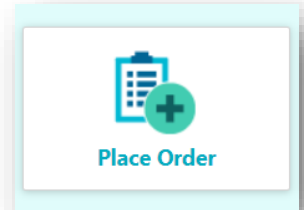


# Home Health Referrals & Orders - EpicCare Link

You can place Home Health Referral orders and co-sign orders via EpicCare Link

## Placing A Home Health Referral

1. Login to EpicCare Link
2. **Select “Place Order”**
3. Find the patient you wish to place an order for, or select them from your “My Patients” List.



**Patient Search**

Search My Patients

Name or MRN:

Additional search criteria

My Patients | Recent

PATIENT NAME	MRN	Sex	DOB
Zzz him, Identity	<E27>	F	4/3/1974
Zzz, Adtseven	<E7218>	M	10/31/1986

4. By default, the authorizing provider for the patient will be selected. **Click Accept.**
5. **Click on the “Preference List” icon**, to access the list of Home Health Referrals that are available

**Select Authorizing Provider**

Link, Dorothy Provider, MD

**Order Entry**

Preference List

New procedure:

6. Select the appropriate order from the list and **click “Accept Orders”**.

**Order Entry** > Preference List

Link Referrals Home Health  
Home Health Referrals VNA Southeastern CT (VNASC)  
Home Health Referrals Home Care Plus Milford (HCP)

My Preferences

**Home Health Referrals VNA Southeastern CT (VNASC)** (Link Referrals Home Health)

Ambulatory referral to Home Health VNA Southeastern CT (VNASC) - VISITING NURSE ASSOCIATION OF SOUTHEASTERN CT, Specialty Services Required

Ambulatory referral to Home Health VNA Southeastern CT Adult Supervision Services - VNASC SUPERVISION PROGRAM, Specialty Services Required

- Any unsigned new orders may have fields that will be required to fill out before you may sign them. **Click the blue link to address any required fields.**

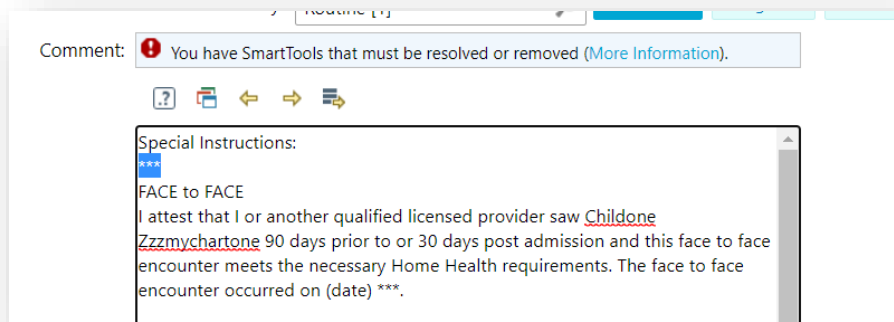
Unsigned new orders (1)

 [Ambulatory referral to Home Health VNA Southeastern CT \(VNASC\)](#)

Routine, Routine, VISITING NURSE ASSOCIATION OF SOUTHEASTERN CT, Specialty Services Required, VISITING NURSE ASSOCIATION OF SOUTHEASTERN CT, Home Health, Specialty Services Required



- To resolve any fields within the SmartText Body, **click within the Body and press “F2” on your keyboard.** It will select the first required field:
  - Fields with \*\*\* can be completed by typing.
  - Fields that present choices can be completed by left clicking on the desired choices and then clicking “Accept”.




- Once the body of the SmartText is completed, associate the appropriate diagnosis:



- Click “Accept”.** You will see the red stop sign has been replaced by two linked circles. **You may now sign your order.**

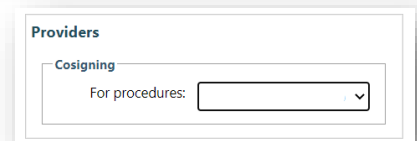
Unsigned new orders (1)

[Ambulatory referral to Home Health VNA Southeastern CT \(VNASC\)](#)

 Routine, Routine, VISITING NURSE ASSOCIATION OF SOUTHEASTERN CT, Specialty Services Required, VISITING NURSE ASSOCIATION OF SOUTHEASTERN CT, Home Health, Specialty Services Required



- Enter the appropriate co-signing Provider**
- Click “Sign Orders”.** The order will be signed and routed appropriately.



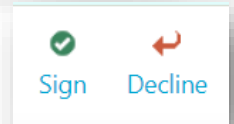
## Co-Signing Orders



1. Login to EpicCare Link
2. Click "In Basket"
3. Click the order that requires the co-signature

Patient	Type	Status
Zzzhhtesting, Hcpone	HH/HSPC Orders	Signature Needed

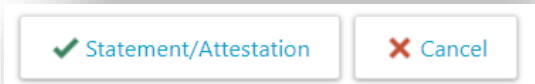
4. The sign and decline buttons will appear above.
5. By clicking "Sign" the order will be co-signed and disappear from the InBasket.
6. By clicking "Decline" you will be asked to provide a Reason by using the drop-down list. Note: Providing a Comment is optional. Click "Accept" once you have filled out the fields.
7. In the case of a Home Health Face To Face Attestation, you will be asked to provide a statement / attestation.
8. You will be asked to enter an Encounter Date and complete an attestation. **Note:** The default attestation contains a wildcard (\*\*\*) and can be accessed by clicking within the attestation and pressing F2.



**Decline**

**Reason:**

**Comment:**



**Encounter Date:**

**You have SmartTools that must be resolved or removed (More Information).**

I certify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized services on this plan of care and will periodically review the plan. The patient had a face to face encounter with an allowed provider type on \*\*\* (date) and the encounter was related to the primary reason for home health care.

9. Once the attestation is completed, click "Save & Sign".

