

ADMISSION, TRANSFER AND DISCHARGE POLICY

POLICY TITLE	101 ADMISSTION, TRANSFER AND DISCHARGE
HEADER INFO - Adopted - Revised	11/90, 10/94, 08/02, 08/14, 12/20, 2/21
RULE REFERENCE	5123.04, 5123.046, 5123:9-11, 5123:2-2-01, 5123:2-3-05
GLOBAL POLICY STATEMENT (what and why)	<p>A. CICL Policy is to accept new clients as per Section 5123.04 and Section 5123.046 of the Ohio Revised Code. Administrative Rule 5123:9-11 implements this section.</p> <ol style="list-style-type: none"> 1. CICL is a qualified provider who agrees to provide home and community-based services identified in the ISP for the individual. "When determining willingness to provide federally funded Waiver services to an individual, neither CICL nor any person acting on behalf of CICL shall discriminate, by reason of race, color, or religion, sex, age, handicap, national origin or ancestry, against any individual to receive home and community-based services." 2. The individual shall be responsible for making all decisions regarding free choice of providers unless he or she has a guardian. In that case, the guardian shall be responsible for making such decisions regarding the free choice of providers. <p>B. The client, legal guardian or Interdisciplinary Team member may request a TRANSFER of the client from one home to another home when the requesting party feels that the present placement is no longer appropriate to meet the client's needs.</p> <p>C. All laws, rules and regulations relating to DISCHARGE are available for public viewing. The client or legal guardian may request the termination of the client's placement and services at any time for any reason.</p> <p>D. When CICL requests DISCHARGE from the program, it is as a last resort. Choices In Community Living, Inc. attempts all reasonable strategies to stabilize the client within the program including, but not limited to, behavioral changes, staffing pattern changes, consultations with specialists, facility modification and/or transfer within the agency prior to recommending a discharge.</p> <p>E. When an individual chooses a qualified provider, who is willing to provide services to the individual, CICL may agree to be a willing provider only when CICL determines they are able to provide the services as determined by the CICL Decision making tool. If the individual chooses CICL from the onset, the SSA shall honor the individual's request and shall not use the provider selection process.</p>
GUIDELINES/PROCESS STATEMENTS (how)	CICL Licensed Homes Admission Attestation per 5123:2-3-05: <ol style="list-style-type: none"> 1. CICL shall only admit persons as residents whose service needs can be met.

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2. Admission to a residential facility is voluntary, requiring informed consent by the individual.
3. When reviewing an application for services, CICL shall consider its ability to maintain an adequate level of services to all residents of the residential facility.
4. The operator shall notify the individual, county board, and referring party in writing of the outcome of the admissions decision within thirty calendar days of receiving an application for services and referral information.

Admission, Transfers and Discharges:

1. The SSA shall notify the individual or guardians about the list of providers created by the Ohio Department of DDS on the department website and assist them to access the website if necessary, in order to identify potential providers.
2. If the individual chooses to reside in a facility licensed by the department, the individual is choosing both the place of residence and the homemaker/personal care services of CICL. To change providers, the individual would be required to obtain the agreement of CICL to allow another provider to provide services within the licensed home or relocate from the licensed home.
3. Following the individual's review of the list of qualified providers, he or she will choose a list of potential providers. The SSA will notify CICL, (if CICL is a potential provider) within five working days and initiate the following procedure:
 - The SSA will describe the services and supports desired, including the anticipated frequency, duration, the location of the services to be delivered, service plan, past history including UI/MUI, medical concerns, behaviors plans, and any relevant information related to provision of services.
 - Within two working days, CICL shall inform the SSA if we are interested in serving this individual of the preliminary determination to proceed with the process. CICL shall provide, if requested:
 1. A description of all of the HCB services that CICL is able to provide.
 2. Qualifications of the CEO of the agency.
 3. Written policies and procedures related to HCB services.
 4. Any additional information such as past reviews, etc.
 - Within three working days of an expression of interest by CICL, the SSA shall forward the individual's ISP, social history, Behavior Support Plan or strategies (if applicable), medical profile, and any other information to enable the provider to determine whether they can provide the desired services and maintain the health and safety needs of the individual within the standards governing payment for the services.
 - The SSA shall assure that CICL will meet the individual at a place and time acceptable to both parties. CICL will request multiple visits including nights and weekends.
 - If CICL determines that more information is needed, the SSA shall obtain the individual's consent and provide the information within five working days.
 - CICL shall inform the individual and the SSA of CICL's decision to provide requested services within three working days following the interview or receipt of the supplemental information.
 - If the individual chooses CICL, who is qualified and willing, but is denied CICL as the provider, the SSA shall inform the individual at the time of the denial his or

