EDDY VISITING NURSE AND REHAB ASSOCIATION

STANDARD OPERATING POLICY

CATEGORY: **Referral/Assessment**
NUMBER: **401**
POLICY NAME: **Acceptance to Service - Admission and Resumption of Care Criteria**

PURPOSE: To assure all Agency staff understand the criteria for an appropriate and safe patient admission and the continuation of services, in accordance with regulatory and Agency guidelines, to ensure acceptance of only those patients for whom there is a reasonable expectation that the Agency can meet the referred patent's needs.

POLICY: Eddy Visiting Nurse and Rehab Association (Eddy VNRA) will utilize standard admission criteria to determine the appropriateness of Agency referrals from various sources, including Hospitals, Skilled Nursing and Rehab facilities, community physicians and allowed practitioners. Eddy VNRA will make public accurate information regarding the services offered by the Agency, as well as any limitations on specialty services, service duration, and/or service frequency to effectively inform the search efforts of all referral sources.

Decisions regarding patient referral and admission will be based on the patient's anticipated needs, the Agency's case load and case mix, the Agency's staffing levels, and the skills and competencies of Agency Staff. Such decisions shall reflect a commitment to providing physician or allowed practitioner ordered care and services while honoring the patient's expressed needs and choices to the extent practicable. Patients are accepted to service without regard to age, sex, race, creed, national origin, disability or source of payment.

The Agency will make every effort to admit or resume (after a hospital stay) services to the patient to promote continuity of care, unless contraindicated per the Agency's established admission and resumption of care criteria.

DEFINITIONS:

Capacity: Family Health Care Decisions Act (FHCDA) defines "decision–making capacity" as the ability to understand and appreciate the nature and consequences of proposed health care, including the benefits and risks of and alternatives to proposed health care, and to reach an informed decision.

CROSS REFERENCE TO POLICY:

113 - Certification of Home Health Eligibility
116 - Face to Face (F2F) for Medicare and Medicaid Beneficiaries

PROCEDURE:

Referral Screening (Liaison, Intake RN):

1. Coordinates with the referral source to obtain all necessary referral documentation to determine whether there is a reasonable expectation that the Agency can meet the referred patient's needs.
2. Reviews the referral information to determine if the admission is appropriate for the agency based on the following criteria:
    a. The patient must be homebound.
    b. The patient must have a skilled need for Nursing or Physical Therapy.
    c. The patient must be under the care of a physician (Doctor of Medicine, Osteopathy, Podiatry) or allowed practitioner (Physician's Assistant, Nurse Practitioner) who holds a valid license to practice in New York or a bordering state (Vermont, Massachusetts).
    d. Medicare and Medicaid patients must have had a qualifying Face to Face (F2F) Encounter.
    e. The patient must reside, and receive services, in one of the following counties: Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady, Warren, or Washington.
        i. *Exception:* If a patient lives outside the Agency's established geographic area and other home health agencies are unable to service the patient's needs, the Director of Patient Services, or designee, must contact the NYS Department of Health (DOH) for approval and follow the DOH request process.
    f. The Agency has the available services and personnel to adequately meet the needs of the patient.
    g. The patient can be safely cared for in the home and is at least either; self-directing, able to call for help, can be left alone, or has informal supports or other community supports who are willing, able and available to provide care and support to the patient. *(Refer to NYS DOH rules and regulations Vol D. Sec. 763.5 for definitions of self–directing, able to call for help, left alone and informal supports)*
        i. For patients who lack the capacity to make medical decisions, this includes caregiver involvement, to the extent that information/decisions related to care and treatment shall be provided to the person(s) who are legally authorized to make medical decisions on behalf of the patient.
    h. There is a reasonable expectation that the patient's medical, nursing, physical, emotional, social and environmental needs can be safely and adequately managed in the home.
    i. The patient, family or legal designated representative has agreed to comply with the plan of care.
        i. When the need for 24-hour care/supervision has been identified for a patient, there must be caregiver(s) willing and able to provide this level of support.
    j. Safety of Agency personnel can be maintained in and around the patient's home.
    k. The patient and/or family are willing to disclose financial information when care needed or desired is not funded by third party payor and the patient is requesting services.

