

Jefferson County Public Health Partners Program

Developed by: Jefferson County Public Health

Signature: _____

Original date:
04/10/2019

Policy(s)

Eligible patients who meet criteria for the Partners Program is based on the expectation that the patient's medical, nursing, and social needs can be adequately met by the Public Health staff in the patient's home on an intermittent basis. Patients needing a Medicare/Medicaid certified level of service are not eligible for service under the Partners Program.

Purpose(s)/Objective(s)

To establish specific admission criteria for Partners Program services. Partners Program encompasses the following three services: homemaker, homecare aide, health maintenance.

Procedure(s)

1. Referrals are taken and documented on the agency referral form.
2. The Public Health Nurse will assess the referral for appropriateness of the admission based on the following admission criteria:
 - a. The partner needs health care in his/her place of residence.
 - b. Partner is under the care of a licensed provider.
 - c. Partner needs part-time or intermittent service.
 - d. Partner services are reasonable and necessary for treatment of the patient.
 - e. A reasonable expectation exists that the partner's medical, nursing and social needs can be adequately met by the Public Health Partners Program.
 - f. It is important for partner to have other individuals assisting in their care (i.e. family/friends) in order to maintain residing safely in their home
 - g. The partner shall be available for all assessments/evaluations.
3. The Public Health Nurse will then:
 - a. Contact the partner/designee by telephone to obtain additional information regarding the need for services.
 - b. Review the information in conjunction with established agency admission criteria.
 - c. Assess whether or not the needs can be met with admission to the Partners Program.
 - d. Inform the partner/designee of the decision to accept or not accept the partner for admission.

- e. Document the inappropriateness of the partner admission to the service on the referral form.

Admission Procedure

- a. There is adequate personnel and resources in the agency to provide required services for the partner.
- b. There is a family member or responsible personnel able and willing to participate in partner care when needed.
- c. If provider orders are indicated, orders will be obtained on admission and when changes occur.
- d. HHA Partners-Comprehensive assessments and the plan of care will be completed on admission and then every 6 months. Assessments may be performed at any time based on nursing judgement.
- e. Homemaker partners will receive an annual assessment.
- f. The financial form shall be completed at the minimum of annually. Services will be provided on an income based sliding fee scale. The patient must disclose appropriate financial documents including bank statements and/or tax returns. With non-disclosure, full fee will be charged.

Transfer Procedure

When a patient has been admitted to a hospital/health center, the service ordering provider will be notified in writing by the JCPH RN.

Discharge from Partners Program

Purpose(s) / Objective(s) Outline policy/procedure to follow for partner discharge.

Procedure(s)

1. The agency assists the patient in arranging/coordinating continuing care needs as available.
2. A partner will be discharged when the goals of the medical plan of care or home health aide (HHA) plan have been achieved.
3. A partner will be discharged when the goals of the medical plan of care or HHA plan have been evaluated and a determination is made that the program cannot meet these goals due to factors such as inadequate facility, lack of cooperation, lack of adequate agency resources, or unsafe environmental conditions in the home.
4. A partner will be discharged from service when he/she expires.
5. A partner will be discharged when the patient/designee refuses care, patient or provider requests that services be discontinued.
6. A health maintenance care patient will be discharged when he/she is no longer under the care of a provider who will sign orders.
7. A partner will be discharged when patient needs change and the agency is no longer able to meet those needs.

8. A partner will be discharged when his/her place of residence is not in Jefferson County.
9. A partner will be discharged when hospitalized or admitted to an extended care facility and not expected to return to home.
10. A partner will be discharged when the plan of care expires.
11. A partner will be discharged in the event that either he/she or a family member or primary caregiver directs abusive language or makes any threatening or insulting gesture to a public health staff member, has evidence of illegal drugs or weapons in the home, or lives in an area that is unsafe. Patient/family member demonstrates potentially violent behavior toward staff and/or family.
12. Three consecutive NOT HOME, NOT FOUND visits should be construed as a constructive request for cancellation of services. For this purpose, NOT HOME, NOT FOUND visits are defined as a failure or refusal to respond to the announced visit and presence for the service to be provided. "Announced visit" is defined as a scheduled visit with no response to one or more of the following: ringing a doorbell, knocking on the door, window or verbally indicating their presence with sufficient strength, force, noise, and sound to be heard within the interior of the visited place.
13. A partner will be discharged when and if the residence of the patient has safety hazards, (i.e. broken or rotting floor boards, exposed wiring, missing steps, rotting, bowed, or otherwise weak walls or ceilings as evidenced by curvature and/or decay).
14. The partner requires more than intermittent care.
15. A partner will be discharged when the patient or payer will no longer pay for services or payment of the established fee is more than 90 days overdue and there has been no attempt to resolve the issue.
16. If a partner appeals discharge, services will be continued throughout the appeal process.
17. The Partners Program no longer exists.

Services and Funding

Purpose(s) / Objective(s) Identify hours of service with state and county funding during the fiscal year July 01-June 30.

Funding Partners Program will be provided by LPHS grant, Milestones and/or local public health funds.

A financial form will be completed for all individuals enrolled in the Partners Program at the minimum of annually.

The patient plan of care may follow the priority list as identified below:

- Skilled nursing visits- maximum of 2 per week
- Personal care services-2 hour maximum per week
- Essential Homemaker Services- 1.5 hour maximum per week

The administrator may implement changes on a case by case basis.

The partner's family/friends may pay full fee for additional hours of service.