

# OP-008 HH A02 Scope of Service Alternate Solutions Home Care of Cincinnati

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## **Purpose:**

To describe the agencies operations including the geographical service area.

## **Scope:**

This policy governs the service area and services provided for Home Health Agency Alternate Solutions Home Care of Cincinnati.

## **Responsibilities:**

Agency Staff, Regional Vice President and Care Integration Staff are responsible for knowing and adhering to this policy.

The Chief Operating Officer is responsible for the enforcement of this policy.

## **Policy:**

The Agency will operate an office which will provide a safe and adequate location related to space, facilities, and administrative services.

Home care services are provided on an intermittent basis to patients in their place of residence. Skilled services will be provided to patients 18 years or older with the exception of administration of blood/blood products, postpartum assessment and well-baby visits, and/or any patient with a diagnosis of active contagious pulmonary tuberculosis. Any referral for home care services to an obstetrical patient and/or to a patient younger than 18 years must be approved by the Regional Vice President, Home Health. Factors influencing the decision to provide services to a minor will include, but are not limited to, adult diagnosis (rather than pediatric diagnosis) and height/weight.

The Agency will be open from 8:30 a.m. to 5:00 p.m., Monday through Friday, except designated holidays or other days decided by the Regional Vice President, Home Health. Designated organization personnel will be available to patients on an on-call basis during

non-office hours. The Agency's services will be available 24 hours a day, seven (7) days a week. The Agency will provide care to persons living within the following counties:

Hamilton	Butler
Warren	Clermont
Brown	Adams
Highland	Clinton

Designated agency personnel will be available to patients on an on-call basis during non-office hours. Visits shall be provided on weekends, holidays and when office is closed according to physician's orders and needs presented by the patient.

An answering service shall intercept calls to the certified Agency when the office is closed. A clinician shall be available to respond and provide interventions required.

Home care services are provided on an intermittent basis to patients in their place of residence.

#### Disciplines Provided

Non-Skilled
<ul style="list-style-type: none"><li>• Home Health Aide</li></ul>
Skilled
<ul style="list-style-type: none"><li>• Registered Nurse</li></ul>
<ul style="list-style-type: none"><li>• Licensed Practical Nurse</li></ul>
<ul style="list-style-type: none"><li>• Physical Therapist</li></ul>
<ul style="list-style-type: none"><li>• Physical Therapist Assistant</li></ul>
<ul style="list-style-type: none"><li>• Occupational Therapist</li></ul>
<ul style="list-style-type: none"><li>• Certified Occupational Therapy Assistant</li></ul>

<ul style="list-style-type: none"> <li>• Speech Therapist</li> </ul>
<ul style="list-style-type: none"> <li>• Medical Social Worker</li> </ul>

In all cases, the agency shall provide case management by a currently licensed clinician to determine type, appropriateness and adequacy of requested services, including at a minimum, an initial visit for assessment of the patient’s needs and development of the patient care plan.

After the initial evaluation the patient is assigned to a case manager. This also applies to the occupational therapist once intermittent nursing, physical therapy or speech therapy has been established as a qualifying service.

A registered nurse shall, at all times, be readily available to provide assistance by telephone or on site for problems encountered by field staff in rendering care or unexpected changes in the patient’s condition requiring immediate medical intervention.

**Referenced Policies and Regulations:**

Referenced policies and regulations associated with this policy will be linked here

**Procedures:**

Procedures associated with this policy will be linked here

**Forms:**

Forms associated with this policy will be linked here

**Revision History:**

Revision:	Date:	Description of Changes:
V1	08/2014	Review

V2	03/06/2017	Review and Format
V3	10/05/2017	Added clarification in policy statement regarding to whom services may be provided
V4	01/25/2019	Updated titles and referral approval criteria
V5	09/21/2021	<p>Transferred to new template. Retired policy ID 03-001 and replaced with new policy ID OP-008 HH A08.</p> <p>Updated TB language to: active contagious pulmonary tuberculosis</p> <p>Clarified responsibilities by role (new).</p> <p>Removed Vice President of Patient Services from policy.</p>
V5	09/02/2022	Annual review complete, no revisions.