

POLICY AND PROCEDURE PERTAINING TO ADMISSION CRITERIA AND PROCESS

PURPOSE

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

POLICY

It is the policy of EON, Inc. to promote continuity of care by ensuring that admission and service initiation is consistent with a person's *service recipient rights* under section [245D.04](#). EON, Inc. 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 EON, Inc. is able to meet the person served needs.

PROCEDURE

I. Referral

- A. Referrals will be made to EON, Inc. by the Lead Agency. Upon a request for service, the Lead Agency, as applicable, will provide the CSS or designee with the following, but not limited to:
1. Support Plan (SP)
 2. Residential Service summaries
 3. Significant medical history and current health evaluation
 4. Psychological/psychiatric evaluations
 5. Day program/employment summaries
 6. Social history
 7. Legal history
 8. List of any regularly required professional services and reason for them
 9. County's plan for financial responsibility

II. Admission Criteria

- A. Before admitting a person served, EON, Inc. must provide the following information to the person served or the person served legal representative:
1. Criteria to be applied in determining if EON, Inc. can develop services to meet the needs specified in the person's served *SP*. The criteria may include, but not limited to:
 - a. Current people requiring a change in living situation or those currently on the waiting list will receive priority consideration.
 - b. Proper staff resources available to support the person's served preferences and needs.
 - c. That with or without requested reasonable accommodations, EON, Inc. has the capability to provide for the health and safety of the person served and other people.
 - d. Assurance that all support team members have provided full disclosure of the person's served communication needs, social skills, relevant legal history, vulnerabilities, behavioral challenges, medical and vocational service expectations.
 - e. Medical needs must be within the scope of services that can be provided by non-medical personnel.
 - f. For residential settings, the person served does not pose a significant threat to the health, safety, and well-being of the other people who would be housemates/roommates or the supporting staff.
 - g. For community residential settings, people served are 18 of age or older, or with a variance for minors.

- h. When defined as a health care facility under [Sec. 243.166 MN Statutes](#), subd. 4b, a copy of the fact sheet EON, Inc. received from a law enforcement authority or corrections agent for a person served who is a registered predatory offender currently being served by EON, Inc. when the fact sheet includes a risk level classification for the offender. The fact sheet received by EON, Inc. should not be altered when it is being provided and should contain the following information:
 - i. Name and physical description of the offender;
 - ii. The offender's conviction history, including the dates of conviction;
 - iii. The risk level classification assigned to the offender under [Sec. 244.052 MN Statutes](#), , if any; and
 - iv. The profile of likely victims.
- l. If a person served is being admitted to EON, Inc. who is a registered predatory offender and EON, Inc. has received a fact sheet, a copy of the fact sheet must be provided to all persons served currently served by the program (site), or their legal representative and who was notified will be kept on file.

B. Refusal to admit a person served:

1. Refusal to admit a person served to EON, Inc. must be based on an evaluation of the person's served assessed needs and the licensed provider's lack of capacity to meet the needs of the person served.
2. EON, Inc. must not refuse to admit a person served based solely on:
 - a. The type of residential services the person served is receiving;
 - b. Person's served severity of disability;
 - c. Orthopedic or neurological handicaps;
 - d. Sight or hearing impairments;
 - e. Lack of communication skills;
 - f. Physical disabilities;
 - g. Toilet habits;
 - h. Behavioral disorders; or
 - i. Past failure to make progress.

C. EON will not require a person to have or obtain a guardian or conservator as a condition of receiving services.

D. Documentation regarding the basis for the acceptance or refusal will be completed using the *Acceptance or Denial of Services Notification Form* and must be provided to the person served and/or legal representative and case manager upon request. This documentation will be completed by the Community Supports Supervisor (CSS) or designee and maintained by the Director of Operations for refusals and in the person's served record for those accepted.

III. Admission and Service Initiation Process

- A. In the event of an emergency service initiation, EON, Inc. 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. EON, Inc. must document the reason for the unplanned or emergency service initiation and maintain the documentation in the person's served record.
- B. Prior to admission, the CSS and/or or designee shall confirm a copy of a current Service Agreement (SA) and *Support Plan* have been received.