3. Referrals for patients who sign out of a hospital or other facility Against Medical Advice (AMA) may require further review by the Director of Patient Services, or designee.
4. A resumption of care referral will be reviewed utilizing the same criteria, which the patient must meet to facilitate continuation of care.
    a. If a patient is hospitalized during a home health episode and the Agency has sufficient evidence to determine that the continuation of care would not meet Admission criteria and/or would jeopardize the safety of the patient or Agency personnel, the Agency will immediately alert the facility to facilitate a more appropriate plan of care for the patient.
5. Promptly notifies the referral source whether the referral has been accepted or declined for Admission to Home Health Services.
6. For accepted referrals, obtains any additional referral documentation to support the safe admission to services and compliance with regulatory requirements, including but not limited to:
    a. Signed Referral indicating the skilled needs of the patient,
    b. Interim orders for the plan of treatment to be initiated,
    c. All other patient records relevant to the need for home health services.
7. Upon acceptance, the Agency will contact the patient to facilitate timely initiation of care.
    a. If the patient requests a delay in the initiation to care, the referral source and/or the physician or allowed practitioner responsible for the home health plan of care is notified.
    b. Information pertinent to any delay in the initiation of care must be documented in the patient record.

Admission Screening (RN or PT):

8. Obtains informed (written) consent from the patient.
    a. For patients who lack the capacity to make medical decisions, this includes caregiver involvement, to the extent that information/decisions related to care and treatment shall be provided to the person(s) who are legally authorized to make medical decisions on behalf of the patient.
9. Assesses the needs of the patient, based on the above criteria, during the home visit and confirms the determination that the Agency can meet those needs in a manner that protects and promotes the patient's health and safety and does not jeopardize the safety of personnel.
10. If Admission or Resumption of care criteria are met, proceeds with the Comprehensive Assessment and admission to services.

Non-Admit (RN or PT):

11. If the patient does not meet Medicare guidelines to receive home health services, the Admitting clinician will review options with the patient and advise the physician or allowed practitioner so alternative care may be obtained.
12. The Agency is not required to admit a patient if:
    a. The patient does not meet any of the criteria listed above *(#2a-k).*
    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 to likely physical assault which the individual threatening such assault has the ability to carry out.
ii) Presence of weapons, criminal activity or contraband material which creates in personnel a reasonable concern for personal safety.
iii) Continuing severe verbal threats which the individual making the threats has the ability to carry out and which creates in personnel a reasonable concern for personal safety.

c. When the Agency has valid reason to believe that clinicians will be subjected to continuing and severe verbal abuse which will jeopardize the Agency's ability to secure sufficient personnel resources or to provide care that meets the needs of the patient.
d. Based on previous experience with the delivery of care from the agency is known to repeatedly refuse to comply with a plan of care or others interfere with the patients ability to comply with a plan of care agreed upon as appropriate by: the patient; the physician; the patients 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
    ii) Make the attainment of reasonable therapeutic goals impossible.

13. If a determination is made to deny admission or discontinue service based on the above criteria *(#12b-d)* the Admitting Clinician assesses and determines if the patient is appropriate to refer to Adult Protective Services, or another Case Management entity if appropriate. Additionally, the Admitting clinician assess if other community services would be appropriate to meet the patient's identified needs and make referrals as appropriate.
    a. If the patient presents with imminent medical needs preventing safe admission to home health services, the admitting clinician will assist the patient in connecting with Emergency Services for further assessment at an ER.
14. Contacts the Clinical Manager or designee (Director of Patient Services, On-Call Manager, if after hours), prior to leaving the home, to discuss the case and make a final determination.
15. Documents the above conversation in the patient record.
16. Notifies the referring facility and/or physician or allowed practitioner that the patient has not been admitted to services.

Patient Choice:

17. In the case of Agency, partner services (DME, Home Infusion, Remote Patient Monitoring, Nursing Home, Hospice, etc.), and/or community referrals required to support the total needs of the patient, the Agency will promote patient choice to the extent practicable.
    a. Patients will be provided with a list of qualified providers/suppliers, notwithstanding any affiliation to Eddy VNRA and/or St. Peter's Health Partners/Trinity.
    b. If the patient does not express a preference, or seeks a recommendation, Eddy VNRA staff may recommend a provider/supplier that is affiliated with St. Peter's Health Partners/Trinity. The Agency will make known any financial relationship to a selected provider/supplier.

Reference Sources:
NYS DOH rules and regulations Volume D, Section 763.5: Patient Referral, Admission
CMS SOM: § 484.60, 484.105(i)
CHAP Standard(s): APC.3, LG.13

REVIEW DATE: 4/09, 12/2015
REVIEW DATE: Reviewed and approved by the Board annually unless otherwise revised
REVISE DATE: 3/10, 9/2012, 8/2013; 11/2013; 3/2015; 1/2017; 1/2020; 5/2020; 8/2022
6/2024; 11/2024; 7/2025