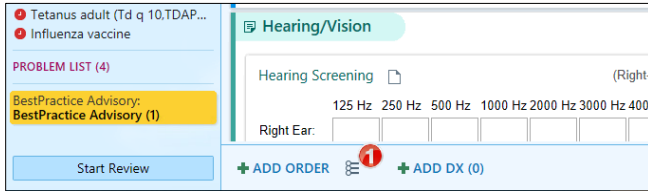


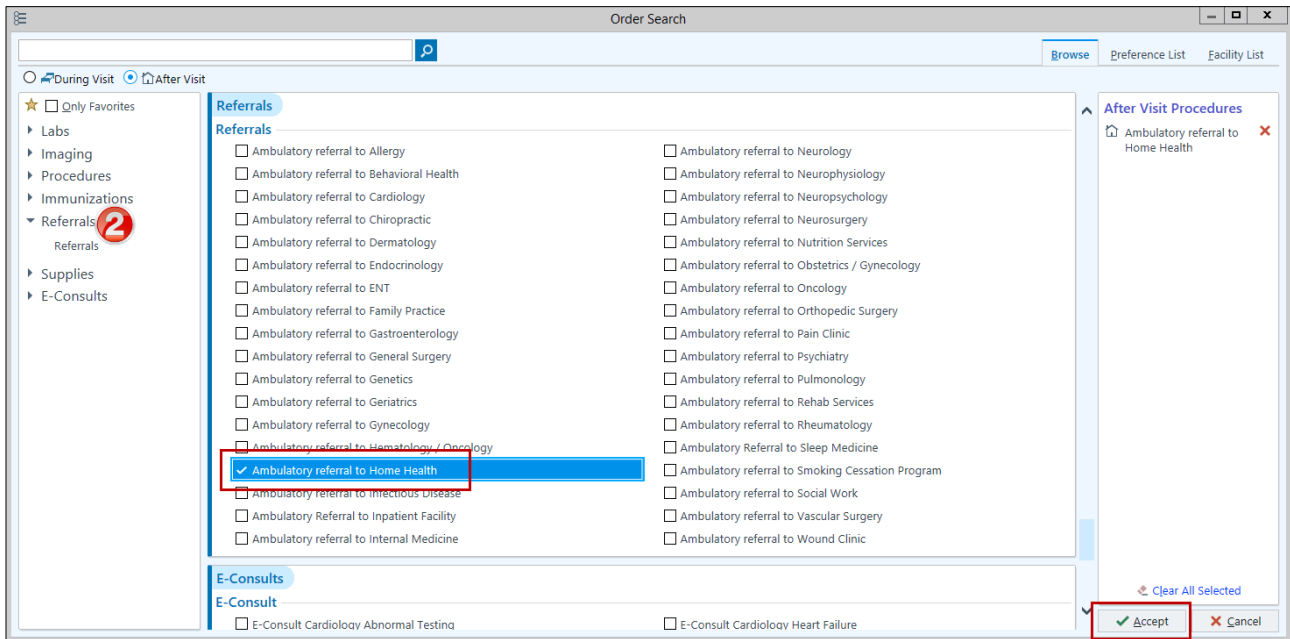
## Place a Referral to Home Health

Providers who refer patients to the VNA Southeastern CT or Home Care Plus in Milford, will place an order in Epic.

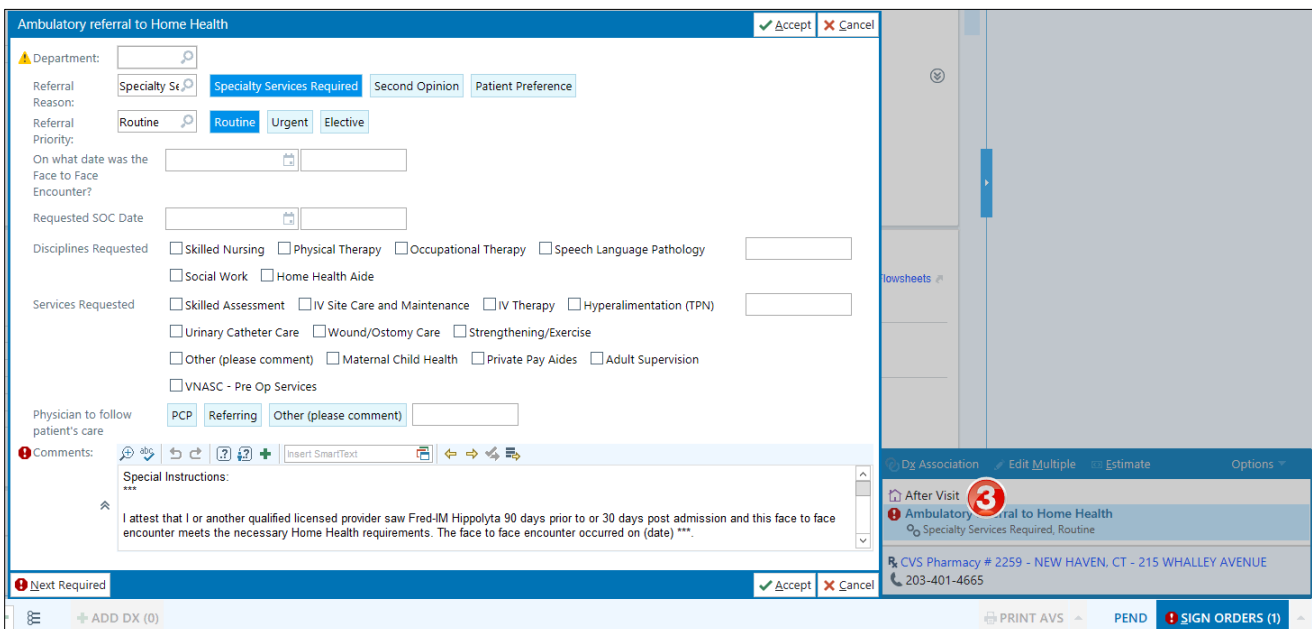
1. From the **Visit Taskbar**, click  to access your **Preference List**.



