

Procedure Number 2-6-24
Replaces Procedure No. 1-6-2

Revised: 01-18-24
Issued: 05-18-98

SUBJECT: Admission, Orientation (Individuals), Discharge and Referral for services provided by the Organization.

Purpose: To carry out the mission of the Organization Operations Policy No. 1.

A. **ADMISSION CRITERIA** - The admission criteria for Woodhaven programs is as follows:

Woodhaven will consider for admission, individuals who have been diagnosed as having a disability according to the state definition. Individuals will be considered eligible for admission who need an intensity and composition of services consistent with the organization's mission.

No person shall be excluded from participation in, denied the benefits of, or be subject to any form of discrimination because of race, age, religion, national origin, gender, disability, sexual orientation or veteran status.

Individuals seeking admission to the organization must have an adequate identified funding source. Services can be paid via private pay, Medicaid Waiver funding, or via contract with another state agency, ie. Childrens Division.

The organization prohibits any practice of fee splitting. Fee splitting is defined as the payment of any funds to an agency or individual for a referral.

Residential Services are not available within this organization for individuals who require skilled or intensive nursing care or persons requiring restrictive environments. Individuals requiring intensive behavioral intervention for challenging behaviors will only be admitted into a designated behavioral support home.

B. **ADMISSION PROCESS** – The majority of referrals come to the agency via the state-wide referral database. We review all referrals that indicate an interest in Boone County. The database includes relevant information for Admission/Discharge team to consider. Occasionally, in person, or via telephone, the organization receives a statement of interest from persons involved with individuals with developmental disabilities, the following action will be taken within 3 business days:

1. An application for admission will be forwarded to the responsible party for whom the request is being made. (See attachment 1). Further, the organization will forward, at the same time, a brief history of Woodhaven describing programs available, and mission statement. Also included will be a handbook describing particular activities and programs, admission procedures, exclusionary procedures, discharge, grievance procedures, statements of individual rights, and other information. Note this step is only completed for people who directly contact Woodhaven. (See attachment 2).
2. After receipt of the application or referral packet the organization's Admission and Discharge Team will review the application for the appropriateness of admission. All referral information will be reviewed by the Admissions Team within one week of receipt of the packet or database referral. The primary consideration that will be given during the admission screening process will be, functional diagnosis, whether the organization believes that it can appropriately meet the needs of the individual and funding resources.
3. After the Admission/Discharge Committee reviews the referral information, the Director of Programs will respond on the database. She will either indicate interest in meeting the person supported or decline and give a reason why the agency is unable to support. If a person has contacted Woodhaven directly, separate from the database, a letter will be sent indicating interest or reason for denial and other possible options to pursue.
4. The Director of Programs will wait to hear back from the database to see if the individual selected is interested in touring Woodhaven and select it as a possible provider.

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5. Prior to making a final recommendation to the Chief Operating Officer, the Admission and Discharge Team will invite the individual to be served and guardian (if applicable) for a visit to meet staff and to see the potential home and discuss personal goals and lifestyle preferences. Several visits, including overnight visits will be made to determine roommate compatibility. The individual and housemates will decide if they wish to live together. These visits should be completed within 30 days of the Admissions Team meeting.
 6. The Director of Programs will communicate information to the individual and guardian (if applicable) on available housing options and living arrangements. They will receive information on the cost of housing.
 7. The approval process from referral to admission should be accomplished with 90 days, pending budget approval.
 8. If the individual applying is not eligible for services, the Director of Programs or her designee will communicate the reason for denial and provide information regarding other supports available to the individual and referral source.
 9. If at such time there are multiple referrals to this organization for services, and given that there is a “match” with roommates, the criteria for the order of admission will be as follows:
 - a. First, those individuals without adequate support to maintain basic health and safety. The more precarious their situation, the higher their priority.
 - b. Secondly, those individuals whose basic support systems, are so tenuous as to create a strong likelihood or probability that a clear threat to health and safety is projected to exist in the near future.
 - c. Thirdly, those individuals who, in the opinion of the Admission Team would benefit most by the services that we have to offer.
- C. **Intake** – The Director of Programs will work with family, individual and Service Coordinator to ensure all needed items on Intake Checklist are in place prior to admission and review billing procedures and set up a monthly payment schedule if applicable.
- D.. **ORIENTATION** - Upon admission, the individual family and or guardian will be oriented to the organization and specific supports the individual may utilize.
- During the first 30 days, the individual will be assessed to determine if Woodhaven can successfully provide the desired supports. A 30 day review will be held to establish an Individual Plan with personal goals.
- The responsible party and the individual to be served will also have communicated to them at that time, a means of feed-back both from the organization and from them to the organization through telephone calls, newsletters, written correspondence and through consumer surveys.
- E. **HOW WE DO PROGRAMMING** – Each individual enrolled in our programs will have what is called an Individual Support Plan (ISP). This plan is developed with you to reflect your hopes and dreams (goals) and in a general sort of way, what is important to you to be happy and content in our every day life while you are receiving services. This plan and those activities that are related or can be inferred from it are what we call “treatment”. Please refer to Procedure 2-6-13 for more information

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F. **REFERRAL FOR ANCILLARY SERVICES** - While most ancillary services an individual might need that are not provided by Woodhaven will be arranged through the Boone County Family Resource Support Coordinator, there are occasions when Woodhaven personnel will initiate such referrals.

