

1 ADMISSION POLICY AND PROCEDURES

1.00 Purpose:

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

2.00 Application:

This policy applies to each person initiating service and each client of Merrick, Inc., (hereinafter "Company").

3.00 Policy Statement:

Services may be provided by the Company as registered and licensed program 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, intellectual or developmental disabilities, brain injury, mental illness, age-related impairments, or physical, sensory, and medical conditions when the Company is able to meet the person's needs. The company may deny admission based on the following criteria:

- 3.10 Prescribed medical marijuana.
- 3.20 Prescribed injectable medications.
- 3.30 Prescribed oxygen that cannot be managed within the client's assigned support ratio as listed below:
 - 3.301 The client cannot manage the physical handling of the tank;
 - 3.302 The client cannot manage the flow or amount of oxygen being administered;
 - 3.303 The client refuses to use it as prescribed;
 - 3.304 The oxygen tank cannot be secured and used during transportation.
- 3.40 Other medical needs that cannot be managed within the client's assigned support ratio or Support Plan Addendum (SPA).
- 3.50 Criminal history that poses an imminent risk of harm to self or others.

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

4.00 Procedures:

4.10 Admission criteria:

- 4.11 Certain criteria will be used by the Company to determine whether the company is able to provide services to meet the needs of the person as specified in their *Support Plan (SP)*. In addition to registration and licensed ability, the criteria includes:
 - 4.111 Person has a DSMIII diagnosis documented by a licensed psychologist, psychiatrist, physician, or other qualified professional.

- 4.112 Person must have been screened and authorized for services in accordance with Minnesota Statutes, section 245D.03, subdivision 1.
- 4.113 Persons 18 years of age or older will be considered for services regardless of race, color, creed, gender, national origin, religion, HIV/HBV status, affectional preference, public assistance status, or marital status.
- 4.114 Persons will not be denied services based exclusively on the basis of the type of residential services they are receiving, on the basis of the client's severity of disability, lack of communication skills, independent living skills, behavioral disorders, or past history to make progress.
- 4.115 Reasonable accommodations shall be made as required under the Americans with Disabilities Act.
- 4.12 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 those needs.
- 4.13 The Company must not refuse to admit a person solely upon the type of residential services the person is receiving or solely on the person's:
 - 4.131 Severity of disability.
 - 4.132 Orthopedic or neurological handicaps.
 - 4.133 Sight or hearing impairments.
 - 4.134 Lack of communication skills.
 - 4.135 Physical disabilities.
 - 4.136 Toilet habits.
 - 4.137 Behavioral disorders.
 - 4.138 Past failures to make progress.
- 4.14 The Company may offer a trial enrollment for a specified period when either of the following occurs.
 - 4.141 The Interdisciplinary Team (IDT) cannot identify the person's specific support needs due to a new environment and needs the assessment period to identify those needs.
 - 4.12 The person's support needs are not consistent with the company's assessment upon enrollment and needs the assessment period to come to agreement on those support needs.

- 4.15 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 Program Director (PD) or designee.
- 4.16 In the event that a person meets the criteria for admission and the program does not have an opening that meets their service needs, the person will be placed on a waiting list and will be notified when an appropriate opening becomes available.
- 4.17 The Program Director(s) or designee will approve all admissions, trial admissions, or denials and document in writing.
- 4.20 Admission process and requirements:
- 4.21 In the event of an emergency service initiation, the Company must ensure that employee training on the client's needs occurs within 72 hours of the employee first having unsupervised contact with the client. The Company must document the reason for the unplanned or emergency service initiation and maintain the documentation in the person's record.
- 4.22 Prior to, or upon the initiation of services, the PD or designee will develop, document, and implement the Individual Abuse Prevention Plan according to MN Statutes, section 245A.65, subdivision 2.
- 4.23 The PD or designee will ensure that during the admission process the following will occur:
- 4.231 Each client and/or legal representative is provided with the written list of the Client Rights that identifies the client's rights according to MN Statutes, section 245D.04, subdivisions 2 and 3.
- 4.2311 An explanation will be provided on the day of service initiation or within five (5) working days of service initiation and annually thereafter.
- 4.2312 Reasonable accommodations will be made, when necessary, to provide this information in other formats or languages to facilitate understanding of the rights by the client and/or legal representative.
- 4.2313 Clients will be advised of the Company's Program Abuse Prevention Plan within 24 hours of service admission unless they would benefit more from a later explanation that will be completed within 72 hours.
- 4.2314 An explanation of and provision of a copy of the Policy and Procedure on Reporting and Reviewing of Maltreatment of Vulnerable Adults will be provided to the client and/or legal representative and case manager within 24 hours of admission unless they would benefit more from a later explanation that will be completed within 72 hours.

