DISCHARGE OF PATIENTS FROM 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 on the process for discharging a patient from home health services.

POLICY:

The Company will assess each patient's discharge planning and/or continuing care needs on an ongoing basis and will involve the physician, the patient and the caregiver in the process. Patients will be discharged when they meet the discharge criteria. The Company will provide appropriate discharge planning and notification in accordance with applicable law and regulations and this policy, with the understanding that state licensure statutes and regulations may stipulate additional requirements that shall be confirmed and updated by the Company as necessary.

PROCEDURE:

Planning For Patient Discharge.

- Planning for discharge will begin after evaluation of the data and information gathered during the Initial and Comprehensive Assessments in accordance with the Company's Initial and Comprehensive Assessment Policy, Policy No. 403.

- Changes in a patient's needs during the provision of care will be identified and assessed on an ongoing basis through interdisciplinary case conferences, progress notes and comprehensive assessments.

- The data/information and patient/caregiver participation utilized in planning for discharge may be evidenced in the following:

  1. Initial Comprehensive Assessment form;

  2. Progress notes; and

  3. Case conference documentation.

Patient Discharge

- Except in those circumstances described later in this policy, and in accordance with federal and state regulations, the Company will provide a minimum of two (2) days written notice to the patient in the event the patient meets one of the following discharge criteria:

    1. The patient is no longer homebound;
    2. The patient is no longer under a physician's care;
    3. The patient no longer has a need for services as required by the payor;
    4. The patient no longer resides within the Company's service area;
    5. The Company is no longer able to provide the required services; or
    6. The patient's home environment is no longer suitable or safe for providing care.

- The Company will deliver the required written notification by hand or by mail. If delivered by mail, the notice must be mailed at least five (5) working days before the date of transfer or discharge; and the Company will speak with the patient by telephone or in person to ensure the patient's knowledge of the transfer or discharge at least two (2) days before the date of transfer or discharge.

- If services are provided in a jurisdiction with regulations or statutes contain notice provisions or requirements that are more restrictive than those included in this policy, such regulations or statutes will supersede the notice provisions of this policy. If services are provided in a jurisdiction with regulations or statutes that are less restrictive than those included in this policy, colleagues are expected to adhere to the provisions of this policy.

- The Company will communicate with the physician and, as needed, obtain a discharge order. The Company will confirm the need for discharge and identify any remaining discharge planning needs. The Company shall provide a copy of the patient's discharge summary to the patient's physician upon request and as required by law.

- The Company may transfer or discharge a patient ***without*** two (2) days' written notice:

    1. Upon the patient's request;

2. If the patient's medical needs require transfer, for instance in a medical emergency;

3. In the event of a natural disaster where if not transferred, the patient's health and safety is at a risk;

4. For the protection of staff or a patient after the Company has made a documented reasonable effort to notify the patient, the patient's family and physician and appropriate state or local authorities of the Company's concern for staff or patient safety, and in accordance with the Company policy;

5. According to physician orders; or

6. If the patient or responsible party fails to pay for services, except as prohibited by federal or state law.

- The patient and caregiver will be educated on aspects of post-discharge continuity of care arrangements.

- All disciplines involved in the patient's care will be notified of the discharge date.

- Medical record documentation for discharge includes, but is not limited to:

  1. Progress toward goals and Discharge Summary;

  2. Discharge Comprehensive Assessment (including the OASIS data); and

  3. Discharge orders, if required.

- The Company will complete the OASIS discharge assessment within 48 hours of knowledge that patient was discharged. The OASIS discharge assessment will be completed by the last provider in the home (RN, PT, OT or ST). In the event the discharge is not planned, the OASIS data will be based on the last assessment by the RN, PT, OT or ST.

- The Company will keep the following in each discharged patient's medical record:

  1. A copy of the written notification provided to the patient or the patient's parent, family, spouse, significant other or representative;

  2. Documentation of the personal contact with the patient if the required notice was delivered by mail; and

  3. Documentation that the patient's attending physician or practitioner was notified of the discharge.

- For all discharges of Medicare patients, the Company will provide notice of discharge on the Company's Notice of Medicare Provider Non-Coverage form.

  1. In order for the Notice of Medicare Provider Non-Coverage to be valid, the patient (or the patient's representative) must understand the reason for the notice and must sign and date the notice. Accordingly, at the time of delivering the notice, the Company will ensure the patient (or patient's representative) understands that the purpose and contents of the notice is to notify the patient that: (a) the end of covered care is imminent; and (b) the patient or patient's representative may appeal the termination decision.

  2. The patient or patient's representative should sign and date the Notice of Medicare Provider Non-Coverage on the Company's form. One copy will be left with the patient and one copy will be included in the medical record.

  3. If the patient or the patient's representative refuses to sign the Notice of Medicare Provider Non-Coverage form, the Company representative should document on the form the refusal to sign.

- The Company will provide the Notice of Medicare Provider Non-Coverage at least two (2) days before the proposed end of covered services. If the time between the patient's scheduled services is less than two (2) days, the Notice of Medicare Provider Non-Coverage will be provided no later than the next to the last time services are provided. If services are anticipated to be fewer than two (2) days in duration, the Company will provide the Notice of Medicare Provider Non-Coverage at the time of admission.

- The Company must (a) explain to the patient's representative that the patient's services will no longer be covered by Medicare; and (b) describe the patient's appeal rights, including providing the name and telephone number of the state quality improvement organization ("QIO").

- In the event that the patient is not competent and the Company representatives are unable to make direct phone contact with the patient's representative, the following steps must be taken:

  1. The Company will send a Notice of Medicare Provider Non-Coverage to the patient's representative by certified mail, return receipt requested.

  2. The date of receipt is the date the representative (or someone at that address) signs (or refuses to sign) the notice. Patients or patient representatives who refuse to sign the notice are still entitled to appeal the Company's decision.

3. If notices are returned by the post office with no indication of a refusal date, the patient's liability for coverage of services will begin on the second working day after the date the Company mailed the notice.

- The Company will retain a copy of all Notice of Medicare Provider Non-Coverage forms given to patients in their records and will give completed copies to:

1. The patient (or patient's representative); and

2. The QIO, if requested.

A copy may also be given to the patient's physician, but this is not required.