DCH HOME HEALTH CARE AGENCY
REFERRAL, ACCEPTANCE OF

I. POLICY: Referrals for adult patients will be accepted upon a case by case basis. Patients will be accepted based on the Agency's ability to provide care, treatment and services to the patient and that there is a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the agency in the patient's place of residence. DCH Home Health Care Agency does not discriminate against any person based on race, color, national origin, age, disability or sex (including sexual orientation or gender identity). The decision to accept or decline a referral is the responsibility of the Home Health Agency's leadership staff. The agency's Medical Director will be consulted to assist with decision making on an as needed basis.

II. PURPOSE: To ensure that all patients referred to DCH Home Health Care Agency will be accepted for home health services based on the agency's ability to meet the patient's needs.

III. PROCEDURE:

A. All referral information will be reviewed prior to accepting referrals to determine the appropriateness of home care. This will be done under the direction of the agency director, clinical managers, and/or designee(s).

B. The referral information will be recorded on a referral Information sheet which includes all pertinent information.

C. Factors which are to be considered in reviewing referral information include - but are not limited to:

1. Anticipated needs of the prospective patient
2. Caseload & case mix of the agency
3. Staffing levels of the agency
4. Skills & competency of the home health staff
5. Attitudes of patient and family toward care at home are appropriate
6. Family or caregiver is available, able & willing to participate in the patient's care when conditions warrant
7. Suitability and safety of environment for the prescribed care, treatment & services. Care can be provided safely & effectively in the patient's place of residence

D. The assigned intake employee will initiate the Insurance Verification Payment Authorization process and verify benefits for patients. After verification, the Insurance Verification & coverage information is included in a Coordination note within the patient's EMR & is available to the visit staff at the time of admission evaluation visit.

E. The clinician performing the evaluation visit is responsible for notifying leadership & patient's physician of any patients who are evaluated and not admitted. Designated support staff will notify referral source of non-admit.

F. All attempts will be made by the clinician and MSW to assist patients who are not admitted with information and/or referral to obtain assistance from other organizations, groups or

agencies.

G. Designated staff will enter patient information into patient's EMR as part of the referral process

H. The appropriate staff will collect all related information and scan it into patient's EMR

I. If the start of care is delayed due to the patient's condition or physician request (e.g. extended hospitalization), then the date the agency received updated/revised referral information for home care services to begin would be considered the date of the referral and will be recorded on the referral form by the designated staff in the updated referral information section. [The visiting clinician will enter the new referral date into the patient's EMR when performing the visit.]

J. The scheduler will assign the patient's evaluation visit to the visit clinician.

K. All referral information will be available to visit staff in patient's EMR under attachments

IV. SPECIAL POINT:

A. Patient care, treatment or service is not refused or reduced Based on patient's inability to pay.

B. The Director will be notified of any patient who is referred to the Agency and is not admitted.

C. Non admit information will be tracked and trended for improvement opportunities.

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