Franciscan HOME CARE

Franciscan VNS HOME CARE

Acceptance to Service Policy

The following criteria for admission apply to both Franciscan Home Care Agencies and Franciscan VNS Home Care.

1. The patient resides in the geographical area that the Program serves. However, the specific locations serviced may be limited based on resources available at the time of referral.

2. The patient needs one or more services provided by the Program: skilled nursing, home health aide, physical therapy, speech therapy, occupational therapy, medical social service. Home health aide and occupational therapy can generally only be provided when other services are also ordered/required by the patient.

3. Competent staff members are available to provide needed care/service.

    A. Franciscan Home Care and Franciscan VNS Home care do not have home health aide staffing that allows for visits more than 1-2 times per week, for any more than an hour at a time.

    B. Some agencies do not currently have a social worker available to see patients, and others have limited availability. Patient needs that are normally addressed by a social worker will be addressed by nursing, clinical manager and/or telephone consultation with a social worker.

    C. Individual agencies may experience temporary limitations in admissions when the need for a specific service (e.g., speech language pathology, occupational therapy) cannot be met in a timely fashion due to the agency's capacity. Patients will be offered the opportunity to wait for services or be referred to another agency so they may receive these services timely.

    D. Currently we do not provide care for patients requiring lymphedema care/wraps, orIV therapy involving an initial dose of a medication that is new to the patient.

4. Equipment/supplies to be provided by Home Health to meet patient needs are available at time of admission.

5. The referred patient must meet all applicable payer criteria or agree to pay for care independently of insurance coverage. For example, Medicare requires that patients be homebound and require intermittent skilled care. Patients will only be admitted for Medicare/Medicare Advantage/Medicaid services if the referral coordinator and/or evaluating clinician determine, to the best of their ability that the patient meets Medicare/Medicare Advantage/Medicaid criteria. Patients may choose to pay privately for non-covered services and will be provided rate information prior to receiving care.

6. The patient is under the care of or is willing to receive and accept continuing medical supervision from a licensed physician or other allowed practitioner who is readily available to the patient for medical care and program staff for orders, consultation. For patients whose care is being paid by Medicare, Medicare Advantage, or Medicaid, the the patient has received a Face-to-Face visit from an allowed practitioner within 90 days of the date of the start of services, or will receive a Face-to-Face visit within 30 days after the start of services.

7. A responsible, capable and willing person is available in the home to learn and to provide care to the patient when the agency is not present.

8. The patient's place of residence is adaptable for provision of health services.

9. The agency must possess the resources to provide safe and appropriate care as ordered. As a rule, the agency does not possess the resources to provide daily skilled care (excludes home health aide) of any type for long periods of time. Daily care will only be considered if there is a caregiver identified who will assume responsibility for daily care after proper instruction from agency personnel. Daily skilled cases may also be accepted if the duration of daily care is reasonably expected to last less than 3 weeks. Examples of short term daily care may be a new diabetic who needs daily visits while learning to self-inject Insulin and who appears to have the cognitive and motor abilities to become independent with short term teaching. If a caregiver was identified at admission but is subsequently unwilling or unable to provide care the patient may be discharged with adequate notice. The provision of daily care, even for a short period of time, must be determined on a case-by-case basis, based on staffing availability at the time of the referral.