Help at Home®

Care to Live Your Life.

Gather and Grow!

Admissions -
Session #2 Start of Care Visit

Review of Pre-Visit work, Supplies, Scheduling

Prior to arriving at the home for your start of care visit, you must first:

- Ensure the client has a profile within Matrix and map their address if applicable
- Add the PA payer within the client's payer tab
- Add the PA admission with the corresponding payer
- Create the POC with 1st date of cert period matching start of care visit
- Schedule the visit under the correct admission for the client
- Obtain verbal order from MD and confirm F2F meets requirements

Make sure anyone that signs consents on the client's behalf will be present at your visit or on stand-by ready to sign the consents.

Have your home binder ready to take *WITH THE HANDBOOK*. Bring supplies for home (gloves and hand sanitizer)

Ensure you and the client will have plenty of time to ask questions.

It takes time to assess the client, gather information for the plan of care, write the service plan, reconcile medications, discuss safety, the handbook, consents, etc. **Plan for at least 1.5 hours for the visit.**

Documents Required for Start of Care Visit

Paperwork and Forms

Completed in home:

- Adobe Forms: Clinical Forms – Help at Home Knowledge Center
  - Patient handbook
  - Admission packet (consents, ABN, Info Release, schedule acknowledgment and Individualized Emergency Action Plan)
  - Patient Signature Form – will they use initials to sign the DVS?
  - Comprehensive Assessment (Or OASIS)
- Matrix Forms: (Open them in the home and complete during the visit)
  - Braden Scale Assessment
  - Home Safety Assessment – do a walk-through of the home

Obtained for the EMR, if applicable:

- POA/HCR/guardian paperwork
- Out of hospital DNR/POST form
- Specialty equipment manual (Search by brand and SN#) and In home competency
  - HaH Special Equipment In-Home Observation Form – Help at Home Knowledge Center
  - Adaptive Special Equipment In-Home Observation Form – Help at Home Knowledge Center

- Suggestion – use an admission checklist to keep yourself organized PA Admission Checklist – Help at Home Knowledge Center

Consents (AKA Admission packet)

Specific to your license

- HaH Indy Admission Packet - Indianapolis (IN) – Help at Home Knowledge Center
- HaH Evansville Admission Packet - Evansville (IN) – Help at Home Knowledge Center
- Adaptive Columbus Columbus Admission Packet (Adaptive) – Help at Home Knowledge Center

Each admission packet should include:

1. Client Agreement
   - Date at top right is date of Visit. Term and Termination date is date of SOC. (will be different dates if consents are re-signed during that admission)
2. Admission Consent
   - Always mark #5 'YES' - copy of IN Dept of Health Advance Directives is in the Handbook
3. Advance Beneficiary Notice (ABN)
   - Medicare form. These services are only paid for by Medicaid (lose their Medicaid = lose their caregiver)
4. Patient Information Release Form
   - Can update just this form if situation changes
5. Schedule Acknowledgement
6. Client individualized Emergency Plan

Once completed, copy will be uploaded into initial POC attachments. Copy will be printed and placed in home binder.

Handbook (AKA patient orientation packet)

Specific to your license - Make sure you have the most updated handbook, and the correct Administrator listed!

- HaH Indy Patient Orientation Packet - Indianapolis, IN – Help at Home Knowledge Center
- HaH Evansville Patient Orientation Packet - Evansville, IN – Help at Home Knowledge Center
- Adaptive Columbus Columbus Handbook (Adaptive) – Help at Home Knowledge Center

Topics to cover:

- Administrator name and how to reach them. What the Administrator does and why they need to have that information
- Criteria for Admission and Criteria for Discharge, including Discharge Process
- Services we provide
- Hours of operation, 24/7 on call service 7 days per week and on-call guidelines
- Emergency Preparedness and Evacuation checklist
- Patient Satisfaction Surveys
- Plan for care – "There must be a willing, able and available caregiver to be responsible for your care between agency visits. This person can be you, a family member, a friend or a paid caregiver"
- Problem solving procedure, Complaints – Branch level, Administrator level, State level
- Patient Rights and Responsibilities
- HIPAA and Privacy Rights
- Quality of Care – Right to voice grievances
- Client Responsibilities
- Advance Directives
- Safety, Infection Control, Pain Education

Once reviewed with the client, they sign the acknowledgment, copy will be uploaded into initial POC attachments.

