

# Swift County Developmental Achievement Center

## POLICY AND PROCEDURE ON ADMISSION

### I. PURPOSE

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

### II. POLICY

Services may be provided by the company 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. The company 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 the company is able to meet the person's needs.

Documentation from the admission/service initiation, assessments, and service planning processes related to the company'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 will be used by this company to determine whether the company 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. The parent, guardian, or legal representative must provide reasonable assurance of the applicant's attendance on a regular basis.
  2. The parent, guardian, or legal representative must agree to cooperate with Swift County DAC in arranging for pre-admission procedures, transportation, lunches, sanitation needs at the DAC, program activities, and reviews and meetings held for the purpose of planning or reviewing the applicant programs.
  3. Acceptance of the applicant will not cause the DAC to exceed its licensed capacity.
    - i. Physical plant limitations, specifically square footage limitations as directed by 245D.28, subdivision 1c, will also exclude an individual.
    - ii. Capability of the DAC to provide a staff ratio adequate of the applicant's needs. An individual could be excluded because of budgetary limitations which would preclude the purchasing of necessary supplies or equipment, or the securing of personnel in order to fulfill the individual's Coordinated Service and Support Plan needs.
  4. Availability of appropriate consultant/professional services.
  5. Availability of necessary community generic resources.
  6. The applicant does not need to be mechanically restrained (unless restraint is for medical or positioning purposes).
  7. The Swift County DAC has been informed before acceptance of the applicant of any contagious disease and has been educated about the disease and informed of necessary sanitation and handling needs. We would request that applicants be screened for Hepatitis B and HIV.
  8. Where the applicant has a seizure disorder or other condition requiring ongoing medical attention, s/he is under the supervision of a physician, so that the condition is controlled as closely as possible.
  9. Every applicant for the day training and habilitation must agree to an initial 30 or 45 day evaluation period, depending on what the team decides. When necessary, this period may be extended for further evaluations. Following the 30 or 45 day review, the service recipient will be considered accepted at the DAC, unless informed to the contrary.
  10. Completion of the following admission procedure:
    - i. Admission procedure:
      1. Referral and Screening: upon referral to a social service agency, a designated

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administrative person from the DAC and the case manager will arrange an applicant to visit the DAC. If the DAC placement appears to be appropriate, the applicant, case manager, or legal representative will fill out an application form, and all necessary releases for information. Arrangements will be made for necessary tests (physical, psychological, etc.), and information will be gathered from indicated sources. If original referral did not come from a social services agency, the appropriate agency will be notified before any other arrangements are made.

2. Admission Conference: When all necessary preliminary information has been gathered, an admissions conference will be held which will include the parent and/or guardian, and residential representative, a DAC administrative representative, the case manager, the service recipient and any other appropriate person. If the team, after reviewing the information, agrees that the DAC can develop services to meet the needs of the applicant, a starting date will be set and a preliminary program plan will be developed. If the team determines that the DAC is an appropriate placement, but the prospective service recipient has physical handicaps or behavior problems that require special expertise, admission will be delayed until the needed expertise and corresponding funding are in place. If the team determines that the DAC will be unable to develop the services which will meet the need of the applicant, alternative resources will be recommended in writing along with a statement as to why the DAC is unable to provide services. The applicant or the applicant's guardian must receive this notice within 30 days of the submission of his/her application.
- B. When a person and/or legal representative requests services from the company, a refusal to admit the person must be based upon an evaluation of the person's assessed needs and the company's lack of capacity to meet the needs of the person.
- C. The company must not refuse to admit a person 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.
- 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. This documentation will be completed and maintained by the Designated Coordinator and/or Designated Manager or designee.

## **Admission process and requirements**

- A. In the event of an emergency service initiation, the company 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. The company 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:

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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. Orientation to the company'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 explanation and provision of copies (may be provided within five [5] working days of service initiation) of the following policies and procedures to the person and/or legal representative:
    1. *Policy and Procedure on Grievances*
    2. *Policy and Procedure on Temporary Service Suspension and Termination*
    3. *Policy and Procedure on Data Privacy*
    4. *Policy and Procedure on Emergency Use of Manual Restraint*
    5. *Policy and Procedure on Reporting and Reviewing of Maltreatment of Vulnerable Adults*
    6. *Policy and Procedure on Reporting and Reviewing of Maltreatment of Minors*
  4. Written authorization is obtained (and annually thereafter) by the person and/or legal representative for the following:
    - a. *Authorization for Medication and Treatment Administration*
    - b. *Agreement and Authorization for Injectable Medications*
    - c. *Authorization to Act in an Emergency*
    - d. *Standard Release of Information*
    - e. *Specific Release of Information*
    - f. *Financial Authorization*
      - i. This authorization may be obtained within five (5) working days of the service initiation meeting and annual thereafter.
    - g. The *Admission Form and Data Sheet* is signed by the person and/or legal representative and includes the date of admission or readmission, identifying information, and contact information for members of the support team or expanded support team and others as identified by the person or case manager.
- D. Also during the admission meeting, the support team or expanded support team will discuss:
1. The company'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 a person'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 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.

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- B. The Designated Coordinator and/or Designated Manager or designee will ensure that the person's service recipient record is assembled according to company standards.
- C. Within 15 calendar days of service initiation, 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 Designated Coordinator and/or Designated Manager.
- D. When a person 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 calendar 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, the Designated Coordinator and/or Designated Manager will complete the *Self-Management Assessment* regarding the person's ability to self-manage in health and medical needs, personal safety, and symptoms or behavior. This assessment will be based on the person's status within the last 12 months at the time of service initiation.
- F. Within 45 calendar days of service initiation, the support team or expanded support team must meet to assess and determine the following based on information obtained from the assessment, *Coordinated Service and Support Plan*, and person centered planning:
  - 1. The scope of services to be provided to support the person's daily needs and activities.
  - 2. Outcomes and necessary supports to accomplish the outcomes.
  - 3. The person'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 person.
  - 5. How services for this person will be coordinated across 245D licensed providers and members of the support team or expanded support team to ensure continuity of care and coordination of services for the person.
- G. Within 10 working days of the 45-day meeting, the Designated Coordinator and/or Designated Manager will develop a service plan that documents outcomes and supports for the person based upon the assessments completed at the 45-day meeting.
- H. Within 20 working days of 45-day meeting, the Designated Coordinator and/or Designated Manager will submit to and obtain dated signatures from the person and/or legal representative and case manager to document completion and approval of the assessment and *Coordinated Service and Support Plan Addendum*.
  - 1. 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.