

ADMISSION CRITERIA POLICY AND PROCEDURE

I. PURPOSE

The purpose of this policy is to establish procedures that ensure continuity of care during admission or service initiation including Homeward Bound, Inc.'s (HBI) admission criteria and processes.

II. POLICY

Services may be provided by HBI as registered and licensed according to MN Statutes, chapter 245D and MN Statutes, chapter 245A. All services will be consistent with the individual's service-related and protection-related rights identified in MN Statutes, section 245D.04. HBI may provide services to individuals with disabilities, including, but not limited to, developmental or intellectual disabilities, brain injury, mental illness, age-related impairments, or physical and medical conditions when the company is able to meet the individual's needs.

Documentation from the admission/service initiation, assessments, and service planning processes related to the HBI's service provision for each individual served and as stated within this policy will be maintained in the individual's service recipient record.

III. PROCEDURE

Admission Criteria

- A. Certain criteria will be used by HBI to determine whether the company is able to develop services to meet the needs of the individual as specified in their *Coordinated Service and Support Plan Addendum*. In addition to registration and licensed ability, the criteria includes:
 1. The requested service from HBI has a source of funding.
 2. Presents a life-endangering behavior that is a threat to the individual, others living in the home or staff that cannot be met through available services at HBI.
 3. Requires care/supervision beyond the program level.
- B. HBI, when defined as a health care facility according to MN Statutes, chapter 245A, will notify all residents when a registered predatory offender is admitted into the program or to a potential admission when the facility is already serving a registered predatory offender. This notification will be done according to the requirements in MN Statutes, section 243.166.
- C. When an individual and/or legal representative requests services from HBI, a refusal to admit the individual must be based upon an evaluation of the individual's assessed needs and HBI's lack of capacity to meet the needs of the individual.
- D. HBI must not refuse to admit an individual solely upon the basis of:
 1. Disability.
 2. Orthopedic or neurological handicaps.
 3. Sight or hearing impairments.
 4. Lack of communication skills.

5. Physical disabilities.
 6. Toilet habits.
 7. Behavioral disorders.
 8. Past failures to make progress.
- E. Documentation regarding the basis for the refusal will be completed using the *Admission Refusal Notice* and must be provided to the individual and/or legal representative and case manager upon request. This documentation will be completed and maintained by the Program Administrator of New Services and Risk Management.

Admission Process and Requirements

- A. In the event of an emergency service initiation, HBI must ensure that staff training on individual service recipient needs occurs within 72 hours of the direct support staff first having unsupervised contact with the individual served. HBI must document the reason for the unplanned or emergency service initiation and maintain the documentation in the individual's service recipient record.
- B. Prior to or upon the initiation of services, the Program Resource Coordinator/Program Supervisor (PRC/PS) and/or the Operations Manager(OA) will develop, document, and implement the *Individual Abuse Prevention Plan* according to MN Statutes, section 245A.65, subdivision 2.
- C. PRC/PS and/or the OA will ensure that during the admission process the following will occur:
1. Each individual to be served and/or legal representative is provided with the written list of the *Rights of Individuals Served* that identifies the service recipient's rights according to MN Statutes, section 245D.04, subdivisions 2 and 3.
 - a. An explanation will be provided on the day of service initiation or within five (5) working days of service initiation and annually thereafter.
 - b. Reasonable accommodations will be made, when necessary, to provide this information in other formats or languages to facilitate understanding of the rights by the individual and/or legal representative.
 2. Orientation to HBI's *Program Abuse Prevention Plan* will occur within 24 hours of service admission, or for those individuals who would benefit more from a later orientation, the orientation may take place within 72 hours. (not needed when an individual lives in their own unlicensed home)
 3. An explanation and provision of copies (may be provided within five [5] working days of service initiation) of the following policies and procedures to the individual and/or legal representative:
 - a. *Grievances Policy and Procedure*
 - b. *Temporary Service Suspension and Termination Policy and Procedure*
 - c. *Policy and Procedure on Data Privacy*
 - d. *Policy and Procedure on Emergency Use of Manual Restraint*
 - e. *Policy and Procedure on Reporting and Reviewing of Maltreatment of Vulnerable Adults*
 - f. *Policy and Procedure on Reporting and Reviewing of Maltreatment of Minors*
 4. Written authorization is obtained (and annually thereafter) by the individual and/or legal representative for the following:
 - a. *Consents and Authorizations (includes Authorization for Medication and Treatment*