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her right to request a hearing in accordance with section 5101.35 of the revised code.

- CICL will request in writing from the County SSA or the County Board the reason for the denial.

(Any timelines in this rule may be extended with the written consent of the individual/guardian, county board and CICL.)

Within the procedure detailed above, CICL will seek the following information and complete a thorough review before making a decision (Those questions that need to be answered with Program Director involvement are indicated.):

1. Staffing Hours:

- Complete 20/20 tool to determine the staffing that will be required to serve the individual.
- The Program Director and Program Manager must create a proposed staffing schedule identifying if new staff will be needed. (PD)
- If 24-7, does each individual attend day activities or work? If yes, how many hours per day and days per week are no staff needed?
- Is the situation a 24-hour, 7 day a week situation? If yes, are staff awake or sleep overnight and how many hours are sleep hours?
- Is the staffing schedule reasonable enough to attract staff? (PD)
- If not a 24-7 site, determine how many hours are there per shift, how many shifts per day and how many days per week.
- Determine if there is any additional 1:1 time that would result in more than one staff per shift.
- What is your estimate of the minimum number of staff needed to work with this individual or these individuals? (PD)
- If any, how many reserve hours are included in the contract?

2. Staffing criteria:

- Are there any specialized staff training needs such as behavioral, diet, sign language, medical (such as g-tube), etc.?
- Are there gender restrictions for staff? If the answer is yes, why?
- Are there any other criteria that staff need in order to be successful with the client(s)?
- Are there any restrictions that would be contrary to our anti-discrimination policy or law? (PD)

3. The Individual:

- How many individuals at this location will be receiving services from CICL?
- Is a wheelchair accessible van or other special vehicle needed and how will that be funded?
- What are the transportation needs, for work, social events, and medical appointments, and what are the total miles reimbursed by contract per month?
- Does the individual have needs such as skilled nursing care, LSW services, occupational or physical therapy, or any other non-HPC services? If yes, explain in detail what CICL is expected to provide or coordinate. Include the frequency

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	<p>and the hours of service per day, per week, per month, or annually over the contract duration. Are these hours included in the staffing schedule? Are they in the ISP?</p> <ul style="list-style-type: none">• Does the individual have a guardian? If so, who? What is the relationship?• Is the individual's family involved in their care? Who are they and how are they involved? Does their involvement reduce the need for CICL HPC services?• What are the individual's specific diagnoses?• Is there a behavioral support plan in place for the individual? Do we have the current or most recent plan available for our review? If not, does a behavior support plan need to be developed before services can begin? How much time will be needed to coordinate/monitor this plan? Is this in the ISP and staff schedule?• If there is a Behavior Support Plan, does it qualify for a behavioral add-on rate? (PD)• What is the MUI/UI history? (Review their past 2 years of UI/MUI reports)• Will the services need to include vocational or alternative day program development on the part of CICL? If yes, provide a detailed explanation projecting cost. (PD)• Is there a Medical Add on? What will be required to provide the service? <p>4. The Location:</p> <ul style="list-style-type: none">• In what county is the proposed development? Is the same County Board responsible for project?• Where are the services to be physically provided? Do we have any concerns about the location? What is the distance for staff to drive to provide services?• Does a household need to be established or is housing already established? <p>5. Finances:</p> <ul style="list-style-type: none">• The Program Director and Program Administrator must complete a fiscal review which includes a detailed comparison of ODDP ranking. ISP task analysis, billing analysis to the staff schedules and cost analysis. (PD)• What is the proposed start date for providing services?• If moving is involved, who is paying for the move?• Are there startup funds? If so, how much? For what needs, and who will coordinate?• What does the individual own that will be coming with him or her such as furniture, pets, adaptive equipment, etc. (create an inventory of items) <p>DISCUSSION WITH THE DIRECTOR and their TEAM WILL INCLUDE THE FOLLOWING CONSIDERATIONS:</p> <ol style="list-style-type: none">1. Time is a factor. In some situations, the county will want to hold interviews within one or two weeks. Not all questions will be answered prior to the interview and CICL must not make any indication of a willingness to serve until we have enough information.2. Prior to the interview with the client and/or their family, the director and their team should discuss the client and service proposal to address concerns and consider solutions. (PD)
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3. Frequently, the client or their family will decide soon after the interview. We need to be prepared to consider the client and service proposal thoroughly and quickly make our decision per the identified timelines. (PD)
4. Will the proposal require a change in management structure such as a new Manager, or a Home or Program Coordinator? (PD)
5. The Director team should focus on creative ways to provide services. (PD)

