**PURPOSE**

To establish the process for acceptance and entry of patient into the organization.

**POLICY**

Referrals will be accepted 24 hours a day, seven (7) days per week. Personnel will be available 24 hours a day to accept patients into home care service.

The organization accepts only those patients whose needs can be met by the services it provides.

**PROCEDURE**

1. Home health care referrals will be documented in the electronic medical record.
2. Patient referrals for home care services may be accepted by clinicians, including the director, supervisor, program coordinators, and nurses.
3. Referral information may be accepted by any of the following methods:
	1. Telephone
	2. Fax
	3. Written order
	4. Secure email
4. Referrals may be accepted from any of the following:
	1. Doctors of Medicine, Osteopathy, Podiatry, or Dental Surgery, as well as
	Psychiatrists and Dentists, legally authorized to practice in the state
	2. Discharge planners from inpatient and outpatient services
	3. Social service agencies
	4. Individual patients or their family/caregiver(s)
	5. Clinician and/or insurance company representative
	6. Other home care organizations
5. All referrals will go through Referral Management.
6. To accept referrals, information regarding a patient’s demographics, diagnosis, services needed, medications, attending physician, and hospitalization, is needed in order to make the initial determination of whether the patient’s needs can be met and if he/she meets the eligibility criteria. The information is reviewed for completeness.
7. All payer sources are checked and verified.
8. If the referral is not from a physician, the patient’s physician will be contacted to confirm service needs and to obtain verbal orders.
9. The Clinical Supervisor will assign personnel and schedule an initial assessment visit. The initial assessment visit will be performed either within 48 hours of the referral, or as ordered by the physician. Should the patient not be available within the 48 hour timeframe, the physician or other provider will be notified and a plan made for admitting the patient. This conversation will be documented in the patient’s medical record.
10. If service cannot be provided, intake personnel may provide the caller the names of other agencies that can provide the required services. A log will be maintained on all patients that cannot be serviced.
11. During non-business hours (weekends and evenings) the organization can be accessed through the answering service.
	1. The answering service will contact the nurse on-call or administrator
		1. The on-call nurse will complete the initial intake information from the referral source and relay the information to his/her supervisor.