will be documented on the assessment form, placed in a folder labeled "Ineligible for Service", and retained in the office for one (1) year.

13. Circumstances that may render a client ineligible for service include but are not limited to:

    13.1 The client's needs make home care unsafe.

    13.2 The Home Care Agency resources are unable to meet an assessed client's needs or medical supervision requirements.

    13.3 The client has adequate insurance coverage and financial resources and/or refuses to pay privately and is not eligible for indigent care.

14. The Skilled Nurse informs clients that services are available in their home on seven (14) day a week, twenty-four (24) hour a day basis.

Amendment to include 'acceptance to service' standard 42 CFR 484.60 & 484.105 added
effective January 1, 2025

In addition to following CC-11 to ensure that patients receive timely appropriate care that meets their need HHA will follow following criteria-

- **The anticipated needs of the referred prospective patient**
  HHA will ensure sufficient nursing and therapy staffing in the area prior to accepting the patient to ensure timely care to the patient. For e.g. HHA only serves adult patients so pediatric patients are not accepted.

- **The HHA case load and Case mix,**
  Clinicians maintain their appropriate assigned case load for the given area.

- **The HHA staffing level**
  HHA will ensure clinicians' staffing level by the area before accepting the patient for service.

- **The skills and competencies of the HHA staff**
  HHA will ensure clinicians' skill level according to the patient's needs along with clinician's' case load before accepting the patient. For e.g. High acuity patients like TPN, Tracheostomy, wound vac etc. but not limited to will be assessed by appropriate skill level of available clinicians prior to accepting the patient.

- HHA must ensure that the policy is reviewed annually and all of the above criteria are evaluated.