IF CICL IS SELECTED AND WE AGREE TO START SERVICES:

1. We CICL will ~~should~~ negotiate enough time before start of services to be able to adequately prepare for services. If staff need to be hired, CICL we will need adequate time, ~~need~~ at least 30 days to hire and train. In some circumstances additional time may be required. (PD)

TO TRANSFER A CLIENT WITHIN CICL:

1. The Interdisciplinary Team discusses and determines if the transfer is appropriate taking into consideration the program structure, the staffing and the fiscal constraints of the new home.
2. If the decision to transfer is agreed upon, the Interdisciplinary Team develops a transition plan.
3. The Interdisciplinary Team obtains written consent from client or legal guardian for the transfer.
4. In the case of an emergency temporary transfer, the Program Director attempts to notify the legal guardian within 24 hours of the transfer and documents each attempt.
5. The Program Director or Manager will compile notes, progress, emails and other documentation relative to the transfer and ensure it is placed in the clients' electronic file.

DISCHARGE (By Client and/or Guardian Choice):

1. The client or legal guardian makes a written request to the County Board of DDS and Choices In Community Living, Inc. to terminate the placement and services 30 days in advance of an effective date.
2. Choices In Community Living, Inc. and/or the Service Coordinator will provide the client or legal guardian with information concerning the advantages and disadvantages of the release.
3. The Service Coordinator and/or Choices will participate and cooperate fully with the Interdisciplinary Team to develop a plan to ensure appropriate services are available and provided in the client's new environment.
4. The Program Director or Manager will compile notes, progress, emails and other documentation relative to the discharge and ensure it is placed in the clients' electronic file.

DISCHARGE (By CICL):

Choices In Community Living, Inc. may determine a client's current placement is no longer appropriate due to but not limited to:

- Medical considerations
- Recurrent behaviors which result in health and safety dangers to the client, other clients, or staff.

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- Violations of the client/agency service agreement as described in the Individual Service Plan
- Inability to meet client's needs and/or guardians' expectations.

TO DISCHARGE A CLIENT:

1. The Program Director recommends discharge to the Program Officer ~~Executive Director~~ of Choices In Community Living, Inc. if all attempts to serve the client, within the program fail.
2. The Program Officer will take the recommendation to discharge the client to the Officer Team for consideration. The Executive Director will make the final decision.
3. The Program Officer provides written notification to terminate placement 30 days in advance to the client, legal guardian, and the County Board of DD Services.

The notice of termination of placement will include:

- Reason(s) for termination
 - Effective date
 - Summary of action taken by Choices In Community Living, Inc. to meet the client's needs.
 - Explanation of client's right to appeal (within 60 days)
 - Telephone number and address of the Ohio Legal Rights Service
4. The Interdisciplinary Team will meet to discuss the discharge and plan the client's transfer to appropriate placement and services.
 5. Client or legal guardian may appeal the discharge decision to Choices In Community Living, Inc., in writing, within 60 days of the decision to discharge.
 6. The Program Director or Manager will compile notes, progress, emails and other documentation relative to the discharge and ensure it is placed in the clients' electronic file.

