**Ozark Health Home Health          Provision of Care, Treatment, and Service**

**Home Health Agency (HHA) Patient Acceptance-to-Service Policy and Procedure**

**Effective Date: 1/1/2025**

**Reviewed Date: 12/30/2024**

**Next Review Date: 12/01/2025**

### 1.  Purpose

The purpose of this policy is to establish a consistent, standardized process for the acceptance of prospective patients into HHA services. The policy ensures that the HHA evaluates its capacity to meet the needs of the referred patient and complies with regulatory requirements outlined by the Centers for Medicare and 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.

### 2.  Scope

This policy applies to all patient referrals made to the HHA for home health services, including skilled nursing, therapy services (physical, occupational, speech-language pathology), medical social services, and home health aide services.

### 3.  Definitions

**\*Referral:** A formal request for home health services typically initiated by a provider, hospital discharge planner, or other authorized healthcare provider.

**\*Capacity:** The HHA'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 HHA 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.

### 4. Policy Overview

The HHA 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. The decision to accept or deny a referral will be made based on an evaluation of the following criteria:

### 1.  Anticipated Needs of the Referred Patient:

-Evaluation of the patient's clinical condition, care requirements, and expected treatment duration.

-Review of any specific medical orders, diagnoses, or recent hospitalizations provided by the referring provider.

### 2. Case Load and Case Mix:

## 5. Periodic Review and Updates:

-The Patient Acceptance to Service Policy will be reviewed annually by the HHA's leadership team to ensure it continued relevance and compliance with regulatory requirements.

-Any changes to the agency's capacity, staffing, services, or referral process will be communicated to staff and made publicly available.

## 6. Public Disclosure of Serves and Limitations

The HHA will make available to the public clear and accurate information regarding the types of services offered, including any limitations related to specialty services, service duration, or service frequency. This information will be reviewed annually or more frequently as needed if services change.

-**Service Availability**: The types of skilled nursing services, therapy services, and other services provided.

-**Service Limitations**: Ozark Health Home Health does not provide Psychiatric/Behavioral Health services and does not provide care for patients who are ventilator dependent. We do not provide services for patients who require twice a day visits when there is no caregiver available to provide care. Geographic service area is a 100-mile radius from our Agency Office, located at 428 Medical Center Parkway in Clinton, AR 72031.

-**Public Access**: Information will be accessible via the HHA's website or by contacting the intake department at 501-745-7004, Option 2.

## 7. Compliance and Monitoring

-The HHA will ensure compliance with CMS regulations, including 42 CFR 484.105(i), by regularly auditing referral acceptance decisions and patient outcomes.

-The QAPI program will monitor the effectiveness of the patient acceptance process and identify any areas for improvement.

## 8. Related Policies and References

-42 CFR 484.105(i): Patient Acceptance and Referral Requirements

## 9. Policy Review and Revisions

This policy will be reviewed at least annually, or as changes occur in the agency's operations or regulatory requirements. Updates will be communicated to all relevant staff.

**Reviewed: 12/30/2024**