

Patient Acceptance-to-Service

Policy Number: C: 68

Effective Date: 01/01/2025

Review Date: 12/2025

POLICY:

The HHA will only accept patients for home health services when there is a reasonable expectation that the agency has the capacity to meet the patient's care needs. The decision to accept or deny a referral will be made based on an evaluation of the following criteria:

1. **Anticipated Needs of the Referring Patient:**
 - Evaluation of the patient's clinical condition, care requirements, and expected treatment duration.
 - Review of any specific medical orders, diagnoses, or recent hospitalizations provided by the referring provider.
2. **Case Load and Case Mix:**
 - Consideration of the current number of patients being served by the HHA, ensuring that the agency is not overloaded and can provide adequate attention and resources to new referrals.
 - Assessment of the types of patients currently under care to determine if the agency can appropriately accommodate the complexity and type of services needed by the new patient.
3. **Staffing Levels:**
 - The HHA will assess whether it has sufficient qualified staff (e.g., registered nurses, therapists, home health aides) to provide timely and appropriate care to the new patient without compromising the care of existing patients.
 - Staffing levels must meet the regulatory requirements and the needs of the agency's patient population.
4. **Skills and Competencies of the HHA Staff:**
 - Assessment of whether the HHA staff has the necessary skills and competencies to meet the specific care 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.
 - Upon hire and annually staff are required to complete a Competency Assessment to identify any areas that need additional training and education provided.

PURPOSE:

The purpose of this policy is to establish a consistent, standardized process for the acceptance of prospective patients into Home Health Agency (HHA) 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). This policy aims to promote timely and appropriate care for patients while maintaining the quality and safety of services provided.

Sovereign Home Health Care

SCOPE:

This policy applies to all patient referrals made to the HHA for home health services, including skilled nursing, therapy services (physical, occupational, speech-language pathology), medical social services, and home health aide services.

PROCEDURE:

1. Referral Intake:

- Referrals are to be received through phone, fax, email and/or communication via our Provider Relations Specialist, Business Office Manager, Administrator, DON, or Clinical Manager.
- Upon receiving a referral, the agency's intake coordinator/clinical manager will initiate a preliminary review, ensuring that all necessary information (e.g., physician orders, medical history, recent hospitalizations, valid Face to Face) is provided.

2. Evaluation of Referral:

- The Intake Coordinator/Clinical Manager, in collaboration with the clinical team, will assess the patient's anticipated care needs, 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 the agency determines it cannot meet the patient's needs, the referral will be declined. In such cases, the referring provider will be notified, and alternative home health services may be recommended.

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 offered, 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:

- skilled nursing services,
- Physical Therapy,
- Occupational Therapy,
- Speech Therapy,
- Home Health Aide.

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- **Service Limitations:** Currently Sovereign Home Health is unable to provide a licensed Medical Social Worker to our patients. We are actively recruiting and have an open position in attempts to fill this vacancy.
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- **Public Access:** Information will be accessible via the HHA's website (<https://www.sovhealth.net/homehealth.php>), printed materials, on CMS Care Compare (<https://www.medicare.gov/care-compare/?providerType=HomeHealth>), or by contacting the intake department at #573-621-3126.

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

- Sovereign Home Health Care Clinical Policy Number: C:5. Effective date 10/2021
- 42 CFR § 484.105(i): Patient Acceptance and Referral

DEFINITIONS:

- **Referral:** A formal request for home health services typically initiated by a physician, hospital discharge planner, or other authorized healthcare provider.
- **Capacity:** The HHA's ability to meet the anticipated care needs of a referred patient, considering factors such as case load, staffing, and available resources.
- **Case Load:** The total number of patients currently under care by the HHA at any given time.
- **Case Mix:** The types and complexity of patients currently under care, which may impact the ability of the agency to accept new patients.

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 will 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.