

Discharge

- Must give a 15-day notice via letter signed by administrator for all PA discharges unless it qualifies for one of the following:
 - immediate discharge for health, safety, and/or welfare of the agency's employees would be at immediate/significant risk (administrator must be involved in this decision)
 - behavior of the client is disruptive, abusive, or uncooperative to the extent that delivery of care to the client or the ability of the agency to operate effectively is seriously impaired (administrator must be involved in this decision)
 - client request
 - in facility at time of certification end
 - client services no longer reimbursable
 - client no longer has physician's order
 - death
 - Upload copy of 15-day notice to attachments.
- Call PCP to confirm they agree with discharge and document in communications.
- Complete discharge assessment. Attempt to conduct a discharge visit with the client. If no discharge visit is conducted, complete discharge assessment based on data from last in-home visit and their medical record. Upload to attachments.
 - (DC assessment not needed for deaths)
 - OASIS will still need a discharge assessment completed.
- Send DC order and upload to attachments
 - Click on orders tracking
 - Click green plus sign
 - Add order and include reason for discharge
- Send DC summary to MD within 5 days and upload original summary AND FAX SUCCESS PROOF to attachments
 - Click on admission tab
 - Click on discharge tab, change status to discharge
 - Complete all fields
 - Print DC summary from reports tab
- Send Homecare Compare report to client and upload to attachments
 - (www.medicare.gov/homehealthcompare/search.html)
- If they receive other in-home services that we coordinate with, document conversations with those agencies of the discharge
- If they have an AAA/waiver case manager/Managed Care Entity case manager, notify them of the discharge and document in communications.
- If patient is discharged to self-care, send patient information about available community resources
- Add discharge to the discharge QAPI log
- Update authorization (authorization tab) to end on day of discharge if patient is deceased
- Change patient skill code to ATTC/HMK or appropriate DD service line if patient still has waiver services through Help at Home/Adaptive Companion Care

*If services are transferring to another agency, complete the transfer form within 48 hours and send it to the receiving facility. Upload copy to attachments.