Administration, and Agreement and Authorization for Injectable Medications

- b. *Authorization for Release of Information*
 - c. *Financial Authorization (If deemed necessary by the Operations Administrator of the program.)*
 - d. This authorization may be obtained within five (5) working days of the service initiation meeting and annual thereafter.
- D. Also during the admission meeting, the support team or expanded support team will discuss:
1. HBI's responsibilities regarding health service needs and the procedures related to meeting those needs as assigned in the *Coordinated Service and Support Plan* and/or *Coordinated Service and Support Plan Addendum*.
 2. The desired frequency of progress reports and progress review meetings, at a minimum of annually.
 3. The initial financial authorization and the PRC/PS and/or OA will survey, document, and implement the preferences of the individual served and/or legal representative and case manager for the frequency of receiving statements that itemizes receipt and disbursements of funds or other property. Changes will be documented and implemented when requested.
- E. If an individual's licensed health care professional or mental health professional has determined that a manual restraint would be medically or psychologically contraindicated, the company will not use a manual restraint to eliminate the immediate risk of harm and effectively achieve safety. This statement of whether or not a manual restraint would be medically or psychologically contraindicated will be completed as part of service initiation planning.

Admission Process Follow up and Timelines

- A. The PRC/PS and/or the OA or designee will ensure that the individual's other providers, medical and mental health care professionals, and vendors are notified of the change in address and phone number.
- B. The PRC/PS and/or the OA or designee will ensure that the individual's service recipient record is assembled according to HBI standards.
- C. Within 15 working days of service initiation, the PRC/PS and/or the OA will complete a preliminary *Coordinated Service and Support Plan Addendum* that is based upon *Coordinated Service and Support Plan*. At this time, the individual's name and date of admission will be added to the *Admission and Discharge Register* maintained by the PRC/PS and/or the OA.
- D. When an individual served requires a *Positive Support Transition Plan* for the emergency use or planned use of restrictive interventions prohibited under MN Statutes, chapter 245D, and is admitted after January 1, 2014:
 1. The *Positive Support Transition Plan* must be developed and implemented within 30 working days of service initiation.
 2. No later than 11 months after the implementation date, the plan must be phased out.
- E. Before the 45-day meeting (or 30 day meeting in an ICF-DD), PRC/PS and/or the OA will complete the *Self-Management Assessment* regarding the individual's ability to self-manage in health and medical needs, individual safety, and symptoms or behavior. This assessment will be

based on the individual's status within the last 12 months at the time of service initiation.

- F. Within 45 working days of service initiation (or within 30 days at an ICF/DD), the support team or expanded support team will meet to assess and determine the following based on the information obtained from the assessment, Coordinated Service and Support Plan and individual-centered planning:
1. The scope of services to be provided to support the individual's daily needs and activities.
 2. Outcomes and necessary supports to accomplish the outcomes.
 3. The individual's preference for how services and supports are provided.
 4. Whether the current service setting is the most integrated setting available and appropriate for the individual.
 5. How services for this individual will be coordinated across 245D licensed providers and members of the support team or expanded support team to ensure continuity of care and coordination for the individual.
- G. Within 10 working days of the 45-day meeting (or 30 day meeting at an ICF/DD), the PRC/PS and/or the OA will develop a service plan that documents outcomes and supports for the individual based upon the assessments completed at the 45-day meeting.
- H. Within 20 working days of 45-day meeting, the PRC/PS and/or the OA will submit obtain dated signatures from the individual and/or legal representative and case manager to document completion and approval of the assessment and *Coordinated Service and Support Plan Addendum*.
- A. If, within 10 working days of this submission, the legal representative or case manager has not signed and returned the assessments or has not proposed written modifications, the submission is deemed approved and the documents become effective and remain in effect until the legal representative or case manager submits a written request to revise the documents.

Legal Authority: MS §§ [245D.11](#), subd. 4; [245D.04](#), subd.2, (4) to (7), and 3, (8)