Sullivan County Department of Public Health

Title: Admission to Certified Home Health Agency **Number**: AG-05 **Page Number:** 1 of 3	Original Approval: 2/89 Reviewed/ revised: 9/99, 9/01, 9/03, 4/04, 8/04, 8/06, 3/16, 2/22, 3/24

Statement/ Purpose:
To Provide guidelines for admitting a patient to the Certified Home Health Agency (CHHA).

Authority:
CoP 484.55(a), 484.55(a)(1,2), 484.60

Application:
All CHHA staff.

Terminology:

Responsible Party:
Director of Patient Services

Cross-Reference:
Referral Process, Administrative Review

Procedure:

1. Patients requiring in-home health care on a part-time intermittent basis are admitted based upon the following criteria:
    a. Patient resides with the borders of Sullivan County. See Referral Process Policy regarding protocols for patients residing outside Sullivan County.
    b. The request for services is based upon a skilled health need.
    c. A primary care provider (PCP) is willing to accept on-going medical responsibility for the patient, and agrees to sign on-going home care orders.
        i. If the primary payor is Medicare or Medicaid, the patient must have a face-to-face (FTF) encounter with an eligible provider no more than 90 days prior to or 30 days after start of care (SOC). The reason for the FTF encounter must be the same reason for the referral to home care. Supporting documentation of the FTF is required.
    d. There is reasonable expectation that the patient's health and social needs can be safely met in the patient's place of residence and meets at least one of the following criteria:
        i. Self-directing
        ii. Able to call for help
        iii. Can be left alone
        iv. Informal/ other community supports
    e. The patient's home is safe for care to be provided.

f. The range and nature of the care required by the patient can be met by the patient or patient's support system with part-time intermittent support from the agency's professional and paraprofessional staff.
g. The patient and/or support system is able, capable, and willing to assist in the patient's care when necessary.
h. The agency must be capable of meeting the needs of the patient.

2. In the event that the patient is not accepted for admission:
    a. The referring provider, individual or facility is notified.
    b. The patient and/or support system is provided with general information about alternative agencies more capable of meeting the patient's needs.
        i. Information includes the names of agencies
        ii. The discussion of alternative agencies and names provided are documented in the Admission Notes section of the electronic health record.
3. Patients receive an agency admission assessment within 24-48 hours of completed referral, or within 24-48 hours of a patient's return home, unless otherwise ordered by the attending physician or requested by the patient.
    a. The patient is contacted via phone prior to the visit to arrange for a mutually acceptable visit time.
    b. The admission assessment visit is made by a Registered Nurse, Physical therapist, Occupational Therapist or Speech Therapist.
    c. Contact with the patient is documented in the client record.
4. On admission, the patient and family, if applicable, are provided with written information regarding the following:
    a. Notice of Privacy Practices
    b. Patient's Bill of Rights
    c. Plan of Care Information
    d. Policies &Procedures concerning Informed Consent and Advanced Directives.
    e. Copies of Health Care Proxy Form & MOLST
    f. Signature sheet for patients to sign regarding their Advanced Directives and verifying they received and understand the Bill of Rights, Privacy Statement and Plan of Care.
    g. Consent for Photography/ Videography
    h. Plan of Care Contract
    i. Home Oxygen Safety
    j. Emergency Care Plan
    k. Plan of Care Contract
    l. OASIS Statement of Patient Privacy Rights.
    m. How to file a complaint to the NYSDOH, utilizing IPRO, for Medicare patients.
    n. The business hours of the organization and how to call the agency during and after hours.
    o. The Patient Financial Information Sheet
    p. A statement that acceptance for service does not ensure continuation so service beyond the organization's ability to care for the patient safely.
    q. A notice that Medicare patients must have all medical supplies provided by SCDPH.
5. The agency shall not be required to admit a patient
    a. Who does not meet any of the criteria of number one (1) of this policy.
    b. When conditions are known to exist in or around the home that would imminently threaten the safety of personnel, including but not limited to:
        i. Actual or likely physical assault which the individual threatening such assault has the ability to carry out;
        ii. Presence of unsecured weapons, criminal activity or contraband materials which creates in personnel a reasonable concern for personal safety; or
        iii. Continuing severe verbal threats which the individual making the threats has the ability to carry

about and which create in personnel a reasonable concern for personal safety.

c. When the agency has valid reason to believe that agency personnel will be subjected to continuing and severe verbal abuse or sexual harassment which will jeopardize the agency's ability to secure sufficient personnel resources or to provide care that meets the needs of the patient; or
d. Who based on previous experience with the delivery of care from the agency, is known to repeatedly refuse to comply with the Plan of Care Contract or others interfere with the patient's ability to comply with the Plan of Care Contract, as appropriate, by: the patient, the patient's family, any legally designated patient representative, the patient's physician, agency personnel and/or any case management entity, and such noncompliance will:
    i. Lead to an immediate deterioration in the patient's condition, serious enough so that home care will no longer be safe and appropriate; or
    ii. Make the attainment of reasonable therapeutic goals impossible.

6. The patient's admission record is completed the day of the initial visit. The Start of Care OASIS Assessment is to be locked in the electronic health record within 5 days.