

	Strong Home Care Group Inc. dba UR Medicine Home Care	✓ Visiting Nurse Service ✓ Signature Care Visiting Nurse Hospice ✓ Finger Lakes Visiting Nurse Service ✓ Finger Lakes Home Care Ontario Yates Hospice
	POLICY: Discharge or Transfer from Agency	SCOPE: CHHA and Licensed
	SECTION: 600-Certified Agency 800- Licensed Agency (LHCSA)	Policy # 602 and #802 Formerly: AGENCY#2047A (547), FLAGENCY #7:10, Licensed #805
	Created: 5/21/15	Reviewed: 6/7/17 Revised: 5/10/17
	Approved by: Professional Advisory Committee (PAC) Date: 8/10/17	Regulation: State Law: 763.5(h)(1)(2)(3)(4)(5), 763.5(3)(h), 766.2(8) Medicare/Medicaid CFR and/or Condition of Participation: 484.34, 484.48

**Policy:** It is the policy of Strong Home Care Group Inc. dba UR Medicine Home Care (The Agency) to ensure patients are discharged or transferred after the patient, patient’s representative, caregiver, and all physicians issuing orders for the plan of care, and the patient’s primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the home health agency involved in the plan of care are fully informed of the intent to discharge or transfer the patient.

**Description:** Discharge shall be appropriate when:

- A. Therapeutic goals have been attained and the patient can function independently or with other types of community support services.
- B. All Agency services are terminated by the patient or the patient moves out of the service area.
- C. The patient’s attending physician discontinues medical orders for all services.
- D. Death occurs.
- E. The patient’s physician does not return signed medical orders necessary for the care of the patient after repeated attempts by Agency personnel to acquire the orders. Director of Patient Services or designee will speak or write to the physician prior to the patient’s discharge and may involve the Agency Medical Director. Patient will be discharged when a safe plan of care has been identified.
- F. The availability of home health services or community support services is no longer sufficient to meet the patient’s changing care needs, or the patient refuses medical

- G. Conditions in the home imminently threaten the safety of staff providing services or jeopardize the Agency's ability to provide care as described as follows:
  - 1. When conditions are known to exist in or around the home that would imminently threaten the safety of staff, including but not limited to:
    - a.

**Exception:**

Licensed Agency reserves the right to discharge for reasons, including but not limited to, non-payment and/or availability of staff.

**Regulatory Reference(s):**

New York Department of Health Regulations:

<http://w3.health.state.ny.us/dbspace/NYCRR10.nsf/56cf2e25d626f9f785256538006c3ed7/8525652c00680c3e8525652b0061dd90?OpenDocument&http=0,home,care,standards>

<http://w3.health.state.ny.us/dbspace/NYCRR10.nsf/0/8525652c00680c3e8525652b00609e5b?OpenDocument>

Center for Medicaid & Medicare (CMS) Code of Federal Regulations:

[http://www.ecfr.gov/cgi-bin/text-idx?SID=4340bab411663aded5d3de80afa2e2e5&node=pt42.5.484&rgn=div5#se42.5.484\\_130](http://www.ecfr.gov/cgi-bin/text-idx?SID=4340bab411663aded5d3de80afa2e2e5&node=pt42.5.484&rgn=div5#se42.5.484_130)

**Related Procedure:**

6\_ \_ Discharge from Agency Procedure

**Policy History**

AGENCY#2047A (547) – retired

FLAGENCY #7:10 – retired

Licensed #805 - retired