



## **POLICY AND PROCEDURE ON ADMISSION**

### **1. PURPOSE**

The purpose of this policy is to establish procedures that ensure continuity of care during admission or service initiation including Intercommunity Home Health Care's admission criteria and processes.

### **II. POLICY**

Services may be provided by IHHC as registered and licensed according to MN Statutes, chapter 245D and MN Statutes, chapter 245A. All services will be consistent with the person's service-related and protection-related

Rights identified in MN Statutes, section 245D.04. Intercommunity Home Health Care may provide services to persons with disabilities, including, but not limited to, developmental or intellectual disabilities, brain injury, mental illness, age-related impairments, or physical and medical conditions when IHHC is able to meet the person's needs.

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

### **III. PROCEDURE**

#### **Admission criteria**

A. Certain criteria, including existing State and Federal rules and Regulations, will be used by Intercommunity Home Health Care to determine whether IHHC is able to develop services to meet the needs of the person as specified in their Coordinated Service and Support Plan. In addition to registration and licensed ability, the criteria includes:

1. Proper staff resources available to support the person's preferences and needs
2. That with or without requested reasonable accommodations, IHHC has the capability to provide for the Health and Safety of the person and other persons
3. Assurance that all team members have provided full disclosure of the person's communication needs,

Social skills, relevant legal history, vulnerabilities, behavioral challenges, medical and vocational service expectations

4. Medical needs must be within the scope of services that can be provided by non-medical personnel
5. Transportation needs can be supported per the IHHC Safe Transportation Protocols and/or Public Transportation Guidelines
6. Program Licensed Capacity



- B. When a person and/or legal representative requests services from IHHC, a refusal to admit the person must be based upon an evaluation of the person's assessed needs and IHHC's lack of capacity to meet the needs of the person.
- C. Intercommunity Home Health Care will not refuse to admit a person solely upon the basis of:
  - 1. Disability.
  - 2. Orthopaedic or neurological handicaps.
  - 3. Sight or hearing impairments.
  - 4. Lack of communication skills.
  - 5. Physical disabilities.
  - 6. Toilet habits.
  - 7. Behavioural disorders.
  - 8. Past failures to make progress.
- D. Documentation regarding the basis for the refusal will be completed using the Admission Refusal Notice and must be provided to the person and/or legal representative and case manager upon request. In conjunction with an Admissions Review Team, this documentation will be completed and maintained by the Designated Manager or designee.

#### Admission process and requirements

- A. In the event of an emergency service initiation, IHHC 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 person served. IHHC must document the reason for the unplanned or emergency service initiation and maintain the documentation in the person's service recipient record.
- B. Prior to or upon the initiation of services, the Designated Coordinator and/or Designated Manager will develop, document, and implement the Individual Abuse Prevention Plan according to MN Statutes, section 245A.65, subdivision 2.
- C. The Designated Coordinator and/or Designated Manager will ensure that during the admission process the following will occur:
  - 1. Each person to be served and/or legal representative is provided with the written list of the Rights of Persons 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 person and/or legal representative.



2. Overview of the IHHC's Program Abuse Prevention Plan will occur within 24 hours of service

Admission, or for those persons who would benefit more from a later orientation, the orientation may take place within 72 hours.

3. An overview of Policies and Procedures will be given to the person and/or legal representative along with the IHHC Handbook. The IHHC Policies are available on the Website

([www.intercommunityhhc.com](http://www.intercommunityhhc.com)),

And copies can be requested.

1. Policy and Procedure on Grievances

2. Policy and Procedure on Temporary Service Suspension

3. Policy and Procedure 011 Service Termination

4. Policy and Procedure 011 Data Privacy

5. Policy and Procedure on Emergency Use of Manual Restraint

6. Policy and Procedure on Reporting and Reviewing of Maltreatment of Vulnerable Adults

7. Policy and Procedure on Reporting and Reviewing of Maltreatment of Minors

D. Also during the admission meeting, the support team or expanded support team will discuss:

1. IHHC'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 Designated Coordinator and/or Designated Manager will survey, document, and implement the preferences of the person 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 person's licensed health care professional or mental health professional has determined that a manual restraint would be medically or psychologically Contraindicated, IHHC 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 Designated Coordinator and/or Designated Manager or designee shall confirm that funding for IHHC Services has been established and documented prior to Service Initiation.

B. The Designated Coordinator and/or Designated Manager or designee will ensure that the person's other providers, medical and mental health care professionals, and vendors are notified of the change in address and phone number.



- C. The Designated coordinator and/ or Designated Manager or designee will ensure that the person's service recipient record is assembled according to IHHC standards.
  
- D. The Designated Coordinator and/or Designated Manager will complete a preliminary coordinated Service and Support Plan Addendum that is based upon Coordinated Service and Support Plan. At this time, the person's name and date of admission will be added to the *Admission and Discharge* Register maintained by the Designed Coordinator and/or Designated Manager.

***Acknowledgement of Receipt***

As the Client, I have reviewed the above policy in the Manual. I understand that Intercommunity Home Health Care requires that I be trained on the rights of consumers and duties of workers related to the use and disclosure of protected health information. I agree to comply with all policies and procedures. I understand that severe civil and criminal penalties (up to ten years imprisonment and a \$250,000 fine) may be imposed for violation of these regulations.

Client Signature:

Date:

Representative Signature:

Date: