



1421 E Cooley Dr, Unit #4
Colton, CA 92324
Tell: 909 990 1060 Fax: 909 990 1070

ACCEPTANCE-TO-SERVICE
Policy No. 2-005B.1

Development Date: 12/30/2024 Effective Date: 01/01/2025

Next Review Date: 12/01/2025

1. **Purpose**

Alliance Health Services, Inc. has developed this policy in order to adhere to and conduct regulatory and best business and care practices. It guides all decision-making based on specific care needs, the agency's available resources and capacity. This policy complies with regulatory requirements outlined by the Centers for Medicare and Medicaid Services (CMS) 42 CFR 484.105(i) Condition of Participation: Organization and Administration of Services.

- The purpose of this policy development is to establish, implement, and maintain an intake process that is standardized and consistently applied to each prospective patient referral for home health care. By following this process, all referrals are evaluated fairly and consistently before receiving services. The decision to accept a new referral of the prospective patient is based on being able to adequately provide the required care and services. The policy ensures that the HHA addresses the HHA's capability and preparedness to meet the anticipated needs of the prospective patient, taking into consideration all implications for its capacity to meet the patient needs in association with the HHA's case load and case mix, staffing levels and skills and competencies of the HHA's staff.

Scope

This policy applies to all patient referrals made to Alliance Health Services for home health services, including skilled nursing (SN), therapy services: physical (PT), occupational (OT), Speech-language Pathology (SLP/ST), Medical Social Services (MSW), and home health aide services (HHA)

2. **Definitions**

- **Referral:** A formal request for skilled home health services that are part-time, medically necessary care in a patient's home. The services can include physical therapy, occupational therapy, speech-language therapy, and skilled nursing care, a Medical Social Worker and Home Health Aide services supervised by the RN. It is typically initiated by a provider, hospital discharge planner, or other authorized healthcare provider.
- **Capacity:** the ability of the HHA to meet the anticipated care needs of a referred patient and provide care 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 complexity and types of patients currently under care, which may impact the ability of the agency to accept new patients.

3. **Policy Overview**

Alliance Health Services, Inc. is committed to and will accept patients for home health services when there is a reasonable expectation that the agency has the capacity and can meet the referred patient's care needs. The decision to accept or deny a referral will be made based on an evaluation of the following criteria:

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- a. Anticipated needs of the prospective referred patient:
 - 1) Review of any specific medical orders, diagnoses, or recent hospitalizations provided by the referring provider
 - 2) Evaluation of the patient's clinical condition, specific care requirements, skilled intervention needs, and expected treatment duration
- b. Case Load
 - 1) Consideration of the current number of patients being served by the HHA, ensuring that the agency is not overloaded and can provide timely and adequate attention and resources to new referrals
- c. Case Mix
 - 1) Assessment of the types of patients under care to determine if the agency can appropriately accommodate the complexity and type of services, care needs, and treatments needed by the new patient
- d. Staffing Levels
 - 1) The HHA will assess whether it has sufficient qualified staff (RN, PT, OT, ST) to provide timely and appropriate care to the new patient without compromising the care of existing patients
 - a) Services are posted on Alliance Health Services website:
<https://alliancehealth.us/>
 - 2) Staffing levels must meet the regulatory requirements and the needs of the agency's patient population
 - a) Employees and contracted staff
- e. Skills and Competencies of the HHA staff
 - 1) Assessment of whether the HHA staff has competencies which are a combination of observable and measurable knowledge, the necessary skills, abilities, personal attributes and performance to demonstrate and meet the specific care needs of the referred patient
 - a) Staff participate in annual and as needed competence in-service training to remain clinically astute in practice
 - 2) If specialized services (wound care, specialized therapy) are required, the agency must ensure it has appropriately skilled staff to provide those services.
 - a) Upon hire, employees attest to their competency in specialized areas
 - b) HHA monitors staff upholding proficiency in skills
 - 3) Refer to Policy No.2-0031 Staffing and Scheduling and Policy No. 3-005.1



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The HHA bases the decision whether it is able to accept the referred patient to service. The HHA has the right to refuse to accept any individual patient if unable to meet the patient's needs.

1. Procedures for Acceptance of Referrals

Governing Body assumes full legal authority and responsibility for the agency's overall management and operation, the provision of all home health services, and operational plans with oversight responsibilities to ensure that the HHA documents, in writing, the services that are furnished. The Governing Body requires the acceptance-to-service policy to be applied consistently, on intake, with each prospective patient referral, to ensure that the agency only accepts those patients for whom there is a reasonable expectation that the HHA can meet the referred patient's needs.

