Ivy Creek Home Health Care of Elmore Patient Acceptance-to-Service Policy and Procedure

1. Purpose

The purpose of this policy is to establish a consistent, standardized process for the acceptance of a patient that meets the eligibility criteria for home health services at Ivy Creek Home Health Care of Elmore. This policy aims to promote timely initial assessments within 48 hours of the referral, or within 48 hours of a patient's return home, on the start of care date ordered by physician (or allowed practitioner), or the patient/family request with the approval of the physician (or allowed provider). In the event, the time frame for assessment cannot be met, the patient's physician, the referral source, and the patient, will be notified for approval of the delay. If service cannot be provided, intake personnel will give the referral source names of other agencies that provide the required services. The policy ensures that the HHA evaluates its capacity to meet the needs of the referred patient and complies with regulatory requirements outlined by the Centers for Medicare & Medicaid Services (CMS) at 42 CFR § 484.105(i).

2. Scope

This policy applies to all new patient or readmission referrals made to the Ivy Creek Home Health of Elmore for skilled home health care services, including skilled nursing, therapy services (physical, occupational, speech-language pathology), medical social services, and home health aide services

3. Definitions

- **Referral:** A formal request for home health services typically initiated by a provider, hospital discharge planner, social service agencies, individual patient or their caregiver(s), clinician and/or insurance representative, or other home care organizations.
- **Capacity**: The HHA's ability to meet the anticipated care needs of a referred patient, considering factors such as case load, staffing, geographical location, and skilled services ordered by a provider or other authorized healthcare provider.
- **Case Load:** The total number of patients currently serviced by Ivy Creek Home Health of Lake Martin at any given time.
- **Case Mix:** The types and complexity of patients currently receiving home health care, which may impact the ability of the agency to accept new patients.

4. Policy Overview

A patient will be accepted for care based on consideration. Consideration will be given to the adequacy and suitability of the organization personnel, resources to provide the required services, and the reasonable expectation that a patient's medical, nursing, rehabilitation, and social needs can be adequately met in the patient's place of residence. A patient will be accepted for care without discrimination on the basis of race, color, religion, age, gender, sexual orientation, disability (mental or

physical), communicable disease, or place of national origin. The decision to accept or deny a referral will be made based on an evaluation of the following criteria:

A. Anticipated Skilled Needs for the Referring Patient:

- Evaluation of the patient's referral documentation to include demographics, diagnosis, medications, services required, attending physician, will be taken to make the initial determination of whether the patient's needs can be met if he/she meets the eligibility criteria. The information is reviewed for completeness.
- Review of any specific medical orders, diagnoses, recent hospitalizations, or any other pertinent information provided by the referring provider.
- The agency reserves the right not to accept a patient who does not meet admission criteria.
- If service cannot be provided, intake personnel will give the referral source names of other agencies that provide the required services.

B. Case Load and Case Mix:

- Consideration of the current census of patients being served by the agency at any given time, ensuring that the agency will not be over capacity and can provide adequate services and resources for new referrals based off medical necessity and skilled need.
- Assessment of the types of patients currently receiving care to determine if the agency can adequately accommodate the complexity, geographical location, and type of services needed by the new patient.

C. **Staffing Levels:**

- Ivy Creek Home Health to ensure the agency has adequate qualified staff (e.g., registered nurses, therapists, home health aides) to provide services timely and appropriate care for the new patient without compromising the care of existing patients. Initial assessments within 48 hours of the referral, or within 48 hours of a patient's return home, or on the start of care date ordered by physician (or allowed practitioner), or the patient/family request with the approval of the physician (or allowed provider).
- In the event that time frame for assessment cannot be met, the patient's physician, the referral source, and the patient, will be notified for approval of the delay.
- Staffing levels must meet the regulatory requirements and the needs of the agency's patient population.

