Evolution HEALTH	Policy No.: 403		
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INITIAL AND COMPREHENSIVE PATIENT ASSESSMENTS

ETHICS & COMPLIANCE DEPARTMENT

SCOPE:

Applies to all Evolution Health colleagues. For purposes of this policy, all references to "colleague" or "colleagues" include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

PURPOSE:

To provide guidance to all of Evolution Health's (the "Company") colleagues on performing initial and comprehensive patient assessments for all home health patients.

POLICY:

It is the policy of the Company that all initial and comprehensive patient assessments will be performed for all home health patients in accordance with applicable laws and this Policy.

PROCEDURE:

Professional Conducting Assessments

For patients (including patients who receive both skilled nursing and rehabilitation therapy services), a registered nurse must conduct the assessment. However, when rehabilitation therapy services (speech language pathology, physical therapy or occupational therapy) are the only services ordered by the patient's physician, assessments can be completed by the appropriate rehabilitation professional(s) (ST, PT or OT). When more than one discipline of therapy is being provided, a qualified therapist from each of the disciplines must functionally assess the patient.

> Note: For Medicare patients, occupational therapy services provided at the start of care alone do not establish eligibility.

Initial Assessments

- Timing. Unless a physician designates a specific start of care date, an initial assessment visit must be performed on all Medicare patients within 48 hours of either (a) the referral or (b) the patient's return home. When a physician designates a specific start of care date, the initial assessment must be performed on that date.

- Contents of the Initial Assessment: The Company professional assessing the patient will determine the patient's immediate care and support needs and will determine the patient's eligibility for services under the applicable payor's eligibility criteria.

- Results of Assessment. If, based upon the initial assessment, the Company determines that admission is not appropriate, then the Company will notify the patient, the patient's physician and the referral source of this determination.

Comprehensive Assessments

- Timing. A comprehensive assessment visit must be performed on all Medicare home health patients within five (5) days of the start of care. When possible, the comprehensive assessment will be completed during the same visit as the initial assessment described in Section II.

  Physician orders for an add-on discipline after the start of care should be performed on the date specified by the physician. In the absence of a specified date, the discipline specific assessment should be performed within five (5) days of the receipt of the physician order.

- Contents of the Comprehensive Assessment. The professional assessing the patient will determine the patient's eligibility for services under the applicable payor's eligibility criteria. For Medicare patients to qualify for coverage of home health services, the following criteria must be met:

  1. The patient must be "homebound," *i.e.*, confined to the home. See the Company's Assessment of Homebound Status of Medicare Patients Policy, Policy No. #404 which provides additional guidance on assessing the homebound status of Medicare patients.
  2. Services must be provided under a plan of care established and approved by a physician.
  3. The patient must be under the care of a physician.
  4. The patient must need skilled nursing care on an intermittent basis, physical therapy or speech therapy services, or have a continued need for occupational therapy. See the Company's Demonstrated Need for Skilled Care for Medicare Patients: Skilled Nursing Services, Policy No. #406, provides criteria for assessing a patient's eligibility based on the need for skilled nursing services.

- Areas of Assessment. The Comprehensive Assessment will include, but is not limited to:

  1. Physical assessment/Review of systems.
  2. Outcome and Assessment Information Set (OASIS) data set for Medicare/Medicaid patients as described in Section II.C.
  3. Activities of daily living/functional status.
  4. Review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy and noncompliance with drug therapy.
  5. Psychosocial status.
  6. Residential environment.
  7. Nutritional requirements.

- OASIS Data Set. The Comprehensive Assessment must incorporate the use of OASIS for all Medicare and Medicaid patients except those patients (a) under 18 years old; (b) maternity patients; or (c) patients receiving only homemaker or chore services. Findings should be documented on the Company's OASIS Patient Start of Care Assessment Form. Items in the OASIS data set determine the payment rate for the patient's care. The OASIS data set must accurately reflect the patient's condition and should never be altered to inaccurately reflect the patient's condition in order to increase reimbursement to the Company.

- Updates to the Comprehensive Assessment. The comprehensive assessment must be updated and revised (including the OASIS data set) as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status, but not less frequently than:

  1. The last five (5) days of each 60 days beginning with the start-of-care date;
  2. Within forty-eight (48) hours of the patient's return from a hospital admission of 24 hours or more for any reason other than diagnostic tests; or
  3. At discharge.

- Results of Assessment. If, based upon the Comprehensive Assessment (or any update to such Comprehensive Assessment), the Company determines that admission is not appropriate; the Company will notify the patient, the patient's physician and the referral source of this determination.

POLICY REVIEW

The Ethics & Compliance Department will review and update this Policy and all HIPAA policies when necessary in the normal course of its review of the Ethics & Compliance Program.