

Compliance Tool

Comparison of Role of Intake Coordinators of Home Health Agencies and Hospices vs. Discharge Planners

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Hospice/Home Care Coordination or Performed by Hospice/Home Care Intake Performed Homes by Home Health Agencies and Hospices

vs. Discharge Planning Hospitals and Nursing

1. When

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| <p>_____: Only after patient's doctor determines home health or hospice services are medically necessary as evidenced in medical record, and patient/family has chosen HHA or hospice.</p> | <p>1. <u>When</u>: Hospital or Nursing Home must perform discharge planning for its patients as part of its utilization review plan to comply with the Medicare conditions of participation and Medicaid requirements. This is an ongoing activity.</p> |
| <p>2. <u>What</u> are Coordination/Intake Activities:</p> <ul style="list-style-type: none"> a. Activities to ease patient transition from hospital/NF to home with home care or hospice, include organize family resources for care of patient; b. After HHA or Hospice receives the referral, explain its policies to patient/family; c. Assist in developing plan of care prior to d/c; d. Assess patient for services ordered (i.e., nursing, PT, OT, Speech, home health aide, s/w, etc.), medical supplies, DME and medications; e. Assure HHA or Hospice is ready for patient by making arrangements for services, medical supplies, DME, and if hospice, medications, and contacting staff. | <p>2. <u>What</u> are Discharge Planning Activities:</p> <ul style="list-style-type: none"> a. Regular comprehensive assessments of NF residents must include discharge potential; b. NF post d/c plan of care must be developed with family and resident; c. Reviewing medical records, conducting "rounds" and/or visiting patients/families to determine level of care need by patient upon discharge; d. Contacting patient's physician to discuss potential for d/c. |
| <p>3. <u>Who</u>: HHA or Hospice nurse, s/w or other health care professional.</p> | <p>3. <u>Who</u>: Hospital or NF nurse, s/w or other health care professional.</p> |

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| <p>_____: At hospital or NF.</p> | <p>4. <u>When</u>: At hospital or NF.</p> |
| <p>5. <u>Test</u>: Coordination/Intake activities are permissible if:</p> <ul style="list-style-type: none"> a. necessary for patient care, and b. not duplicative of services already performed by hospital or NF, and for which hospital or NF is reimbursed as part of DRG or PPS or Medicaid payment. | <p>5. <u>Test</u>: If decision to refer patient for post-hospital or NF care has not been made and patient has not been referred to a HHA or hospice, activities to reach that decision are D/C Planning Activities.</p> |
| <p>6. <u>Prohibited Activities</u> include:</p> <ul style="list-style-type: none"> a. <u>Discharge Planning</u> Services such as reviewing medical record or visiting patient/family, or participating in rounds to determine level of care needed by patient; b. <u>Patient Solicitation</u> Activities such as: <ul style="list-style-type: none"> (1) visiting doctors or patients or family prior to receipt of referral by HHA or Hospice in order to obtain referral, (2) HHA or Hospice obtaining referrals by means of a cooperating hospital or NF employee, (3) HHA or hospice reviewing patient records to identify potential patients | <p>6. <u>Prohibited Activities</u> include:</p> <ul style="list-style-type: none"> a. Participation by home health agency or hospice staff with decision-making process to decide if and when patient is to be d/c and level of care needed; b. All Patient Solicitation Activities discussed in column 1, #6. |

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| <p style="text-align: center;">_____are</p> <p>permitted</p> <p>a. HHA or Hospice may perform if activities are</p> <ol style="list-style-type: none"> (1) necessary for patient are, and (2) not duplicative services which are or should be supplied by hospital or NF; <p>b. Activities include:</p> <ol style="list-style-type: none"> (1) HHA or Hospice serving as educational resource to hospital or NF explaining services they provide, <u>but not specific to patient not referred yet,</u> (2) HHA or hospice conducting training for hospital or NF staff on services they provide, <u>but not on topics that hospital or NF is responsible to train their staff,</u> (3) HHA or Hospice serving as consultant to hospital or NF for establishing home care/hospice policies and practices, <u>but not patient specific,</u> (4) Educating physicians on range of home care and hospice services available. | |
| <p><u>Sources:</u></p> <p>Social Security Act § 1861(ee) 42 C.F.R. § 482.21(b) 42 C.F.R. §482.3 42 C.F.R. § 483.20(b)(e) 42 C.F.R. §483.12(a)(7) 42 C.F.R. § 456.346 to 456.348 (Medicaid) Provider Reimbursement Manual 1 §§ 2113-2113.5</p> | <p><u>Sources:</u></p> <p>Social Security Act § 1861(ee) 42 C.F.R. § 482.21(b) 42 C.F.R. §482.3 42 C.F.R. § 483.20(b)(e) 42 C.F.R. §483.12(a)(7) 42 C.F.R. § 456.346 to 456.348 (Medicaid) Provider Reimbursement Manual 1 §§ 2113-2113.5</p> |