D. Skills and Competencies of the HHA Staff:

- Ivy Creek home Health of Elmore to ensure the HHA agency staff have the necessary skills and competencies to meet the specific skilled needs of the referred patient.
- If specialized services (e.g., wound care, specialized therapy) are required, the agency must ensure it has appropriately skilled staff to provide these services.

5. Procedures for Acceptance of Referrals

A. Referral Intake:

- Referrals are to be received via telephone, fax, or secured email.

Upon receiving a referral, the agency's intake coordinator will initiate the initial review, ensuring that all necessary information (e.g., provider, orders, medical history, recent hospitalizations) is provided.

B. Evaluation of Referral:

- A qualified provider who will agree to oversee the plan of care and give/sign applicable orders on an ongoing basis. The patient's physician (or allowed practitioner) must approve the provision of any service.
- If required by payer, documentation of a face-to-face encounter within the past 90 days or scheduled within the next 30 days with the qualified provider who has agreed to oversee the plan of care or if patient is coming from an inpatient facility with the referring provider from that facility.
- Documentation in referral and/or face to face encounter qualifying patient for home health services (e.g. homebound status, skilled need, etc.)
- Payor source including preauthorization of visits if required
- The Intake Coordinator/Clinical Manager/Director, in collaboration with the clinical team, will assess the patient's anticipated skilled needs, geographical location, case load, case mix, staffing availability, and staff competencies.
- If the patient's needs match the agency's capacity, the referral will be moved forward for scheduling and care plan development.
- If service cannot be provided, intake personnel will give the referral source names of other agencies that provide the required services.

3. Notification of Acceptance or Denial:

- The referring provider and the patient (or their representative) will be notified of the agency's decision to accept or deny the referral.
- The patient will be provided with information regarding the specific services available and the duration and frequency of the services, as well as any limitations related to those services.

4. Documentation:

- All decisions regarding the acceptance or denial of a referral will be documented in the patient's electronic health record (EHR), including the rationale for the decision.

5. Periodic Review and Updates:

- The Patient Acceptance-to-Service Policy will be reviewed annually by the HHA's leadership team to ensure its continued relevance and compliance with regulatory requirements.
- Any changes to the agency's capacity, staffing, services, or referral process will be communicated to staff and made publicly available.

6. Public Disclosure of Services and Limitations

The HHA will make available to the public clear and accurate information regarding the types of services rendered, including any limitations related to specialty services, service duration, or service frequency. This information will be reviewed annually or more frequently as needed if services change.

- **Service Availability:** The types of skilled nursing services, therapy services, and other services provided.
- **Service Limitations:** Ivy Creek Home Health of Elmore does not provide services to patients under 21 years of age, Psychiatric/Behavioral Health services, have been in a MVA/ATV/UTV accident and does not provide care for patients who are Ventilator dependent. We do not provide service for patients who require twice a day visits when there is no caregiver available to provide care. Geographic service areas within a 50-mile radius from agency to include counties Elmore, Tallapoosa, Coosa, Chilton, Autauga, Montgomery and Macon as staffing allows.
- **Public Access:** Information will be accessible via the HHA's website or by contacting the intake department.

7. Compliance and Monitoring

- The HHA will ensure compliance with CMS regulations, including 42 CFR § 484.105(i), by regularly auditing referral acceptance decisions and patient outcomes.
- The Quality Assurance and Performance Improvement (QAPI) program will monitor the effectiveness of the patient acceptance process and identify any areas for improvement.

8. Related Policies and References

- ADMISSION CRITERIA AND PROCESS- Corridor Policy No. 1- 006
- INTAKE PROCESS- Corridor Policy No. 1-005

- 42 CFR § 484.105(i): Patient Acceptance and Referral

9. Policy Review and Revisions

- This policy will be reviewed at least annually, or as changes occur in the agency's operations or regulatory requirements. Updates will be communicated to all relevant staff.
- This policy should be shared with all staff involved in the referral and admission process to ensure consistency and adherence to the HHA's capacity and regulatory requirements