Associated with policy No. 2-005.1-5 Admission Criteria and Process.

To promote timely and appropriate care services, and reduce care delays ensuring care needs the intake process:

a. Referral Intake

- 1) Referrals are received through either a secure portal, facsimile, phone or secure email
- 2) Upon receiving a referral, the Intake RN will initiate a preliminary review, ensuring that all necessary information (i.e. order, medical history, face-to-face, recent hospitalizations) is provided.

b. Evaluation of Referral

- 1) There is to be a qualified medical provider who will agree to oversee the plan of care and give/sign applicable orders on an ongoing basis
- 2) If required by payer, documentation of a face-to-face encounter within the past 90 days or scheduled within the next 30 days with a 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 or a primary care provider chosen by the patient.
- 3) Review of referral's anticipated needs, care requirements and expected treatment duration
- 4) Review of HHA's current case load/census
- 5) Review of HHA's Case Mix types of patients currently under care, complexity and type of services needed
- 6) Review of HHA's current staffing levels, clinical staffing availability without compromising the care of existing patients
- 7) Review of Skills and competency of staff, specialized services
- 8) Decision is made by the Intake Nurse based on accommodation and capability of anticipated needs, case load, case mix, staffing levels and skills/competencies of the HHA staff

c. Notification of Acceptance or Denial

- 1) The referring provider and the pt (or their representative) will be notified of the agency's decision to accept or deny the referral
- 2) The pt 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.

d. Documentation

- 1) All decisions regarding the acceptance or denial of a referral will be documented in the patient's Electronic Medical Record (EMR), including the rationale for the decision

3. Public Disclosure of Services and Limitations

The HHA will inform the public by making available clear and accurate information regarding the HHA's types of services offered on the website <https://alliancehealth.us>.

The public post will include any limitations related to specialty services, service duration, or service frequency. This publicly facing information will be reviewed and updated annually and/or as frequently as needed if services change, but no less often than annually, to reflect current agency statistics.

- **Service Availability:** The types of care include skilled nursing (SN) services Registered Nurse (RN) and Licensed Vocational Nurse (LVN), therapy services (physical PT, PTA, occupational OT, OTA, speech ST), MSW and CHHA.
- **Service Limitations:** Alliance Healthcare Services:
 - Geographic service is a 100 -mile radius from our Agency parent office: 2349 Honolulu Ave, Montrose, CA 91020), the counties of Los Angeles Metropolitan Area, Ventura County, Kern County, San Bernardino County, Riverside County, Orange County, San Diego County
 - does not provide care for patients who are not under the care of a provider
 - does not provide care for patients who are not homebound
 - does not provide care under 3 years of age
 - does not provide care to patients who do not have a reasonable and necessary skilled medical need for home health care on a part-time, intermittent basis for any of the following: SN, PT, OT, ST
 - does not provide psychiatric/behavioral health services
 - does not provide care to patients who have a history of violence or threats of violence
 - does not provide service for patients who require twice a day visits when there is no caregiver available to provide care
 - does not provide care to patients who may have been on services prior who were discharged due to cause
 - does not provide care to patients using illicit drugs
 - uses consideration based on contracted health insurance and ability to pay



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- **Public Access:** Information on Alliance Healthcare Services will be accessible by
 - Contacting the Intake Department: 909 990 1060
 - Alliance Healthcare Services website: <https://alliancehealth.us/>

4. Compliance and Monitoring

- The HHA Clinical and Operational leadership will ensure compliance with CMS regulations, including 42 CFR 484.105(i) with ongoing, regularly auditing referral acceptance decisions and patient outcomes
- The Quality Assurance and Performance Improvement (QAPI) program will monitor the effectiveness of the patient acceptance process and identify any areas for improvement and report to the Governing Body.

5. Related Policies and References

Admission- Policy No. 2-005.1-5 Admission Criteria and Process

Specialized Services Policy No. 3-005.1

42 CFR 484.105(i): Condition of Participation: Organization and Administration of Services,

42 CFR 484.105(a)

42 CFR.105(i)(2)

6. Policy Review and Revisions

The Patient Acceptance-to-Service policy shall be reviewed at least annually and/or when service changes, by the HHA's Governing Body and Operations / Clinical leadership to ensure its continued relevance and compliance to regulatory requirements.

Any changes to the agency's referral process, staffing, services, or capacity and/or updates to the policy will be communicated to all relevant employees and made publicly available.