

Sullivan County Department of Public Health
Certified Home Health Agency

<u>Title:</u> Certified Home Health Agency (CHHA) Acceptance to Service <u>Number:</u> 2a8 <u>Page Number:</u> 1 of 3	Original Approval: 07/2026 Reviewed: Revised:
--	--

Statement/Purpose:

To establish a consistent, standardized process for the acceptance of prospective patients into Certified Home Health Agency (CHHA) services. This policy requires the CHHA to evaluate its capacity to meet the needs of the referred patient and comply with regulatory requirements outlined by the Centers for Medicare & Medicaid Services (CMS) at 42 CFR § 484.105(i). This policy aims to promote timely and appropriate care for patients while maintaining the quality and safety of services provided.

Application:

All referred patients
Intake RN

Responsible Party:

Clinical Supervision

Authority:

Director of Patient Services

Terminology:

- Referral: A formal request for home health services typically initiated by a provider, hospital discharge planner, or other authorized healthcare provider.
- Capacity: The CHHA's ability to meet the anticipated care needs of a referred patient, considering factors such as case load, staffing, and available resources.
- Case Load: The total number of patients currently under care by the CHHA at any given time.
- Case Mix: The types and complexity of patients currently under care, which may impact the ability of the agency to accept new patients

Cross-Reference:

Referral Process
Admission to CHHA
42 CFR § 484.105(i): Patient Acceptance and Referral

Procedure:

This CHHA will only accept patients for home health services when there is a reasonable expectation that the agency has the capacity to meet the patient's care needs safely and effectively. The decision to accept or deny a referral will be made based on an evaluation of the following criteria:

1. Anticipated Needs of the Referring Patient:

Sullivan County Department of Public Health

Certified Home Health Agency

- a. Evaluation of the patient's clinical condition, care requirements, and expected treatment duration.
- b. Review of any specific medical orders, diagnoses, or recent hospitalizations provided by the referring provider.
2. Case Load and Case Mix:
 - a. Consideration of the current number of patients being served by the CHHA, ensuring that the agency is not overloaded and can provide adequate attention and resources to new referrals.
 - b. Assessment of the types of patients currently under care to determine if the agency can appropriately accommodate the complexity and type of services needed by the new patient.
3. Staffing Levels:
 - a. The CHHA will assess whether it has sufficient qualified staff (e.g., registered nurses, therapists, home health aides) to provide timely and appropriate care to the new patient without compromising the care of existing patients.
 - b. Staffing levels must meet the regulatory requirements and the needs of the agency's patient population.

Procedure for Acceptance of Referrals:

1. Referral Requirements:
 - a. A qualified provider who will agree to oversee the plan of care and give/sign applicable orders on an ongoing basis.
 - b. If required by payer, documentation of a face-to-face encounter within the past 60 days or scheduled within the next 30 days with the qualified provider who has agreed to oversee the plan of care or if patient is coming from an inpatient facility with the referring provider from that facility.
 - c. Documentation in referral and/or face to face encounter qualifying patient for home health services (e.g. homebound status, skilled need, etc.)
 - d. A reimbursement source including preauthorization of visits if required
2. Referral Intake:
 - a. Referrals are to be received through fax, secure email, Allscripts portal.
 - b. Upon receiving a referral, the agency's RN intake coordinator will initiate a preliminary review, ensuring that all necessary information (e.g., provider, orders, medical history, recent hospitalizations) is provided.
3. Referral Evaluation:
 - a. The Intake RN will assess the patient's anticipated care needs, case load, case mix, staffing availability, and staff skills and competencies consulting with supervision when necessary.
 - b. If the patient's needs match the agency's capacity, the referral will be moved forward for scheduling and care plan development.
 - c. If the agency determines it cannot meet the patient's needs, the referral will be declined. In such cases, the referring provider will be notified, and alternative home health services may be recommended.
4. Notification of Acceptance or Denial:
 - a. The referring provider and the patient (or their representative) will be notified of the agency's decision to accept or deny the referral.
 - b. The patient will be provided with information regarding the specific services available and the duration and frequency of the services, as well as any limitations related to those services.
 - c. All decisions regarding the acceptance or denial of a referral will be documented on the daily intake master log, including the rationale for the decision.

Sullivan County Department of Public Health
Certified Home Health Agency

This policy will be reviewed annually to ensure continued relevance and compliance with regulatory requirements, or as any changes in occur in agency operations. Any changes to the agency's services or referral processes will be made publicly available.