

Admission Policy

Inspiring Home Health can only initiate home health services after a referral from a qualified medical provider.

Services Provided

- Skilled Nursing (wound care, lymphedema, urinary catheter care (foley, suprapubic), medication management, central line management (PICC, port, midline)
- Therapy Services (physical therapy, occupational therapy, speech-language pathology)
- Medical Social Services
- Home Health Aide (bathing, grooming, peri-care)

Service Limitations:

Inspiring Home Health does not provide services for patients under 18 years of age, Psychiatric/Behavioral Health services, and does not provide care for patients who are Ventilator dependent. We do not provide service for patients who require twice a day visits when there is no caregiver available to provide care.

Service Area:

Inspiring Home Health services the Northwest valley, including:

- Peoria
- Glendale
- Surprise
- Sun City
- Sun City West
- Anthem
- Northwest Phoenix
- North Buckeye

Insurance Partners:

Inspiring Home Health **ONLY** partners with the following insurance carriers:

- Medicare
- Blue Cross/Blue Shield (**pre-authorization required**)
- BCBS Medicare Advantage
- BCBS Out of State PPO (**pre-authorization required**)
 - BlueJourney PPO
 - BluePathway HMO
 - BlueAdvantage HMO

1. Referral Intake:

- Referrals are to be received through phone, fax, navi-Health, Strata, secure email, etc.
- Upon receiving a referral, the agency's RN intake coordinator will initiate a preliminary eligibility review, ensuring that all necessary information (e.g., provider, orders, medical history, recent hospitalizations) is provided.
- Documentation of a face-to-face encounter within the past 60 days or scheduled within the next 30 days with the qualified provider who has agreed to oversee the plan of care or if patient is coming from an inpatient facility with the referring provider from that facility.
 1. Documentation in referral and/or face to face encounter qualifying patient for home health services (e.g. homebound status, skilled need, etc.)

2. Evaluation of Referral:

- A qualified provider who will agree to oversee the plan of care and give/sign applicable orders on an ongoing basis.
- A reimbursement source including preauthorization of visits if required
- The RN Intake Coordinator/Clinical Director, in collaboration with the clinical team, will assess the patient's anticipated care needs, case load, case mix, staffing availability, and staff competencies.
- If the patient's needs match the agency's capacity, the referral will be moved forward for scheduling and care plan development.
- If the agency determines it cannot meet the patient's needs, the referral will be declined. In such cases, the referring provider will be notified, and alternative home health services may be recommended.

3. Notification of Acceptance or Denial:

- The referring provider and/or the patient (or their representative) will be notified of the agency's decision to accept or deny the referral.

- The patient will be provided with information regarding the specific services available and the duration and frequency of the services, as well as any limitations related to those services.