- C. Orientation will occur 24 hours of admission, or 72 hours for persons served who would benefit from a later orientation to:
1. *Program Abuse Prevention Plan*;
 2. *Reporting and Review of Maltreatment of Vulnerable Adults Policy and Procedures*; or
 3. *Reporting and Review of Maltreatment of Minors Reporting Policy and Procedures*.
- D. Prior to or upon service initiation, the CSS and/or designee will:
1. Develop, document, and implement the *Individual Abuse Prevention Plan* according to [Sec. 245A.65 MN Statutes](#), subdivision 2.
 2. Complete the *Admission Form*, which includes identifying information, the person's served name, date of birth, address, and telephone number; and the name, address, and telephone number of the person's served legal representative, if any, and a primary emergency contact, the case manager, and family members or others as identified by the person served or case manager;
- E. The CSS and/or designee will ensure the following will occur:
1. Upon service initiation, for Community Residential Settings, a *Residency Agreement* including service termination requirements (a copy of EON, Inc.'s *Service Suspension, Termination and Discharge Policy and Procedures* will accompany the residency agreement) and dated signatures will be obtained by the person served, or person's served legal representative, and EON, Inc. when providing services for a person served living in a community residential setting. The *Residency Agreement* will be signed and dated annually.
 2. On the day of service initiation or within five working days of service initiation and annually thereafter, the person served, and/or legal representative is provided with an explanation and written list of the *rights* that identifies the Service Recipient's Rights according to [Sec. 245D.04 MN Statutes](#); subdivision 2 and 3.
 - a. 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 served and/or legal representative.
 - b. EON, Inc. will maintain documentation of the person served or the person's served legal representative's dated signatures and an explanation of the rights.
 3. Prior to or upon service initiation or within in five working days of service initiation, inform the person served, or the person's served legal representative, and case manager of the policies and procedures affecting a person's served rights under [Sec. 245D.04 MN Statutes](#), and provide an explanation and copies of the following policies and procedures (all program polices are also located at the EON, Inc. office and are available upon request):
 - a. *Communicating Concerns and Grievance Policy and Procedures*;
 - b. *Service, Suspension, Termination, and Discharge Policy and Procedures*;
 - c. *Emergency Use of Manual Restraints Policy and Procedures*; and
 - d. *Data Privacy*.
 - i. Complete *Admission Form*, which includes an acknowledgment, policy receipt and signature/date page of rights, policies and procedures affecting the person's served rights, admission data, authorization (Release, Disclosure, Funds and Property, Medication and Emergency Medical), and other information and as noted in the boxes checked above within the form.
 4. Signed authorization is obtained and annually thereafter or as requested by the person served and/or legal representative and case manager when specified:
 - a. *Medication Administration (if assigned) and Emergency Medical Authorization*

- b. *Release of Information* (required annually);
 - c. *Disclosure*;
 - d. *Funds and Property Authorization* (required annually) ask, 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 using the *Funds and Property Authorization form*. Changes will be documented and implemented as requested.
5. EON, Inc.'s responsibilities regarding health service needs and the procedures related to meeting those needs as assigned in the *SP* and/or *Support Plan Addendum (SPA)*.
 6. The desired frequency of progress reports and progress review meetings, at a minimum of annually for intensive services.
- F. If a person's served licensed health care professional or mental health professional has determined that a manual restraint would be medically or psychologically contraindicated, EON, Inc. 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.

IV. Service Planning Requirements for basic Support Services

- A. The CSS or designee will:
1. Within 15 calendar days of service initiation complete a preliminary *SPA* based on the *SP*.
 2. Within 60 calendar days of service initiation the review and revise as needed the preliminary *SPA* to document the services that will be provided including how, when, and by whom services will be provided, and the person responsible for overseeing the delivery and coordination of services.
 3. Participate in service planning and support team meetings for the person following stated timelines in the person's *SP* or as requested by the person or the person's legal representative, the support team, or the expanded support team.
 4. Provide written reports regarding the person's progress or status as requested by the person, the person's legal representative, the case manager, or the team.

