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| Regulation(s)/Standards: 42 CFR 484.105 | Effective Date: January 2025 |
| | Revision Date: |
| Reviewed Date: | |

PURPOSE:

The home health agency will only accept patients whose medical needs can be safely and adequately met with the agency’s capabilities, considering factors such as anticipated needs of the prospective patient, case load and case mix of the agency, staffing levels of the agency, and skills and competencies of the home health staff.

POLICY:

To establish standards and a process by which the organization evaluates potential patients to determine if their needs can be safely and effectively managed within the scope of services provided by the agency. Service offerings will be reviewed as frequently as services are changed but no less often than annually.

PROCEDURE:

1. Evaluation of Prospective Patient Needs:
 - a) Upon receipt of a referral, a comprehensive review of the prospective patient’s anticipated needs will be conducted, including but not limited to:
 - (i) Medical and clinical needs
 - (ii) Psychosocial, emotional, and environmental factors
 - (iii) Equipment, supplies, or special accommodation required
 - (iv) The patient’s geographic location
 - b) Input from the referring provider, family, and/or caregiver will be sought as needed in accordance with HIPAA regulations to ensure a full understanding of the patient’s condition and care requirements.
 - c) The patient must be under the care of an established physician or allowed practitioner. The patient’s physician or authorized practitioner must order and approve the provision of any service.

- d) While the patient will be accepted for services based on his/her 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 that will be considered.
2. Assessment of Organizational Caseload and Case-Mix:
- a) The current caseload will be reviewed to ensure that adding a new patient will not compromise the quality of care delivered to existing patients.
 - b) The case-mix, including the complexity and diversity of patient needs, will be analyzed to maintain an appropriate balance within the organization's resources.
3. Review of Staffing Levels:
- a) The organization's staffing levels will be evaluated to ensure adequate personnel are available to provide timely and effective care to the prospective patient.
 - b) Consideration will include:
 - (i) Total staff availability
 - (ii) Ongoing staff commitments and assignments
 - (iii) Projected workload for the period under consideration
4. Skills and Competencies of Staff:
- a) The organization will determine if its staff possess the necessary skills, training, and competencies to meet the specific needs of the prospective patient.
 - b) Staff assignments will align with:
 - (i) Licensure and certification of staff
 - (ii) Specialized skills (e.g. Wound care, IV therapy, dementia care, fall prevention)
5. Documentation:
- a) The patient's referral record will contain documentation of all assessments, decisions, and communications regarding acceptance or denial of services.
6. Skilled services provided are found on Visiting Nurse Association of the Wabash Valley's website: <https://myhospicevna.org>