In all cases, regardless of the source of the referral, the individual responsible for the appointment making the referral shall cause to have entered into the individual's record, relevant documentation of the finding. In cases when the referral is made by the Boone County Family Resource Support Coordinator, the Home Coordinator or Program Manager shall assume responsibility for completing the documentation. This information should be filed in the individual's record as soon as information is available in regard to outcome. This documentation is kept on the Medical Appointment Record.

G. **MEDICALLY FRAGILE PANEL** – The Chief Operating Officer, Director of Programs, Director of Human Resources and the IP Team will serve as an advisory group to the CEO regarding the appropriateness of Woodhaven continuing to provide services for consumers who experience serious medical conditions (i.e. heart attack, stroke, cancer, etc). The group will assess the following areas to determine the appropriateness for Woodhaven to continue services.

1. Can Woodhaven meet the individuals health, safety, welfare and security needs?
2. Can Woodhaven meet the Program/Treatment needs of the individual?
3. Does Woodhaven have qualified and competent personnel to meet the individuals needs?
4. Is the funding agency willing to provide the necessary resources for Woodhaven to continue to provide services?
5. Potential risk exposure/liability to the agency.

The group will send written recommendations to the CEO within 3 working days after the panel meeting.

H. **DISCHARGE (Exit Criteria)** - Any person admitted into services of the organization may be discharged when it is determined by any party involved that the organization can no longer meet the needs of the individual or if the individual's goals and desires become inconsistent with the values of the organization or when funding sources are no longer viable.

Recommendations for discharge may be submitted to the Admission and Discharge Team for consideration by any party involved. The Team notifies the Director of Programs of the recommendation for discharge and recommendations for referral to alternative supports.

The Chief Executive Officer or his designee shall provide a minimum of 30 day notice of discharge of services to the person and family, and/or the guardian, if appropriate and the funding placement source that services provided are no longer deemed appropriate for the individual. Referral information and a discharge date shall be included. A movement notice will be generated when a discharge date is established.

The Director of Programs will notify the Division of Developmental Disabilities of the discharge by entry into the Provider Notice Portal on the DMH website (redcapdd.azurewebsites.net) I within 24 hours of the decision to discharge.

Woodhaven staff will work with the individual's team to assist in securing new services and addressing needs for a smooth transition.

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The Program Manager will prepare an exit/discharge summary within 7 working days of discharge. An exit summary should also be completed as persons served leave programs (i.e. community living, community employment, personal social and community services) within the agency. The exit/discharge summary should state:

- Reason for discharge
- Diagnosis
- Functional limitations
- Strength and preferences of the person served
- Services that have been provided
- Recommendations to include referral to other agencies
- Activities to improve the individual's post discharge functioning

- I. **REFERRAL** – If it is determined that the person receiving services can no longer take advantage of the programs offered by Woodhaven, or that Woodhaven can no longer meet the needs of the person receiving service(s), an exit/discharge summary will be prepared including recommendations relevant to the person's needs and/or agency's or program which might be appropriate.
- J. **FOLLOW-UP** - Upon discharge from Woodhaven, the Program Manager will obtain follow-up contact information as well as a signed release of information from the individuals served or guardian. This follow-up information will include the name of a contact person, telephone number and/or address. Thirty (30), Sixty (60) and Ninety (90) days after discharge, the Program Manager will write or telephone the contact person to obtain information about the individual's current program goals and objectives, ease of transition and to determine if further services are needed. Documentation of these contacts will be maintained in the individual's record. If a guardian refuses to disclose this information, it will be documented in the individuals chart.
- K. **ADMISSION AND DISCHARGE TEAM** - The duties of this team shall be as follows:
 - 1. Review new and wait-listed intakes for consideration for admission.
 - 2. Review discharges which have been recommended by the individual's Individual Plan Team.

Emergency meetings of this Team will be scheduled whenever necessary.

Team members shall include the Director of Programs, the Program Managers, Community RN, the Chief Financial Officer and the Director of Human Resources. Home Coordinators will be appointed by Program Manager on a case by case basis. Whenever deemed appropriate by the Director of Programs who shall serve as Chairperson, other persons may be invited to attend.

The Director of Programs will circulate the new and wait-listed intake and discharge lists to the Team members. Comment sheets will be attached to the file folders for staff input. Each Team member is to review the cases, determine their staff's recommendations, complete the comment sheet and leave the sheet on the folder. This review process will take no more than one week.

At the meeting, the staff's written comments and recommendations will be screened by the Team. A decision will be made for one of the following recommendations:

- 1. Request further background information (i.e. medical, psychological, vocational, etc)

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2. Wait-listing admission with or without personal interview
3. Referral for alternative services for persons who are not eligible for Woodhaven services.

The Team Chairperson shall notify the Chief Operating Officer of the recommendations.

The Director of Programs or designee shall notify the referral source of the recommendation. If the person is not eligible for services, the notification letter should include recommendations for alternative services. All data and information will be maintained in the Director of Programs office.

Approved: _____
Director of Residential & Community Services

Date: _____

Attachments: Admission Application
Resident Handbook
Intake Checklist
Exit Summary

WOODHAVEN EXIT SUMMARY
Community Living/Community Integration

Person Served: _____

Date: _____

1. Desired outcomes and referral expectations established by person served and IP team. _____

2. Outcomes achieved:

3. Reason for exit:

4. Recommendations to assist person served after exit:

5. Diagnosis, disabilities, strengths, abilities, needs and preferences of persons served:

6. Services that were provided to the person:
