

CENTRAL CARE POLICY ADMISSION CRITERIA

SUBJECT:	ADMISSION CRITERIA
ANNUAL REVIEW MONTH:	June
RESPONSIBLE FOR REVIEW:	Director of Central Care
LAST REVISION DATE:	August 2010

POLICY:

MR/AMH

The Department of Human Resources' Regional Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) Boards will use the criteria stated below to determine whether a consumer is appropriate for:

MR: Community Habilitation and Support Services Waiver Program (CHSSWP) funded services or MRWP funded Services.

AMH: Community Rehabilitation and Residential Alternative Services funded through Medicaid and State contracted services as well as budget for AMH.

REFERENCE:

MR: GA Rules and Regulations Chapter 290-5-35.15, Admissions; Policies and Procedures for Community Habilitation and Support Services Waiver, Part II Chapter 700, 701 Eligibility Criteria, Rules for Personal Care Homes and Rules for Community Living Arrangements.

AMH: 701 Eligibility Criteria, Rules for Personal Care Homes and Rules for Community Living Arrangements.

PROCEDURES:

MR/AMH

- A. The Civil Acts Rights Act of 1964 and regulations pursuant thereto shall apply to each home. Applicants or consumers shall not be denied admission or service on the basis of race, religion, color, nonmedical handicap or national origin. Each applicant shall be given notice of the Civil Rights requirements of these rules and regulations outlined in Rule No. 290-5-35-.06, Administration.
- B. The home shall not admit or retain anyone who requires the use of physical and chemical restraint, isolation, or extensive confinement for behavioral control.
- C. Persons requiring continuous long-term medical or nursing care and treatment and/or confined to a bed will not be admitted or retained.
- D. Medical, nursing, health or supportive services required on a periodic basis, or for short-term illness, shall be provided as services of the home. When such services are required on a

long-term basis, the consumer or the consumer's representative or legal surrogate, if any shall purchase them, from appropriately licensed providers managed independently of the home. The home may assist in arranging those services but will not provide these services.

- E. **MR: Categorically eligible Medicaid recipients** as approved authorized and reimbursed in whole or in part, by the Division of MHDDAD.
- F. **MR:** Have a developmental disability diagnosis (mental retardation or other closely related conditions such as cerebral palsy, epilepsy, autism, or neurological impairments) which results in impairments of general intellectual functioning or adaptive behavior requiring treatment and services similar to those services needed by persons with mental retardation.
AMH: Have a Axis I diagnosis (Schizophrenia, Bi-Polar, depression, etc.) which results in impairments of general intellectual functioning or adaptive behavior requiring rehabilitative treatment and services.
- G. **MR:** Currently receiving the level of care provided in an ICF/MR which is reimbursable under the Medicaid State plan, and for whom home and community-based services are determined to be an appropriate alternative.
AMH: Currently receiving the level of care provided in an inpatient psychiatric setting and community-based services are determined to be an appropriate alternative.
- H. Likely to require the level of care provided in an ICF/MR, which would be reimbursable under the Medicaid State Plan in the absence of home, and community based services, which are determined to be an appropriate alternative.
- I. Priority will be given to consumers residing at Central State Hospital's Developmental Disabilities Services for MR consumers and Central State Hospital's Psychiatric Treatment and Forensic Services for AMH consumers or any other state operated facility.
- J. The Director of Central Care or designee will conduct an assessment/review of all medical, physical, behavioral, and social health documentation as a part of the personal interview process. If the individual is not currently enrolled in another Division of MHDDAD funded service or if documentation is not available:
MH: the Intake and Evaluation Team will perform appropriate assessment of the individual to assist the administrator or designee in determining whether Central Care Community Homes' CLA can meet the individual's needs.
AMH: the Psychiatric Treatment and Forensic Services and CCCH Team will perform appropriate assessment of the individual to assist in determining whether Central Care Community Homes' CLA can meet the individual's needs.
- K. The Director of Central Care/designee will then conduct an interview with the individual requesting services and, as authorized by the individual/guardian, make a decision whether the residence can meet the needs of the individual.

L. Other documentation requirements of Central Care:

- A report of a physical examination from a licensed physician within 30 days prior to the date of admission. Additionally, the report will indicate that the individual is free of signs or symptom of any infectious disease that is likely to be transmitted.
- Results of a satisfactory screening for tuberculosis of the individual by a health care professional authorized by law dated within 12 months prior to the date of admission.
- A list of current medications. The list will be provided by CC RN to all physicians (medical, psychiatrist, dental) the individual will use to reconcile medical services. A list of acceptable PRN (over the counter medications) will be provided to the primary care physician review and approval for use for the individual upon admission.
- A complete physical will be conducted by the individual's primary care physician within the first thirty days of admission to Central Care.

(See Admission Agreement & PRN medication list attached.)

APPROVED BY:

_____ **TITLE:** Director of Central Care **DATE:** _____
George Harris, LCSW