

## Admission Criteria

Admission to Valley Home Health, Inc. can only be made under the direction of a physician based on your health care needs and homebound status.

Valley Home Health, Inc. will provide a service or a combination of services in your home under the direction of your physician. Our services include the following:

- Skilled Nursing
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Home Health Aide
- Medical Social Worker

Patient and family participation is very important when we plan and coordinate for your health care. There must be a willing and able patient or caregiver to be responsible for continual care between visits. Qualified medical personnel will visit and assess your needs; together we will discuss the services and the plan that would best benefit you.

We accept payment for services from Medicare (Either Part A or B), Blue Cross/Blue Shield, Private Pay, and HMO/PPO. For most services, there is no cost to you if you are an eligible beneficiary for Medicare. Some insurers may require Pre-Certification and may limit the number and type of home visits we can provide.

Any charges for services not covered under Titles XVIII and XIX of the Social Security Act or non-reimbursable charges will be discussed with you before these services are provided. In fact, we will inform you, your family, caregiver, or guardian of all charges and methods of payment prior or during admission. Medicare can pay for home health visits only if **ALL** of the following are met:

1. The care you need includes part-time skilled care, physical, occupational, or speech therapy.
2. You are confined to your home (homebound).
3. A doctor determines you need home health care and sets up a plan for you.
4. The home health agency providing services is participating in Medicare.

Medicare **does not** cover general household services, meal preparation, shopping, or other home care services furnished mainly to assist in meeting family or domestic needs.

## Your Rights & Responsibilities as a Health Care Patient

As a home care provider, we have an obligation to protect the rights of our patients and explain these rights to you before treatment begins. Your family or your designee may exercise these rights for you in the event that you are not competent or able to exercise them for yourself.

**As a client you have the right to:**

- Competent, individualized health care without regard to race, color, creed, sex, age, national origin, handicap, ethical/political beliefs, ancestry, religion or sexual orientation or whether or not an advance directive has been executed.
- Exercise your rights. In the event you have been judged incompetent, your family or guardian has the right to exercise your rights.
- Be free from verbal, physical and psychological abuse or harassment of any form and to be treated with consideration, respect and full recognition of your dignity and individuality, including privacy in treatment and care for personal needs.
- Participate, either yourself or your designated representative, in the consideration of ethical issues that arise in your care.
- Be informed that you may participate in the development of your plan of care or treatment, the periodic review and update, discharge plans, appropriate instruction and education in the plan of care and be informed of all treatments the agency is to provide, the disciplines to provide care and the frequency of visits to be furnished and to be advised of any change in the plan of care before the change is made.
- Know when and how each service will be provided and coordinated.
- Choose care providers, to communicate with those providers and to reasonable continuity of care.
- Be taught and have your family members taught the treatment plan, so that you can, to the extent possible, assist yourself and your family or other designated party can also understand and assist you.
- Request information regarding the diagnosis, prognosis and treatments including alternatives to care risk(s) involved. This information will be given in a language or format so that you and your family members can readily interpret and understand so that informed consent may be given.
- Refuse any/all treatment to the extent permitted by law after being fully informed of and understanding the possible consequences of such action, without relinquishing any other portions of the treatment plan, except where medical contraindication of partial treatment exists.
- Be informed in writing of policies and procedures for implementing advance directives, including any limitations if the provider cannot implement an advance directive on the basis of such as living wills or the designation of a surrogate decision-maker, are respected to the extent provided by law.
- Be informed of your state's home health agency hotline and the hours of its operation of service in order to obtain information about home health agencies, to lodge complaints concerning the implementation of the advance directives requirements or to report abuse, neglect or exploitation, as applicable:

California Department of Health Services  
 Los Angeles County  
 5555 Ferguson Drive, Third Floor  
 Commerce, CA 90022

24 Hour Toll Free Hotline:  
 1-(800) 228-1019

## **HOMEBOUND DEFINITION UNDER THE MEDICARE HOME HEALTH BENEFIT**

Medicare's definition of "homebound" is "there exists a normal inability to leave home and, consequently, leaving home would require a considerable and taxing effort".

To qualify for the Medicare home health benefit, a Medicare beneficiary must be confined to the home, under the care of a physician, receiving services under a plan of care established and periodically reviewed by a physician, be in need of skilled nursing on an intermittent basis, or physical therapy or speech/language pathology or have a continuing need for occupational therapy.

Physician certification that the beneficiary is confined to his home is an eligibility requirement for all home health services.

The new provision expands the list of circumstances in which absences from the home would be consistent with a determination that the patient is "confined to the home" or "homebound" for Medicare purposes, it does not change the existing homebound guidelines beyond the two specific provisions below. The new provisions include: Any absence of an individual from the home attributable to the need to receive health care treatment, including regular absences for the purpose of participating in therapeutic, psychosocial, or medical treatment in an adult day-care program that is licensed or certified by a State, or accredited, to furnish adult day care services in the State shall not negate the beneficiary's homebound status for the purpose of eligibility. Any absence for religious service is deemed to be an absence of infrequent or short duration and thus does not negate the homebound status of the beneficiary. This new statutory provision does not imply that Medicare coverage has been expanded to include adult day care services.