

Discharge Reason	Program	Dept Use	Situation	Description
Ref Canc - Expired	All	Intake Only	Canceled prior to completing referral	Intake learns patient has expired while still working referral
Ref Canc - Insurance Reasons	All	Intake Only	Canceled prior to completing referral	Intake learns patient has no coverage for home health/hospice and clinical administration has instructed that patient not be accepted
Ref Canc - Went to SNF	Home Health	Intake Only	Canceled prior to completing referral	Intake learns patient was transferred to a SNF or rehab rather than coming home and so is not available for admission
Ref Canc - Canceled by Ref Source	All	Intake Only	Canceled prior to completing referral	Intake learns the referral source has cancelled the referral after the referral was started in Epic
Ref Canc - Not in Service Area	All	Intake Only	Canceled prior to completing referral	Intake starts the referral and learns that the patient lives outside of service area (home address might have been within the service area but patient staying with family outside area)
Ref Canc - Not eligible for service	All	Intake Only	Canceled prior to completing referral	Intake determines the patient does not meet eligibility requirements for the service (homebound, skilled, hospice eligible)
NTUC - Refused Admission	All	Clinical Only	NTUC - no services provided or visits non-billa	Patient refuses admission either during pre-screen call or on initial visit attempt
NTUC - Active w/ other agency	All	Clinical Only	NTUC - no services provided or visits non-billa	Patient informs staff they are active with another agency either during pre-screen call or on initial visit attempt
NTUC - Acuity too high	Home Health	Clinical Only	NTUC - no services provided or visits non-billa	Patient is evaluated at admission visit to be acutely in need of higher level of care. Pt is not admitted and clinician activates plan to transfer to hospital or SNF
NTUC - Expired prior to admission	All	Clinical Only	NTUC - no services provided or visits non-billa	Patient dies prior to admission visit being performed (but after referral has been finalized by intake)
NTUC - Patient in Inpatient Facility	Home Health	Clinical Only	NTUC - no services provided or visits non-billa	Patient is unavailable for home care because the patient has been transferred to hospital or SNF/Rehab (but after intake has finalized the referral)
NTUC - Not eligible for service	All	Clinical Only	NTUC - no services provided or visits non-billa	Patient is found to not be eligible for care, either in pre-screen call or at first visit - examples not homebound, no skill, not eligible for hospice
NTUC - Other	All	Clinical Only	NTUC - no services provided or visits non-billa	Any other NTUC reason - use after referral is complete and for patients without a billable visit
D/C Goals Met	Home Health	Clinical Only	D/C after providing services	Patient discharged after receiving care and goals are met
D/C Unable to Meet Goals	Home Health	Clinical Only	D/C after providing services	Patient discharged after receiving care but goals were unable to be met
D/C No longer meets eligibility requirements	All		D/C after providing services	Patient received services but then becomes ineligible (no longer homebound, doesn't meet hospice criteria)
D/C Refused further care	Home Health	Clinical Only	D/C after providing services	Patient received services but is refusing any further visits/services
D/C to Inpatient Care	Home Health	Clinical Only	D/C after providing services	Patient received services but is discharged to an inpatient facility and can no longer receive home care; different than a transfer to the hospital which would be managed with a transfer rather than a discharge
D/C to Hospice Level of Care	Home Health	Clinical Only	D/C after providing services	Patient received home health care and is being discharged to a hospice level of care
D/C Moved out of Area	All	Clinical Only	D/C after providing services	Patient received services but then moved out of the area

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D/C Administrative	All	Clinical Only	D/C after providing services	Patient is being discharged for administrative reasons - document reasons in record and refer to policy re administrative discharge; this would include the need to discharge a hh or hospice episode due to untimely F2F
D/C Hospice Revocation	Hospice	Clinical Only	D/C after providing services	Patient is voluntarily revoking their hospice coverage
D/C After Initial Eval	Home Health	Clinical Only	D/C after providing services	Patient had one visit and will not continue - QA will determine whether visit can be billable
D/C to Another Hospice	Hospice	Clinical Only	D/C after providing services	Patient is transferred to another hospice to continue hospice care
DISCARD - ADMIN USE ONLY	All	Intake Only	Discard a patient record added in error	Only to be used when no clinical documentation of any kind has been entered in the system. If there is clinical documentation on a record made in error, the record should be administratively discharged and all charges made non-billable.