RHHS
RELEVANT HOME HEALTH SERVICES, LLC

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PATIENT ACCEPTANCE-TO-SERVICE POLICY

Effective Date: 6/22/26
Review Date: _____
Approved By: Ruben Tallada RN

PURPOSE

To establish criteria and procedures for determining whether the Home Health Agency (HHA) has the capacity and capability to safely and effectively meet the needs of referred prospective patients prior to accepting them for services. This policy supports compliance with accreditation standards, regulatory requirements, and the provision of high-quality patient care.

POLICY

The Home Health Agency (HHA) shall accept patients for services only when it has determined that it possesses the necessary resources, personnel, competencies, and operational capacity to safely meet the patient's identified and anticipated care needs.

Prior to accepting a referral, the Home Health Agency (HHA) shall conduct an assessment of its ability to provide the required services based on objective criteria. Acceptance decisions shall be made without discrimination and in accordance with applicable federal, state, and local laws and regulations.

CRITERIA FOR PATIENT ACCEPTANCE

The Home Health Agency (HHA) shall evaluate, at a minimum, the following factors when determining acceptance of a referred prospective patient:

1. Anticipated Needs of the Referred Prospective Patient

The Agency shall assess the patient's known and anticipated care needs, including but not limited to:

- Skilled nursing requirements
- Physical, occupational, and speech therapy needs
- Medical social services
- Home health aide services

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- Specialized clinical needs, including wound care, infusion therapy, medication management, disease-specific management, and other complex care requirements
- Frequency, duration, and intensity of services required
- Equipment and supplies necessary to support care
- Safety considerations and environmental factors within the home
- Geographic location and service area requirements

2. Home Health Agency Caseload and Case Mix

The Agency shall evaluate its current patient census and case mix to determine whether acceptance of the referred patient can be accommodated without compromising the quality, safety, or timeliness of care provided to existing patients.

Considerations include:

- Current patient volume and census levels
- Acuity and complexity of existing patient population
- Distribution of specialized clinical cases
- Capacity to provide visits within required timeframes
- Availability of resources to support additional patient needs

3. Staffing Levels of the Home Health Agency

The Agency shall evaluate current staffing levels to determine whether sufficient personnel are available to provide required services.

Considerations include:

- Number of available clinical staff
- Staff scheduling and workload
- Coverage for weekends, holidays, and after-hours needs
- Geographic coverage capabilities
- Availability of supervisory personnel
- Ability to initiate care within required regulatory and physician-ordered timeframes

4. Skills and Competencies of Agency Staff

The Agency shall determine whether staff possess the necessary qualifications, training, competencies, and experience to safely provide the required services.

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Considerations include:

- Professional licensure and certification requirements
- Validation of clinical competencies
- Specialized training and expertise
- Experience managing similar patient conditions and treatments
- Availability of staff competent in required procedures or therapies
- Ability to meet communication, language, cultural, and accessibility needs

ACCEPTANCE DECISION PROCESS

1. Referral information shall be reviewed by a qualified clinical manager, director of patient care services, or designee.
2. The Agency shall determine whether patient needs can be safely met using available personnel and resources.
3. Additional information may be requested from the referral source, physician, hospital, or other provider when necessary.
4. The acceptance or non-acceptance decision shall be documented in accordance with Agency procedures.
5. When the Agency cannot meet the patient's needs, the referral source shall be notified promptly and, when appropriate, assistance shall be provided to identify alternative service providers.

NON-ACCEPTANCE OF PATIENTS

The Agency may decline a referral when:

- The patient's needs exceed the Agency's clinical capabilities.
- Necessary staff competencies are unavailable.
- Staffing levels are insufficient to provide safe and timely care.
- Required services are outside the Agency's scope of practice or licensure.
- The patient resides outside the Agency's approved service area.
- Necessary equipment, supplies, or support resources are unavailable.
- Acceptance would compromise the quality or safety of care for existing patients.

The reason for non-acceptance shall be documented.

RESPONSIBILITIES

Administrator

- Ensures implementation and oversight of this policy.
- Ensures adequate staffing and resources to support patient care.

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Clinical Manager/Director of Patient Care Services

- Reviews referrals and evaluates acceptance criteria.
- Verifies staff competencies and service availability.
- Documents acceptance and non-acceptance decisions.

Clinical Staff

- Maintain required competencies and report limitations affecting patient care delivery.

ANNUAL REVIEW

The Home Health Agency shall develop, implement, and maintain this Patient Acceptance-to-Service Policy. The policy shall be reviewed at least annually and revised as necessary to ensure continued compliance with applicable accreditation standards, laws, regulations, and organizational practices.

Documentation of the annual review, including any revisions and approvals, shall be maintained in accordance with the Agency's document control and quality management processes.