ACTIONS NEEDED FOLLOWING THE DEATH OF AN INDIVIDUAL: DODD Guidelines

This Information has been revised and replaces Alert#: 02-09-18, #25-01-05 and #04-01-05 entitled, Actions Needed Following the Death of a Consumer. The major change relates to what information is required if the individual resided in a facility where the Ohio Department of Health (ODH) has jurisdiction, if the person lived at home with their family or if the person died of cancer or were in a hospice program at the time of their death.

All deaths of individuals with Developmental Disabilities in our system will continue to be reviewed; however, the Mortality Review Committee will focus more on those individuals served by the Department of Developmental Disabilities employees. Through this process, we will continue to identify system issues and individual-specific issues that will assist in continuing to improve the care of persons with Developmental Disabilities. Please note that in any situation where abuse/neglect is

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alleged or concerns are expressed by the family, county board, provider or Department, additional information identified in (D) of this alert will be required.

Following is a listing of what is required to be reported based upon the circumstances outlined:

Persons who died of cancer or were in a hospice program at the time of death:

1. Copy of the death certificate/ autopsy (if done)/ Corner's verdict page
2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home).
3. Whether the death was expected or unexpected. Indicate if DNR order in effect; type of DNR order (DNR Comfort Care, DNR Comfort Care-Arrest, other), reason for DNR order, and involvement of individual/guardian in obtaining the DNR order.
4. What services was individual receiving through DD system, if any?
5. Circumstances surrounding death (72 hours prior to hospitalization or death)
Enter a narrative regarding the circumstances surrounding the death whenever possible. This would include whatever occurred during the 72 hours prior to the hospitalization (e.g., events, activities).
6. If individual died in Hospice Or died of cancer, please include pertinent past medical treatment indicating health care screening that was conducted and dates and results of health care screenings (cancer screenings).

D. 12 death questions (All other deaths not covered in the above1 categories):

1. Copy of the death certificate, Supplementary Medical Certification/ Autopsy Report and Corner's verdict page
2. Location of death (e.g., emergency room, hospital inpatient, home, nursing home)
3. Whether the death was expected or unexpected: Indicates if DNR order in effect; type of DNR order (DNR Comfort Cdre, DNR1 Comfort Care-Arrest, other), reason for DNR order, and involvement of individual/guardian in obtaining the DNR order.
4. What services was individual receiving through DD system, if any?
5. Circumstances surrounding death (72 hours prior to hospitalization or death)
Enter a narrative regarding the circumstances surrounding the death whenever

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	<p>possible. This would include whatever occurred during the 72 hours prior to the hospitalization (e.g., events, activities).</p> <p>6. If individual died in Hospice or died of cancer, please include pertinent past medical treatment indicating health care screening that was conducted and dates and results of health care screenings (cancer screenings).</p> <p>7. Outcome of law enforcement investigation (when they are involved).</p> <p>8. Enter on ITS the medical/psychiatric diagnoses prior to death.</p> <p>9. Medication's individual was taking prior to death or hospitalization (if died in a hospital).</p> <p>10. Past medical history (e.g., surgeries, recent treatments, illness, chronic medical problems, previous pneumonia's, most recent pneumonia vaccine, most recent influenza vaccine, current height and weight).</p> <p>11. Name of primary physician. -</p> <p>12. If cause of death was due to Pneumonia, Aspiration or respiratory Failure, list the individual's diet texture, whether the diet was followed, if the individual had a swallowing study, and how was the individual receiving his/her medication.</p> <p>Reminder: All deaths of persons with Developmental Disabilities are to be reported to the coroner by the attending physician, EMS staff and involved law enforcement officers. It is important to ensure that this is done according to Ohio Revised Code 313.12.</p> <p>For questions or comments regarding the above Alert, please contact the MUI/Registry Unit at (614)995-3810.</p>
<p>FORMS Titles of forms</p>	<ul style="list-style-type: none"> • Admission, Transfer, Discharge checklist
<p>TRAINING Titles of training</p>	<ul style="list-style-type: none"> • Decision making Tool