



Home Care Referral Process

Intake 603-332-1133 Fax 603-332-9223

So we may better care for patients at home, please include:

- Demographic sheet (including name, DOB, insurance info, physical address and phone, admit date, anticipated discharge date, personal contacts)
- Copies of insurance cards, if available
- Face to Face

Facility Referrals

- History & Physical
- Op Report
- Discharge Summary, signed, including all f/u appointments
- Discharge Orders
- Discharge med list with routes & dosages
- Consults
- Recent Case Management Notes

Physician Referrals

- Notes from last two office visits, including current medications and current diagnoses list
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IF APPLICABLE:

- Implants or drains the patient may have
- Tracheostomy size and respiratory notes with specifics
- O2, CPAP/BIPAP needs and settings
- Wound descriptions, measurements, pictures (if available), any wound dressings and wound vac needs and spec and wound care f/u
- Infusion: Type of line, medication with dosage and frequency, time given, for PICC or Midline include line placement & verification documentation
- PleureX Catheter insertion date, frequency and amount of draining

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Eligibility:

Those who qualify meet the following criteria:

- A doctor confirms in writing that the individual was examined within **90 days** and that they need skilled nursing care for the reason they have been referred. The doctor can be a hospitalist or community-based doctor.
- The individual is homebound, which means they have an illness/injury that restricts their ability to leave their residence without the aid of supportive devices, person or special transportation. Leaving the home for non-health care related reasons must be infrequent and for relatively short duration. They may also be considered homebound if they require the assistance of another person to travel or if leaving home would cause their illness/ injury to worsen.
- The individual needs only short-term or part-time skilled services.

Examples of Homebound Confinement:

This list is not exhaustive, nor does it replace medical judgement; the key is supporting documentation.

- Patient with ataxic gait, and history of falls. Spouse/others unable to assist patient with ambulation.
- Patient short of breath with ambulation of 15 feet or less, requiring assistance of another person to ambulate safely.
- Patient medically contraindicated to leave home due to open wounds/potential for infection.
- Patient becomes severely disoriented when leaving home, even when accompanied by a caregiver.
- Patient has multiple comorbidities that affect functional capacity.
- Patient with psychiatric illness that is manifested, in part, by refusal to leave home, or is of such a nature that it would not be considered safe for patient to leave home unattended, even if they have no physical limitations.