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| **Admission** | **Last Revision:** | March 2019 |
| **Last Reviewed:** | March 2019 |
| **Applies to the following THA Group of Companies:** | * Independent Life at Home |
| **Included in the following THA Manual:** | Administrative Policies & Procedures Provision of Care, Treatment, & Service |

# POLICY

All clients referred for admission are evaluated according to specific qualifying criteria for the services being requested. All clients admitted to THA Group receive the same level of care without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

# GENERAL ADMISSION CRITERIA

1. Services requested must be within the scope of the organization:
   1. The company must have enough qualified staff to meet the identified needs.
   2. The company must have adequate financial resources to provide competent employees at the requested frequency.
   3. The client must reside within the geographical area serviced by the Company.
2. The client must give consent to receive services and agree to follow the plan of care. A responsible party must authorize services in the event the client is physically or mentally incompetent to sign a service agreement.
3. The home/residence must not pose a safety risk:
   1. Client must have adequate provision for shelter, food, clothing and protection of the individual.
   2. Acuity of health condition must not exceed staff's ability to render safe care.
4. A payor source or indigent status must be confirmed before services can be rendered.
5. The final decision as to whether a client & family meets the criteria for admission resides with the Company.
6. If the company is unable to provide the requested service, the referral source is notified that the company is unable to admit the client.

# INDEPENDENT LIFE AT HOME

1. Referrals may be accepted from any of the following:
   1. Doctor of Medicine, Osteopathy, Podiatry, Psychiatry, Dentistry, or Dental Surgery
   2. Discharge planners from in-patient and out-patient services
   3. Social service agencies
   4. Community care services programs
   5. Individual clients or their family/caregivers
   6. Clinician and/or insurance company representative
   7. Other home health organizations
2. Referrals will be accepted 24 hours a day, seven days per week. Personnel will be available 24 hours a day to accept clients into home care.
3. Information regarding a client's demographics, diagnoses, services needed, medications, attending physician (or other authorized licensed independent practitioner), and hospitalization, will be taken at the time of referral, if available.
4. The admission visit is scheduled at a time mutually agreed upon by the company and client.
5. A written Service and Financial Agreement is completed and signed by the client and/or responsible party prior to services being rendered.

6. All services provided to a client shall be based on the written service agreement entered with the client or the client's responsible party.

7. Updates or changes to the service agreement are documented on the form. If the client requests PRN (as needed) services, then the practice is to update the service agreement each time the client request a change in services

8. The Service and Financial agreement forms include:

a. Date of initial contact with client for services, contact information of the client, emergency contact and responsible party, if applicable.

b. Date of referral, eligibility for other services provided by THA Group (Home Health, Hospice, Palliation, etc.).

c. Description of the services needed as stated by the client or responsible party.

d. The services listed as well as how often visits will be made & duration.

e. The amount of charges (hourly or total) and mechanism for billing and payment.

f. Transportation authorization.

g. Acknowledgement of receipt of client’s rights & responsibilities.

h. Signature of client or responsible party and company representative.

i. Telephone number of agencies that a client can call for information, questions, or complaints about the services, including the number to the state licensing authority that is written on the cover of the Client Information Packet.

9. Independent Life at Home admission visits are scheduled at a time mutually agreed upon by the company and client and a written Service and Financial Agreement is completed and signed by the client and/or responsible party prior to services being rendered.

# ADMISSION PROCEDURE

1. During the admission visit the admission representative:
   1. Evaluates to determine eligibility
   2. Reviews client rights & responsibilities
   3. Verifies financial information and reviews financial responsibilities.
   4. Obtains consents, service & financial agreements
   5. Reviews the information contained in the Client Information Packet including:
   6. Client Rights and Responsibilities [must be explained prior to obtaining signature on the Consent/Election form]
   7. Telephone number to call to file a complaint
   8. Informed Consent/Election Form
   9. Medical Release Form
   10. Advance Directives
2. If the client meets admission criteria, the admission representative facilitates and coordinates all services to be provided.
3. Clients are determined to be medically fragile or medically compromised (MF/MC) if their health status, as determined by appropriate provider staff in accordance with accepted standards of practice, is likely to change or has changed because of a disease process, injury, disability or advanced age and underlying disease processes.
4. A registered nurse will complete a home visit and determine if our services are appropriate. Clients will be notified if we are unable to provide appropriate care.