Legal Paperwork

POA/HCR/Legal Guardianship

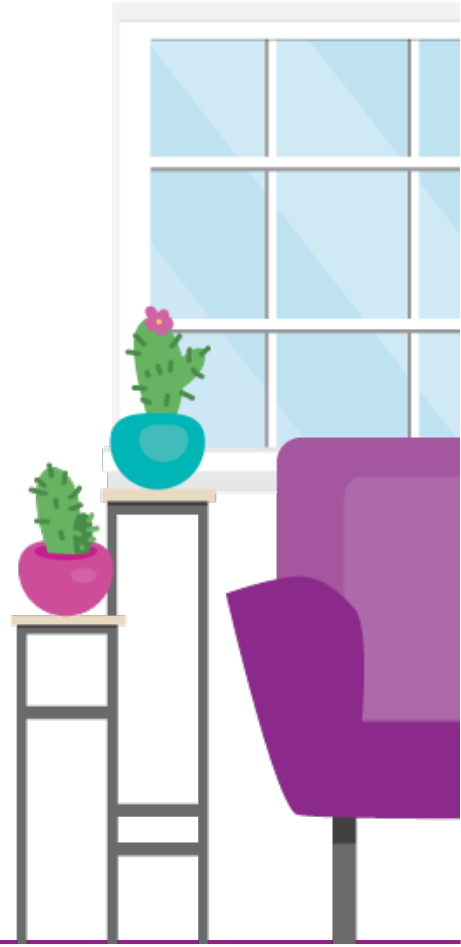
- Must obtain copy of paperwork and upload to original POC attachments (can take a clear photo while in home if no copy is available)
- If unable to obtain copy, document attempt to obtain. Continue to document attempts to obtain each RNCM visit

Advance Directives

- Must have copy of DNR/POST form on file in EMR and client home chart
- Client must remain full code until proper documentation is provided --- education to the client/family is so important regarding this and must be documented. Again, continue to document attempts to obtain each RNCM visit.
- Ensure code status on service plan matches code status on POC and any documents obtained

Do they have a living will or any other directives in writing?

- State form "Out of hospital DNR declaration and order". Can print and be given to client to take to their MD if they have nothing in writing https://eforms.com/images/2020/09/Indiana-Out-of-Hosptial-Do-Not-Resuscitate-Declaration-and-Order-Form-49559.pdf



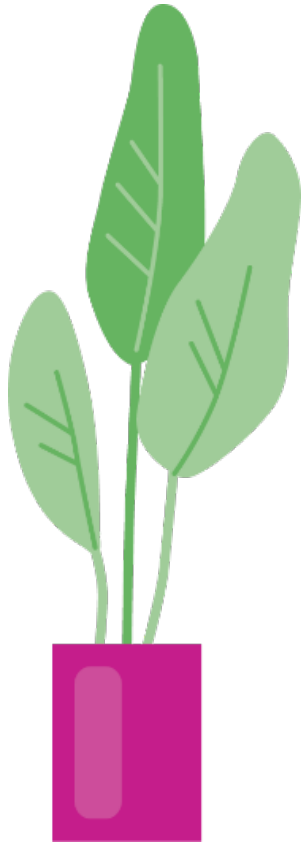
Medication Reconciliation

Medication reconciliation must take place in the home - utilize pill bottles if possible

- What medications should be recorded within the medication profile?
  - All Prescription AND Over the counter meds
  - All Routine medication AND PRN meds
    - Consider creams, pills, liquids, eye drops, inhaled medications. Anything in the fridge or bathroom that's out of sight (out of mind)?

- Ensure the proper strength, dose, frequency, and route are all included within the medication profile.
- Ensure each medication has an indication listed that matches our diagnosis list.
  - Ask questions –
    - what do THEY take that for?
      - Many meds are for multiple indications
      - Might need to request a med list from their pharmacy, an H&P from the PCP or ask PCP for a diagnosis clarification for the client.

- If a medication does not come up on the MatrixCare medication formulary, add this medication order to the POC orders section. EXAMPLE – Oxygen 2Lpm via NC, continuously.



Admission – assessment and service plan

- **Tips and Tricks** -
  - Introduce yourself, wear your name badge.
  - Sit in well-lit area on hard surface (not bed or couch).
  - Get acquainted with who is in the home (who is the client, usual people in the home, primary caregiver, if any, in agency absence)
  - Outline PA services – what the services cover, what they do not cover, how they are paid for, how they are scheduled. What does the RN do, what does the office do and what does the HHA do. Criteria for Admission, criteria for Discharge. Allow time for questions if needed.

Start assessment

- Ensure a thorough head to toe assessment is completed – this includes a skin assessment to ensure no wounds are present at admission
- Discuss and establish goals with patient based off your assessment – be sure to include at least 1 patient stated goal
- Be sure to discuss any other providers the client receives services from for the care coordination section and to determine if a BAA will be necessary

Once assessment is completed, discuss service plan tasks

- Tasks should be patient specific and created with client involvement

*Service plan does not have to be pretty but should have code status, tasks with frequencies, unusual findings and precautions checked. Can add more details once at the office and republish.

After assessment and Service plan completed – RNCM to discuss hours to meet the client needs with the client/primary caregiver.

- If client only needs personal care (bathing, grooming, hair care, skin care) 3 times per week – that is what we should write the POC for (and likely what will be approved with Medicaid).

Let the service plan guide your determination for hours!

The Adaptive Group - Home Health Aide Care Service Plan_HAH.pdf - All Documents (sharepoint.com)

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