



Origination Date 2/1/2008
 Last Approved 5/27/2025
 Effective 5/27/2025
 Last Revised 5/27/2025
 Next Review 5/27/2026

Owner Melissa Cano:
 Home Health and
 Hospice Manager
 Policy Area Home Care
 Services
 References CHAP, CoP

Acceptance to Service

POLICY:

It is the policy of Confluence Health (CH), Central Washington Home Care Services (HCS), that patients will meet the appropriate admission criteria to home health services. Patients are accepted for treatment on the basis of a reasonable expectation that their medical, nursing, rehabilitative and social needs can be met by the services provided by HCS in their place of residence. Appropriate patients will be admitted to service without regard to race, creed, color, national origin, gender, marital status, sexual orientation, or the presence of sensory, mental or physical disability. Home Health may serve patients of all ages. Patients under the age of 18 can be admitted if qualified staff are available to meet the service needs.

PROCEDURES:

A. GENERAL CRITERIA FOR ADMISSION TO SERVICES:

1. Criteria for admission will be established based on federal, state, accreditation, and agency requirements
2. Patient referred for care can be safely managed in the home setting.
3. Patient resides in the geographical area served by Home Care Services.
4. Patient meets eligibility requirements and has an identifiable, medically reasonable and necessary skilled need for home health services.
5. Services requested are available and appropriate to meet the health care needs and expectations of the patient and family.
6. Patient is under the care of a licensed physician or allowable practitioner located in Washington State who will assume responsibility for the medical management of the patient and the home health Plan of Care.

7. The patient and/or family are willing to participate in decisions about care, treatment, and goals defined in the Plan of Care (POC).
8. The home care setting is appropriate for the effective delivery of care. There is adequate provision for shelter, food, clothing and safety.
9. The patient/caregiver has the potential to follow instructions and the ability to access emergency services in the absence of agency personnel.
10. The patient, family and/or environment do not constitute a risk to the safety of agency staff.
11. Agency skills, competencies, staffing and resources must be adequate to provide timely and necessary care to all patients admitted for services.
12. Requests for services not consistent with agency policies will be evaluated by the Home Care Services Director and/or Clinical Manager before the patient is admitted to services.
13. If HCS is unable to provide care and services to a patient, the patient will be referred to another home health provider and the attending physician and referral source will be notified.

B. REFERRAL SOURCES:

1. Referrals may be obtained verbally, in writing, or electronically.
2. Referrals may be accepted from the following:
 - a. Physician or allowable practitioner
 - b. Inpatient or outpatient services of a hospital or acute care setting
 - c. Extended care facility
 - d. Other home care or hospice agencies
 - e. Community based social service agencies
 - f. Individual patients and family members
 - g. Case Manager

C. REFERRAL PROCESS:

1. The Intake Coordinator will ensure only patients appropriate for care at the time of referral are accepted onto service.
2. The Intake Coordinator will evaluate each patient referral against the following criteria:
 - a. The anticipated needs of the patient.
 - b. The case load of the perspective clinician(s) at the time of referral.
 - c. The agency's case mix at the time of referral.
 - d. The skills of the staff related to the patient's needs.
 - e. Availability of appropriate staff.
3. Patient referrals will be documented on one of the following:

- a. Written referral form
 - b. Electronic referral form
- 4. Appropriate medical orders will be obtained from the attending physician or allowable practitioner by a qualified clinician.
- 5. The Home Care Services Intake Coordinator or designee reviews patient referral information for admission eligibility, which includes insurance authorization or eligibility for charity care.
 - a. Patient eligible for admission is scheduled for an assessment visit.
 - b. Patient who does not meet eligibility criteria will be referred to other community resources, as appropriate. The referring physician, allowable practitioner or source is notified.
- 6. Insurance authorization will be obtained prior to the patient admission visit:
 - a. The patient and/or responsible party will be informed of any anticipated out-of-pocket expenses associated with home health services prior to the delivery of services.

D. PHYSICIAN COVERAGE:

- 1. Members of the Medical Staff:
 - a. The attending or primary physician or allowable practitioner is responsible for medical follow-up orders on a twenty-four (24) hour basis, either directly or via a designated covering physician or allowable practitioner on-call. If they are unexpectedly unavailable for consultation in an emergent situation, the Medical Director for Home Care Services is available for consultation and liaison work as necessary. In this way, physician or allowable practitioner advice and consultation is available to the Home Care Services program at all times.
 - b. If a patient is under the care of more than one physician or allowable practitioner, the Home Care staff is responsible to the attending physician or allowable practitioner, unless otherwise arranged.
- 2. Non-Members of the Medical Staff:
 - a. Physicians or Licensed Health Professional (LHP) referring patient to Home Care Services must be currently licensed by the State of Washington. License will be verified and documented by the Home Health Representative. Physician or allowable practitioner is defined as M.D., D.O., Podiatrist, PA-C or ARNP.
 - b. The referring physician or allowable practitioner is responsible for medical follow-up on a 24-hour basis either directly or via a designated covering physician or allowable practitioner on-call.

REFERENCES AND RELATED DOCUMENTS:

- A. CHAP Home Health: APC.3; LG.13

Approval Signatures

Step Description	Approver	Date
PolicyStat Administrator	Crista Davis: Regulatory Standards Coordinator	5/27/2025
CNO	Kelly Allen: Chief Nursing Officer	5/27/2025
VP	Laurie Bergman: VP Population Health & Health Equity	5/21/2025
Medical Reviewer	Charles McCormick: PHYS MGR - Geriatrics Palliative Care	5/14/2025
Director	Rebecca Davenport: Home Health & Hospice Director	5/7/2025
	Melissa Cano: Home Health and Hospice Manager	4/30/2025

Standards

No standards are associated with this document