2. Click the **Referrals** category and select the **Ambulatory referral to Home Health** order. Click **Accept**.

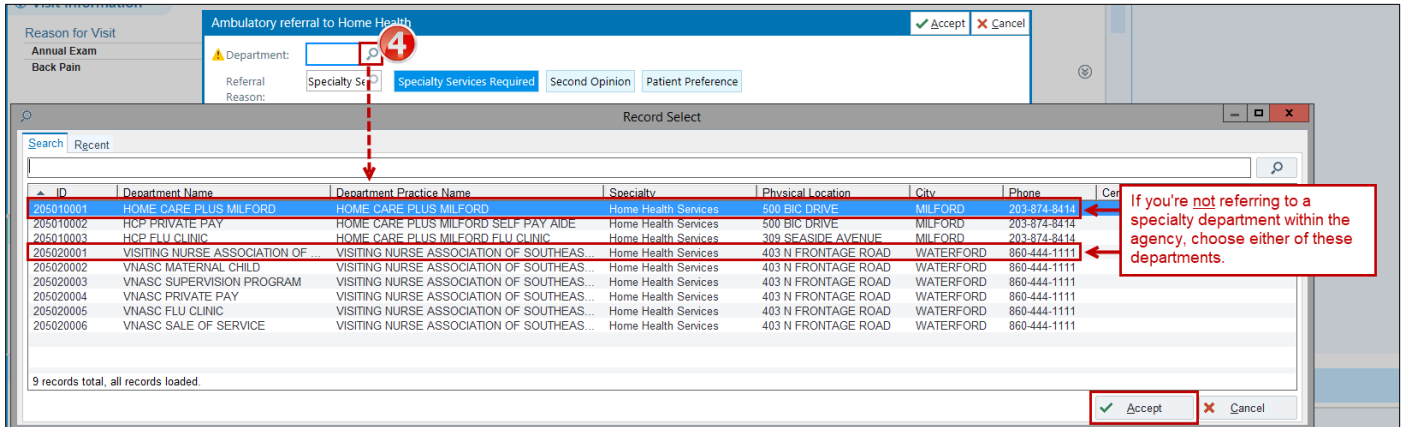


3. Click on the name of the order in the shopping cart to open the Order Composer and complete required fields.



4. Click the  in the **Department** field and select the correct department:

- If you're not referring to a specialty department within the agency, use **VNASC [205020001]** or **HCP [205010001]**
- **Sale of Service** is used for a one time visit from VNASC physical therapy staff to come to the patient's home and do a pre-op joint evaluation.
- **VNASC Supervision Program** is a program for elderly patients who don't really need skilled nursing but need some visits to check on their well-being. 📍 Old Lyme area only.
- **VNASC Maternal Child** is used for either pre-natal or post-partum visits.



5. Complete the fields:

- Enter the Requested SOC Date (date when agency should start care).
- Select the Disciplines Requested.
- Select the Services Requested.
- Choose who will follow the patient's care (i.e.: PCP, Referring)
- The **Comments** section contains **SmartLists** and **wildcards (\*\*\*)**, including the date of the Face to Face encounter. Be sure to press **F2** on your keyboard to complete all **SmartLists** and wildcards (\*\*\*)

6. Click **Accept**.

Department: VISITING NURSE ASSOCIATION OF SOUTHEASTERN CONNECTICUT

Referral Reason: Specialty Services Required

Referral Priority: Routine

Requested SOC Date: [Date]

Disciplines Requested:  Skilled Nursing  Physical Therapy  Occupational Therapy  Speech Language Pathology

Services Requested:  Skilled Assessment  IV Site Care and Maintenance  IV Therapy  Hyperalimentation (TPN)  Strengthening/Exercise

Physician to follow patient's care: PCP

Comments: I certify that, based on my findings, the following services are medically necessary skilled home health services: [HH SERVICES-19548].  
Further, I certify that my clinical findings support this patient's homebound status (i.e. absence of effort, are for health treatment, or for attendance at religious events; absences from home for relatively short duration).

Once you click Accept, Sign and Associate the order.