V. Assessment and Initial Service Planning Follow Up

- A. The CSS or designee will:
1. Complete a *Status Sheet* – Person Served and email to designated staff.
 2. Once the *status sheet* is routed, the Therap administrator will add the person's served name and date of admission to the Therap Admission Register.
 3. Ensure a Service Agreement is on file.
 4. Ensure a *SP* is on file.
 5. Ensure that the person's served other providers, medical and mental health care professionals, and vendors are notified of the change in address and phone number.
 6. Ensure that the person served record is assembled according to EON, Inc.'s *Person Served Record Index*.
 7. Within 15 days of admission, complete a Preliminary *SPA* that is based upon *SP*.
 8. Revise the *Program Abuse Prevention Plan* pertinent to the new person served, if any.
- B. Before providing 45 days of service or within 60 calendar days of service initiation, whichever is shorter, at the initial assessment meeting, and within the scope of services, the CSS and/or designee will complete the *Self-Management Assessment* including the areas of the person's served ability to self-manage health and medical needs to maintain or improve physical, mental, and emotional well-being, ability to self-manage personal safety to avoid injury or accident in the service setting, self-manage symptoms or behavior. This assessment will be based on the person served status within the last 12 months at the time of service initiation

and will describe the person served overall strengths, functional skills and abilities, and behaviors or symptoms.

- C. Before providing 45 days of service, or within 60 calendar days of service initiation, whichever is shorter, person served, the support team or expanded support team, and other people as identified by the person served or the person's served legal representative must hold an initial planning meeting to assess and determine the following based on information obtained from the assessments, *SP*, *SPA*, and person-centered planning.
1. The scope of the services to be provided to support the person's served daily needs and activities;
 2. The person served desired outcomes and the supports necessary to accomplish the person served desired outcomes;
 3. The person served preferences for how services and supports are provided, including how the provider will support the person served to have control of the person's served schedule;
 4. Whether the current service setting is the most integrated setting available and appropriate for the person served;
 5. Opportunities to develop and maintain essential and life-enriching skills, abilities, strengths, interests, and preferences;
 6. Opportunities for community access, participation, and inclusion in preferred community activities;
 7. Opportunities to develop and strengthen personal relationships with other persons of the person served choice in the community;
 8. Opportunities to seek competitive employment and work at competitively paying jobs in the community; and
 9. How services must be coordinated across other providers licensed under this chapter serving the person served and members of the support team or expanded support team to ensure continuity of care and coordination of services for the person served.
- D. At the initial planning meeting (45-Day), the support team will have a discussion of how technology might be used to meet the person served desired outcomes. The *SP* or *SPA* will include a summary of this discussion. 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 regarding the use of technology can be made. Nothing in this paragraph requires that the *SP* include the use of technology for the provision of services.

VI. Service Outcomes and Supports

- A. Within ten working days of the initial planning meeting (45-day), the CSS or designee will develop a service plan that documents the service outcomes and supports based on the assessments completed at the initial planning meeting (45-Day) and requirements in [Sec. 245D.07 MN Statutes](#), subdivision 1a. The outcomes and supports must be included in the *SPA*. Document the supports and methods to be implemented to support the person served and accomplish outcomes related to acquiring, retaining, or improving skills and physical, mental, and emotional health and well-being. The documentation must include:
1. Any changes or modifications to the physical and social environments necessary when the service supports are provided;
 2. Any equipment and materials required;
 3. Techniques that are consistent with the person served communication mode and learning style;
 4. The measurable and observable criteria for identifying when the desired outcome has been achieved and how data will be collected;
 5. The projected starting date for implementing the supports and methods and the date by which progress towards accomplishing the outcomes will be reviewed and evaluated; and

6. The names of the staff or position responsible for implementing the supports and methods.
- B. Within 20 working days of the initial planning meeting (45-day), EON, Inc. will submit to and obtain dated signatures from the person served or the person's served legal representative and case manager to document completion and approval of the assessment and *SPA*.
 1. If, within ten working days of the submission, the person served or the person's served legal representative or case manager has not signed and returned to EON, Inc. the assessment and *SPA* or has not proposed written modifications, the submission is deemed approved, and the assessment and *SPA* become effective and remain in effect until the legal representative or case manager submits a written request to revise the assessment or *SPA*.

