ADMISSION POLICY

PURPOSE
To establish a uniform procedure for the admission of individuals into the support services operated by LADD

SCOPE
This policy applies to all areas providing support services operated by LADD.

POLICY
It is the policy of LADD that all referrals made to support services operated by LADD follow a clearly defined and uniform procedure. This procedure ensures each individual referred receives adequate information regarding our support services so she/he can make an informed choice if deciding to move forward in choosing LADD services. It also -ensures the people supported, family and legal guardian are happy with the choice, that correct and adequate authorizations are in place and that LADD has adequate information so the person will receive the appropriate services based on their individual plan of service; dreams, wishes and desires.

STANDARDS AND DEFINITIONS
Information regarding services offered by LADD is available via the referring Contract Agency or other contract entity, on the LADD website, in the Annual Outcome Report and Service Information Packets on an on-going basis. Presentations and interviews with LADD leadership can occur as scheduled or requested.

When a request for service is made to a Licensed Home, the individual cannot require continuous nursing care per the State of Michigan Adult Foster Care Licensing rules.

A person supported, their family, legal guardian or any other referral source may contact LADD seeking information about support services. Those contacts, when possible are referred to the Regional Director so the Request for Service documentation in the electronic health record system (EHR) can be started. The documentation will be used to identify the services desired, availability, contract eligibility (authorization), plan opportunities to visit locations, meet potential staff and people to share living expenses with. Details about visits and choice are documented in the pending admission notes within the electronic health record system, the HIPAA Log and in Services or Resident Register.

Service Information Packet - This is a packet of documents that consists of authorizations, disclosures, assessment of need and general information provided by the person supported and their support network. This packet is obtained from the Quality Assurance Department and is specific to the type of service a person has chosen. The packet is completed by the Regional Director or DOD as part of the admission process and turned in to the Quality Assurance Department for processing upon completion.

- *Personal Profile- All About Me* The document is completed as part of the Service Information Packet that outlines the person's needs, medical necessity and interim treatment plan.
- *Admission Checklist* Document used to guide the admission process to ensure all steps are completed.
- *Healthcare Appraisal* Form utilized by the Primary Care Physician to assess a person's health and note any special considerations.

PROCEDURE
1. The person supported or their family may contact LADD directly to discuss a request for service; the Regional Director (RD) will use the information provided to coordinate with the contracting agency. It is also possible the contracting agency may contact the RD on behalf of the person supported. Regardless of who makes the contact the following will be considered:
   a. Criteria for acceptance for all programs is developed in conjunction with the Contracting Agency.
   b. The order of requests and timeframe for need of services is established by the person supported in conjunction with the Contracting Agency. Order of acceptance may be based on the medical necessity and urgency of the person needing services, compatibility and availability of services and staffing. The person seeking services must meet the specific Admission/Discharge/Program Statement requirements for that service.
2. The RD will take the lead in requesting information such as Assessment of Need and Treatment Plan documents from the contracting agency and verify the person is eligible for service (authorized). These documents along with the documentation in the electronic health record system will be used by the RD and Director of Operations and

Development (DOD) to gather a list of options to be presented to the person supported, family/guardian and the referring agency.

3. The RD will develop a plan of action consisting of options and present the information to the person supported, family and guardian to finalize a plan for touring potential locations.
4. The RD will coordinate visits to potential locations and assist the person, their family/guardian and possibly the contracting agency to tour the location to get a general feel for the environment, meet staffing supports and people who live at this location who will be potential roommates and will share living expenses.
5. During visits the RD will gather information to verify the person's needs, preferences, compatibility, hopes, dreams and desires. Documentation is completed at each location that has been toured in the pending admission notes within the electronic health record system, the HIPAA Log and the Services or Resident Register.
6. After the initial visit additional visits can be scheduled if desired by the person supported, family, guardians or contract agency. If an overnight visit for a home or apartment services is requested or desired, management must ensure that a Medical Authorization and a Personal Profile Assessment are completed and signed prior to the visit.
7. Once the person supported, their family, guardian and contract agency have agreed on a location the RD will arrange a meeting to complete the Service Information Packet.
8. The Service Information Packet is completed and an admission date is agreed upon along with all necessary details to make sure the person will have possessions, medications and any other necessary items.
    a. In reviewing the Personal Profile- All About Me and other information, management must establish if any additional staff, equipment, funds or other items will be necessary to provide quality services to the person supported.
    b. If additional funding is needed for additional staffing support, equipment or other items, this information must be communicated to the referring agency in writing, within three days after the visit.
    c. The RD or DOD will coordinate on ensuring additional funds are secured and authorized through the referring agency.
9. The RD will direct the services team at the selected location to complete:
    a. The Admissions Checklist.
    b. All staff receive the training needed to provide support
    c. Records are started for the person at the location
    d. The start date for services is established and details such as transportation and moving personal items has been organized.
    All Specialized Residential Licensed Facilities are required to have a preliminary Person-Centered plan developed within 7 days of the commencement of services, a written Health Care Plan/Appraisal must be provided by the person/guardian or referring agency within a 90-day period prior to the admission to any Licensed home. If a person is referred for an emergency admission into a licensed home a written assessment plan shall be completed within 15-calendar days after the emergency admission.
    e. If the admission is an emergency, the Health Care Plan/Appraisal must be obtained within 30-days of the move-in date.