MONTEFIORE NYACK HOSPITAL HOME CARE

Certified Home Health Agency (CHHA) Patient Acceptance to Service Policy

Effective Date: 01/2025
Reviewed Date: 01/2025
Next Review Date: 01/2026

1. POLICY:

This policy ensures that the CHHA evaluates its capacity to meet the needs of the referred patient and complies with regulatory requirements outlined by the Centers for Medicare and Medicaid Services (CMS) 42 CFR § 484.105

2. PURPOSE:

The purpose of this policy is to establish a consistent, standardized process for th acceptance of prospective patients into the Certified Home Health Agency's (CHHA) services. This policy ensures that the CHHA evaluates its capacity to meet the needs of the referred patient and ensure timely and appropriate care.

3. SCOPE:

This policy applies to all patient referrals made to the CHHA for home health services, including skilled nursing, therapy services (physical and occupational), medical social services, and home health aides.

4. **DEFINITIONS**:

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

5. POLICY OVERVIEW:

The CHHA 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:

A. Anticipated Needs of Referring Patients:

- 1. Evaluation of patient's clinical condition, care requirements and expected treatment duration.
- 2. Review of any specific medical orders, diagnoses, or recent hospitalizations provided by referring provider.



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B. Case Load and Case Mix:

- 1. Consideration of the current number of patients being served by the CHHA, ensuring the agency is not overloaded and can provide adequate attention and resources to new referrals.
- 2. 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.

C. Staffing Levels:

1. The CHHA 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.

D. Skills and Competencies of the CHHA Staff:

- 1. Assessment of whether the CHHA staff has the necessary skills and competencies to meet the specific care needs of the referred patient.
- 2. If specialized services (e.g., wound care, specialized therapy) are required, the agency must ensure it has appropriately skilled staff to provide these services.

6. PROCEDURE:

A. Referral Intake:

- 1. Referrals are to be received through phone, fax, AllScripts and secure email.
- 2. Upon receiving a referral, the agency's nurse intake liaison will initiate a preliminary review, ensuring that all necessary information (e.g., provider, orders, medical history, recent hospitalizations) is provided.

B. Evaluation of Referral:

- 1. There is a qualified provider who will agree to oversee the plan of care and give/sign applicable orders on an ongoing basis.
- If required by payer, documentation of a face to face encounter within the past 60 days or scheduled
 within the next 30 days with the qualified provider who has agreed to oversee the plan of care or if
 the patient is coming from an inpatient facility with the referring provider from that facility.
 - a. Documentation in the referrals and or face to face encounter qualifying the patient for home health services(e.g., homebound status, skilled need, etc.).
- 3. There is a reimbursement source including pre-authorization of visits if required.
- 4. The intake nurse liaison, in collaboration with the clinical team, will assess the patient's anticipated care needs, case load, case mix, staffing availability and staff competencies.
- 5. If the patient's needs match the agency's capacity, the referral will be moved forward for scheduling and care plan development.
- 6. If the agency determines it cannot meet the patient's needs, the referral will be declined. In such cases, the referral source will be notified and alternative home health services may be recommended.



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C. Notification of Acceptance or Denial:

- 1. The referral source will be notified of the agency's decision to accept or deny the referral.
- 2. The patient will be provided with the information regarding the specific services available and the duration and frequency of the services, as well as any limitations related to those services.

D. Periodic Review and Updates:

- 1. The Patient Acceptance to Service Policy will be reviewed annually by the CHHA's leadership team to ensure its continued relevance and compliance with regulatory requirements.
- 2. Any changes to the agency's capacity, staffing, services or referral process will be communicated to staff and made publicly available.
- E. **Public Disclosure of Services and Limitations:** The CHHA 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.
 - 1. Service Availability: The types of skilled nursing, therapy services and other services provided.
 - 2. Service Limitations: Montefiore Nyack Hospital Home Care does not provide services for patients under 18 years of age, no maternity/postpartum patients, psychiatric/behavioral health services. We do not provide service for patients who require daily care when there is no caregiver available to provide care. We provide care only in Rockland County, NY.
 - 3. Public Access: Information will be provided via the CHHA's website or by contacting the intake department.

7. REFERENCES

- A. 42 CFR § 484.105 (i) Patient Acceptance and Referral
- B. Home Care Admission Policy PolicyStat ID 11632893

All Revision Dates

01/2025, 12/2024

Approval Signatures

Step DescriptionApproverDateNHC Leadership CommitteeColleen Nunes: Home Care01/2025

Administrator



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