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Sponsor:	Barry Gallison: VP, CLINICAL QUAL & RISK MGMT
Section:	GA-Case Management
Manuals:	General Administrative

GA-033-002 Post Acute Care Referrals

I. Purpose

Patients requiring Post Acute Care referrals upon discharged are given choices of agencies to select from.

II. Definitions

N/A

III. Policy

Patients requiring Post Acute Care services upon discharge are given choices of agencies to select from.

IV. Procedure

Patients are assessed and reassessed for the need for Post Acute Care throughout their hospital stay. The patient's ordering physician is made aware of any additional identified needs. Post Acute Care Services are coordinated to meet the patient's assessed need for post-discharge care and require a physician order.

Patients and their family/designated personal representative are informed of their post discharge options and have the ultimate choice in selecting the Post Acute Care provider.

- The ACCM/SW discusses the physician's order and options for Post Acute Care with the patient/family. The patient/family is assisted with the plans for Post Acute Care needs providing any quality metrics available when requested, to make an informed decision.
- The Medicare patient/family is provided with a list of Medicare certified Post Acute Care agencies and encouraged to make their selection. The patient or designee is given the Broward Health Medicare Patient Choice/Ownership Disclosure Form for review. Their selection of a Post Acute Care providers is identified and the form is signed. This form is a permanent part of the patient's medical record.
- Orders for Post Acute Care needs are referred to the appropriate Post Acute Care provider for their review and determination of acceptance.
- Once the patient has been accepted, the patient/family is provided with the providers name, telephone number and contact person, whenever possible.
- All of the discharge planning arrangements are documented in the patient's medical record.

V. Medicare:

Beneficiaries are provided with a list of Medicare certified Post Acute Care providers in their geographic area. The patient selects the Post Acute Care providers to provide services. This decision is documented in writing and maintained in the patient's medical records. If the patient chooses Gold Coast Home Health

and/or Hospice, patient is made aware that this provider is a part of the North Broward Hospital District (dba Broward Health).

VI. **Managed Care:**

Patients whose payor source is not Medicare should be referred to a Post Acute Care providers contracted with their third party payor. Pt choice should be obtained and documented in the medical record.

VII. **Unfunded:**

Unfunded/Indigent patients can be referred to Gold Coast Home Health and Hospice after disclosure of ownership and agreement of patient/family for the referral.

VIII. **Related Policies**

N/A

IX. **Regulation/Standards**

N/A

X. **References**

- 42 CFR 411 Stark Regulations and Exceptions
- 42 CFR 482.43 CMS, Department of Health and Human Services. Conditions of Participation for Hospitals: Discharge Planning
- Balanced Budget Act of 1997, Section 4321(a)
- TJC

Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
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