Kenyon HomeCare Consulting

Smarter Solutions.
Better Outcomes.

Admission Packet
Skilled
Home Health Agency

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DISCLAIMER

These are sample documents. The information provided in these example(s) are designed to serve as a guide for our customers. These materials are not to be construed as the rendering of legal or management advice. If the user has a specific need or questions regarding the content, please consult your state home care laws and regulations and/or a local attorney. Agencies choosing to utilize these sample documents accept the terms of use as stated above.

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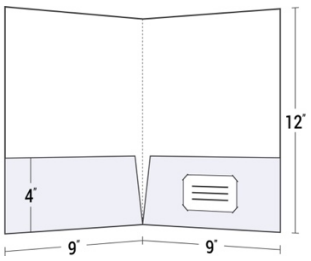
ADMISSION PACKET INSTRUCTIONS

This admission packet is designed to be used in a bi-fold folder with an outer and inner pocket, similar to what is pictured:



It is recommended you arrange the content as follows:

OUTSIDE OF FOLDER:

- Provide Senior Abuse, Neglect or Exploitation hotline phone # for your state, with hours of operation
- Provide Home Health hotline phone # for your state, with hours of operation

INSIDE FOLDER (LEFT):

- Personalized Welcome Letter
- Agency Business Card on folder pocket
- Health Care Advance Directives Info
- Storm/Emergency/Disaster Survival Guide

INSIDE FOLDER (RIGHT):

- Services Brochure and/or Non-Medical Home Care Flyer
- Vision & Mission Statement for your agency
- General Information for Patients and Caregivers about your agency
- Notice of Privacy Practices with your agency name
- Your County Special Needs Shelter Information. Register the patient during the visit if they want to stay in a shelter during an emergency. Otherwise, leave the special needs shelter application with the patient.
- Agency Disclosures
- Patient Bill of Rights and Responsibilities
- Time Sheet, Caregiver Notes, Paper Version as Backup

MANILLA FOLDER (FOR INFO TO REVIEW AND COPIES OF SIGNED PAGES FOR THE PATIENT):

- Intake Form/Plan of Care/Assessment (print signed copy from software system and leave in patient folder)
- Medication Form

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- Release of Information Form (must be signed)
- Assignment of Benefits (this section is only completed if your agency is receiving payment directly from a long-term care insurance company)
- Patient Vehicle Use Agreement & Release
- Patient Emergency Plan Form, from Sample Emergency Plan Attachments
- Patient Notification form explaining telephony and billing, with signature page
- Service Agreement
- Credit Card/ACH Form
- 24-hour and ongoing service check-in form

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