



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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September 14, 2016

Randy Schellhous, Administrator  
Encompass Home Health Of Idaho  
3686 Washington Parkway  
Idaho Falls, ID

Provider #137105

Dear Mr. Schellhous:

An unannounced on-site complaint investigation was conducted from August 17, 2016 to August 19, 2016 at Encompass Home Health Of Idaho. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00007341**

**Allegation #1:** The agency did not allow patients to choose their own physician.

**Finding #1:** An unannounced visit was made to the agency on August 17, 2016 to August 19, 2016. During the investigation 10 patient records, agency policies and patient grievances were reviewed. Assisted living facility employees and home health employees were interviewed. Two patient visits were observed.

Four of 10 patient records indicated a change in the patients' physician, from the patients' primary physician, when the patient was admitted to the agency. All of the 4 patients had the same primary physician. Their primary physician had informed the agency by letter, dated December 4, 2015, he would no longer follow his patients when they were on home health services.

During an interview with the Branch Director on 8/18/16 at 3:15 PM, the Branch Director presented a copy of the letter from the primary physician.

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The letter read "To Whom It May Concern; This letter is to inform you that as of January 1, 2016, I will no longer manage patients on Home health and Hospice. These patients will either need to seek care from a different physician during this time or be followed by the Facilities Supervising Physician. Upon discharge from Home Health or Hospice, I will be happy to resume their healthcare needs."

The Branch Director stated any patients seeing the physician (who sent the letter) had to change physicians while receiving home health services. He stated the situation was explained to each patient and family so they could make a decision on which physician would manage their home health care. The agency would offer the choice of physicians they knew followed patients on home health and accepted Medicare.

An interview was conducted on 8/17/16, at 4:10 PM, with the Assisted Living Coordinator. She was asked why one of the 4 patients had changed physicians. The patient was an 86 year old with diabetes type II and dementia. "Dr. (name) was not wanting to follow patients with home health. We met with the family and talked with them about it." The family and patient were then given a choice of physicians to manage the patient's home health care.

There were no patient complaints filed due to patients' inability to choose a physician.

It could not be determined the agency failed to ensure patients were able to choose their own physician, therefore the complaint was unsubstantiated, and no deficiencies were cited.

**Conclusion #1:** Unsubstantiated. Lack of sufficient evidence.

**Allegation #2:** The agency admitted patients not qualified for home health services.

**Finding #2:** The agency's Policy 2.0 "Admissions/Client Assessment" updated 3/24/15, stated the following:

"For services provided under Medicare program, the services and client meet applicable coverage criteria, as defined in the Medicare Manual ...During the initial evaluation/assessment, the admitting professional ... Evaluates the client and situation, using the admission criteria, and decides to admit or decline the client for services."

In order to qualify for home health services, the patient must be homebound. The Medicare Benefit Policy Manual defines homebound as:

"Because of illness or injury, need the aid of supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave their place of residence *OR* - Have a condition such that leaving his or her home is medically contraindicated. If the patient meets one of the Criteria-One conditions, then the patient must **ALSO** meet two additional requirements defined in Criteria-Two below. 2. Criteria-Two: - There must exist a normal inability to leave home; *AND* - Leaving home must require a considerable and taxing effort ... However, occasional absences from the home for nonmedical purposes, e.g., an occasional trip to the barber, a walk around the block or a drive, attendance at a family reunion, funeral, graduation, or other infrequent or unique event would not necessitate a finding that the patient is not homebound if the absences are undertaken on an infrequent basis or are of relatively short duration and do not indicate that the patient has the capacity to obtain the health care provided outside rather than in the home."

Ten of 10 patient records reviewed included documentation of the patients' qualifications for home health care, including their homebound status. One patient was a 94 year old male utilizing home health services for neck pain and muscle weakness. Both the RN and the PT evaluated the patient's homebound status. The patient had restricted ambulation and was evaluated as a fall risk, requiring a walker or a cane, which was worsened by the pain. "Due to body structure/function impairment and activity limitations listed," the patient was determined to be homebound.

During an interview with the agency's Orthopedic Area Manager on 8/18/16, at 2:45 PM, she stated referrals were taken from sources such as physicians, assisted living facilities, families, or patients. The patients were then interviewed and eligibility was determined.

An interview was conducted on 8/17/2016 at 4:40 PM with the Assisted Living Executive Director. She stated some patients were offered the option of home health services if the staff felt it would be helpful. She gave the example of patients who had balance problems and were falling. When questioned regarding how the home health agency was chosen, she stated they had "3 or 4" they used the most but presented multiple contracts with different home health agencies.

Patients observed during home visits were eligible for home health.

The agency admitted patients qualified for home health services.

It could not be determined the agency accepted patients who did not qualify for home health services, including homebound status. Therefore, the allegation was unsubstantiated, and no deficiencies were cited.

**Conclusion #2:** Unsubstantiated. Lack of sufficient evidence.

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As none of the allegations were substantiated, no response is necessary.

Thank you for the courtesies extended to us during the survey. If you have any questions, comments or concerns, please contact Dennis Kelly, RN or Nicole Wisenor, Co-Supervisors, Non-Long Term Care at (208) 334-6626, option 4.

Sincerely,

A handwritten signature in cursive script that reads "Dennis Kelly RN".

DENNIS KELLY, RN, Supervisor  
Non-Long Term Care

DK/pmt