

## **PATIENT ELIGIBILITY KIT — CRESCENT HOME HEALTH AGENCY, LLC**

### **WHAT IS HOME HEALTHCARE?**

Home Healthcare is a wide range of services that can be given in your home for an illness or injury. It is usually less expensive, more convenient and just as effective as care from a hospital or skilled nursing facility (SNF).

### **WHO IS HOMEBOUND?**

You are considered homebound when you are confined to your home due to illness or injury. You need not be bedridden, but leaving your residence must require considerable taxing effort and an assistive device such as a walker, cane or wheelchair, or assistance from another person.

### **WHO NEEDS CRESCENT HOME HEALTHCARE?**

*An individual who:*

- Is weak and unable to effectively perform activities of daily living due to a change in health status.
- Is debilitated due to illness, surgery or injury and is unable to leave home without assistance or use of an assistive device.
- Is newly diagnosed with a disease that you do not know how to manage at home.
- Has a wound that just will not heal.
- Is in need of new in-home infusion services such as antibiotics, steroids or IVIG.

### **WHO IS ELIGIBLE?**

Doctor's orders are needed to start care. Once your doctor refers you for home health services, Crescent will schedule an appointment and come to your home to assess and determine needs. Home healthcare services are covered by Medicare, Medicaid, private insurance, worker's compensation and private payment.

### **CONDITIONS THAT MAY NECESSITATE HOME HEALTHCARE:**

- Recent Hospitalization
- Lung Disease (COPD, Bronchitis, Pneumonia)
- Heart Failure (CHF)
- Diabetes
- Falls (Gait and Balance Problems)
- Debilitating Pain Affecting Mobility Safety

- Surgery Aftercare
- Stroke & Paralysis
- Poly Pharmacy (Medication Management)
- Wounds that Will Not Heal
- Palliative Care

## **ADMISSION CRITERIA**

Policy Number: A200

Patients will be accepted for care without discrimination on the basis of race, color, creed, sex, age, handicap (mental or physical), communicable disease or place of national origin.

Patients will be accepted for care based on consideration. Consideration will be given to the adequacy and suitability of agency personnel, resources to provide the required services, and a reasonable expectation that the patient's medical, nursing, rehabilitative, and social needs can be adequately met in the patients place of residence.

The Agency reserves the right not to accept those patients who do not meet the admission criteria.

Patients will be referred to other resources if the Agency cannot meet the patient's needs.

While patients are accepted for services based on their medical needs, the patient's ability to pay for such services, either through state or federal assistance programs, private insurance or personal assets are factors which will be considered.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, The Age Discrimination Act of 1975, and Regulations of the US Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations, Part 80, 84, and 91.

## **ADMISSION CRITERIA INCLUDE**

1. The patient must be under the care of a physician. The patient's physician must order and approve the provision of any service. A skilled service must be ordered. All Medicare patients must meet the Physicians Face to Face Attestation requirement within the designated timeframe.
2. The patient must desire home care services.
3. The patient must reside within the geographical area which the Agency has established as their service area.

4. The physical facilities and equipment in the patient's home must be adequate for safe and effective care
5. Services shall be provided to a patient insured by Medicare who has a primary need for skilled nursing, physical therapy and/or speech therapy on an intermittent basis and is homebound. A patient is considered to be homebound if he/she has a condition which restricts ability to leave the place of residence except with the aid of supportive devices, the use of special transportation, requires the assistance of another person, or if he/she has a condition which is such that leaving his/her home is medically contraindicated.
6. Acceptance for home care services is based on the patient's willingness and ability to function outside the hospital setting and, in some cases, has a willing, able and available family member or caregiver(s) or significant individual(s) to participate in the care.
7. Eligibility for participation is not based on the patient's race, color, creed, sex, age, handicap (mental or physical), communicable disease, or place of national origin.
8. In case of questions concerning this policy or in the event of a desire to file a complaint alleging violations of the above the Administrator will be notified and will be responsible to follow through.

## **REFERRAL PROCESS**

Referral request and referral information may be provided by:

1. Family/caregivers
2. Health care clinicians from acute care facilities
3. Skilled or intermediate nursing facilities
4. Other agencies
5. Physician offices

Referral information assists in the determination of eligibility for admission to the program.

If the request for service is not made by the patient's physician, he/she will be consulted prior to the evaluation visit and initiation of services.

During the initial assessment visit, the admitting clinician will also assess the patient's eligibility for home care services according to the admission criteria and also to determine the level of services required. Payment source will be confirmed.

If a patient does not meet the admission criteria or cannot be serviced by the Agency's scope of services, appropriate referrals to other sources of care will be made on behalf of

the patient. The patient or patient's family, as appropriate, the physician and/or the referral source will be notified if the patient cannot be admitted.

A record of non-admits will be kept for statistical purposes, with date of referral, patients name, services required, physician, reason for non-admit, and referral to other health care facility information.

In instances where an individual patient does not meet the stated criteria for admission to the program, an exception for start of services may be decided upon by the Administrator with input from the Medical Director.