

	Policy No.: 401	Signature: 	
	Created: April 2012	Reviewed: January 2015	Revised: July 2014

## ADMISSION OF PATIENTS TO HOME HEALTH SERVICE

CORPORATE ETHICS & COMPLIANCE DEPARTMENT

### **SCOPE:**

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 (the “Company”) colleagues in order to ensure that patients are accurately reviewed to determine appropriateness for home health services during the admission process.

### **POLICY:**

It is the policy of the Company that patients shall be admitted in accordance with applicable law and this policy.

### **PROCEDURE:**

#### *General Principals*

- At the time of a patient referral, the Company will assess the patient to determine whether the patient meets the eligibility criteria of this policy for the applicable payor.
- If the patient does not meet the applicable payor’s eligibility criteria, the patient will not be accepted for home health services. The Company will notify the referral source, the patient, and the patient’s physician of such determination.
- Patients will be advised of alternative care options (*i.e.*, hospice, assisted living, nursing home, etc.) if they are not appropriate for home health services at initial assessment or at any point during the course of care.
- The Company will accept a patient for home health services on a reasonable expectation that the patient’s medical, nursing and social needs can be met adequately in the patient’s residence.
- As required by federal and state law, the Company will not discriminate in the admission or retention of patients with respect to age, race, color, religion, national origin, disability, gender preference, sex, sexual preference, marital status, military status, sponsorship or source of payment.

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***Eligibility Criteria***

The patient must meet the following criteria to be eligible to receive home health services from the Company.

- The patient has a specific need for home health services, as defined by the applicable payor, which will be verified by the Company and the determining factors will be documented in the patient’s record in accordance with the Company’s Initial and Comprehensive Patient Assessment Policy, Policy No. #403.
- For Medicare patients, the Company must also document findings of homebound status in accordance with the Company’s Assessment of Homebound Status of Medicare Patient Policy, Policy No. #404. The Medicare patient’s physician must certify the homebound status of the patient. In addition, Medicare patients must require one of the following services: part-time skilled nursing care, physical therapy or speech-language pathology services, or a continuing need for occupational therapy. Occupational therapy alone is not sufficient for an initial admission for home health services.
- The patient must be under a physician’s care and receives services under a plan of care established and periodically reviewed by the physician.
- The patient must live in the Company’s service area.
- The patient’s home environment is suitable and safe for providing care.

***Documentation Provided to the Patient.***

- The Company will obtain signed written consent from the patient prior to providing services. The consent shall contain: consent for treatment; financial authorization; consent for release of records; and description of services to be performed and estimated frequencies.
- In accordance with federal and state law, the Company shall also provide the patient with a notice of the patient’s rights and responsibilities, including the patient’s rights with respect to filing complaints against the Company.