VII. Service Plan Review and Evaluation

- A. As documented in the person served *SP* or *SPA* or within 30 days of a written request by the person served, the person's served legal representative, or the case manager, EON, Inc., in coordination with the person's served support team or expanded support team, will meet with the person served, the person's served legal representative, and the case manager, and other people as identified by the person served or person's served legal representative, and participate in service plan review meetings following timelines established in the person served *SP* or *SPA*.
- B. At least annually, EON, the person served, support team or expanded support team, and other people as identified by the person served or the person's served legal representative will meet to:
 1. Discuss how technology might be used to meet the person's served desired outcomes.
 - a. The *SPA* must include a summary statement regarding any decision made regarding the use of technology and a description of any further research that must be completed before a decision regarding the use of technology can be made.
 2. Residential services only: For person served receiving residential supports and services according to [245D.03, subd. 1](#) (3), the team must discuss options for transitioning out of a community setting controlled by a provider and into a setting not controlled by a provider.
 - a. The *SPA* must include a summary statement regarding any decisions made regarding transitioning out of a provider-controlled setting and a description of any further research or education that must be completed before a decision regarding transitioning out of a provider-controlled setting can be made.
 3. Day Services providers only: For person served receiving day services according to [245D.03, subd. 1](#)(4), the team must discuss options for transitioning to an employment service such as: employment exploration, or employment development, or employment services.
 - a. The *SPA* must include a summary statement about any decision made concerning transition to an employment service and a description of any further research or education that must be completed before a decision regarding transitioning to an employment service can be made.
- C. The purpose of the service plan review is to determine whether changes are needed to the service plan based on the assessment information, the license holder's evaluation of progress toward accomplishing outcomes, or other information provided by the support team or expanded support team.
- D. EON, Inc. will summarize, in a report at the time of the progress review meeting, the person served status, and progress toward achieving the identified outcomes and make recommendations and identify the rationale for:
 1. Changing;

2. Continuing; or
 3. Discontinuing implementation.
 4. The report must be sent at least five working days prior to the progress review meeting if requested by the team in the *SP* or *SPA*.
- E. Within ten working days of the mailing of the *SPA*, EON, Inc. will obtain dated signatures from the person served or the person's served legal representative and case manager to document completion and approval of the assessment and/or *SPA*.
1. If, within ten working days of the submission, the person served or the person's served legal representative or case manager has not signed and returned to EON, Inc. the assessment and/or *SPA* or has not proposed written modifications, the submission is deemed approved and the assessment and/or *SPA* become effective and remain in effect until the legal representative or case manager submits a written request to revise the assessment and/or *SPA*.

VIII. Continuity of Care and Service Coordination

- A. Information about the person served will be shared with support team members during *Progress Review* meetings and written reports to enhance continuity of care and promote consistency across all environments.

IX. Records

- A. Documentation from the admission/service initiation, assessments, and service planning processes related to EON, Inc.'s service provision for each person served and as stated within this policy will be maintained in the person served record (paper and/or electronic).

REFERENCED POLICIES

Service Recipient Rights
 Reporting and Review of Maltreatment of Vulnerable Adults
 Reporting and Review of Maltreatment of Minors
 Communicating Concerns and Grievance
 Service, Suspension, Termination, and Discharge
 Emergency Use of Manual Restraints and Positive Behavior Supports
 Data Privacy

REFERENCED FORMS

Support Plan (SP)
 Support Plan Addendum (SPA)
 Individual Abuse Prevention Plan (IAPP)
 Admission Form
 Program Abuse Prevention Plan (PAPP)
 Medication Administration and Emergency Medical Authorization
 Release of Information
 Disclosure
 Emergency Data Form
 Funds and Property Authorization
 Progress Reviews
 Therap Admission Register
 Self Management Plan (SMA)
 Person Served – Status Sheet