- 4.232 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 client and/or legal representative and case manager:
 - 4.2332 Policy and Procedure on Grievances
 - 4.2322 Policy and Procedure on Temporary Service Suspension
 - 4.2323 Policy and Procedure on Data Privacy
 - 4.2324 Policy and Procedure on Emergency Use of Manual Restraint
 - 4.2325 Policy and Procedure on Service Termination
 - 4.2326 Policy and Procedure on Reporting Maltreatment of Vulnerable Adults and Internal Review Policy
 - 4.2327 Policy and Procedure on Reporting Maltreatment of Minors and Internal Review Policy
- 4.233 Within five (5) business days of service initiation, and annually thereafter, the Company will obtain written authorization from the client and/or legal representative for the following:
 - 4.2331 Authorization for Medication and Treatment Administration
 - 4.2333 Authorization to Act in an Emergency
 - 4.2334 Standard Release of Information
 - 4.2335 Specific Release of Information
 - 4.2336 Safekeeping of Funds and Personal Property
 - 4.2337 The Admission Form and Data Sheet (signed by the client and/or legal representative and includes the date of admission or readmission, identifying information, and contact information for members of the support team and others as identified by the client and/or legal representative).
- 4.24 During the admission meeting, the support team and other people as identified by the client and/or legal representative team will discuss:
 - 4.241 The Company's responsibilities regarding health service needs and the procedures related to meeting those needs as assigned in the SP and/or SPA.
 - 4.242 Desired frequency of progress reports and progress review meetings (minimum annually).

- 4.243 Initial *funds and personal property authorization* and the PD or designee will survey, document, and implement the preferences of the client 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.
- 4.244 If a client'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.
- 4.30 Admission process follow up and timelines:
- 4.31 The PD or designee will ensure that the client's other providers, medical and mental health care professionals, and vendors are notified of the change in address and phone number.
- 4.32 The PD or designee will ensure that the client's record is assembled according to company standards.
- 4.33 Within 15 calendar days of service initiation, the PD or designee will complete a preliminary SPA that is based upon SP. At this time, the client's name and date of admission will be added to the Admission and Discharge Register maintained by the PD or designee.
- 4.34 The following will be completed for clients admitted after January 1, 2014 who require a Positive Support Transition Plan for the emergency use or planned use of restrictive interventions prohibited under MN Statutes, chapter 245D:
- 4.341 The Positive Support Transition Plan must be developed and implemented within 30 calendar days of service initiation.
- 4.342 No later than 11 months after implementation date, the plan must be phased out.
- 4.35 Before the 45-day meeting, the PD or designee will complete the Self-Management Assessment regarding the client's ability to self-manage in health and medical needs, personal safety, and symptoms or behavior. This assessment will be based on the client's status within the last 12 months at the time of service initiation.
- 4.36 Within 45 calendar days of service provision, or 60 calendar days of service initiation, whichever is shorter, the support team and other people as identified by the client and/or legal representative must meet and use the SP, relevant assessments, and any person-centered planning documents to complete the following:
- 4.361 The scope of services to be provided to support the client's daily needs and activities.
- 4.362 Outcomes and necessary supports to accomplish the outcomes.
- 4.363 The client's preference for how services and supports are provided including how the Company will support them to have make choices about their schedule.

- 4.364 Whether the current service setting is the most integrated setting available and appropriate for the client.
- 4.365 Opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences.
- 4.366 Opportunities for access, participation, and inclusion in preferred community activities.
- 4.367 Opportunities to develop and strengthen personal relationships with others of the client's choice in the community.
- 4.368 Opportunities to work at competitively paying jobs in the community.
- 4.369 How services for this client will be coordinated across 245D licensed providers and members of the support team to ensure continuity of care and coordination of services for the client.
- 4.37 Within 10 working days of the 45-day meeting, the PD or designee will develop a service plan that documents outcomes and supports for the client based upon the assessments completed at the 45-day meeting.
- 4.38 Within 20 working days of 45-day meeting, the PD or designee will submit to and obtain dated signatures from the client and/or legal representative and case manager to document completion and approval of the assessment and SPA.
- 4.39 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.
- 4.40 At the 45-day meeting, and annually thereafter, the client and/or legal representative, case manager, and other people as identified by the client are to discuss how technology might be used to meet their desired outcomes and summarize in the *SP* and/or SPA. The summary will include a statement regarding any decision that is made regarding the use of technology and a description of any further research that needs to be completed before a decision is finalized.

Policy reviewed and authorized on 02/15/2024 by:



John Wayne Barker, Executive Director