

Policy Statement

Our facility admits only residents who's medical and nursing care needs can be met.

Policy Interpretation and Implementation

1. The objectives of our admission criteria policy are to:
 - a. provide uniform criteria for admitting residents to the facility;
 - b. admit residents who can be cared for adequately by the facility;
 - c. address concerns of residents and families during the admission process;
 - d. review with the resident, and/or his/her representative, the facility's policies and procedures relating to resident rights, resident care, financial obligations, visiting hours, etc.; and
 - e. assure that the facility receives appropriate medical and financial records prior to or upon the resident's admission.
2. Residents (and potential residents) are not asked or required to:
 - a. waive their rights to Medicare or Medicaid benefits;
 - b. submit written assurance that they are not eligible for or will not apply for Medicare or Medicaid benefits;
 - c. waive facility liability for losses of personal property; or
 - d. provide a third-party guarantee of payment as a condition of admission, expected admission or continued stay.
3. Resident representatives may be requested to or required to sign a contract or agreement that he or she will provide facility payment from the resident's income or resources as long as the representative:
 - a. has legal access to the resident's income or resources; and
 - b. is not incurring personal financial liability to the facility.
4. Prior to admission, the resident or representative is informed of any service limitations or special characteristics of the facility.
5. Prior to or at the time of admission, the resident's attending physician provides the facility with information needed for the immediate care of the resident, including orders covering at least:
 - a. type of diet (e.g., regular, mechanical, etc.);
 - b. medication orders, including (as necessary) a medical condition or problem associated with each medication; and
 - c. routine care orders to maintain or improve the resident's function until the physician and care planning team can conduct a comprehensive assessment and develop a more detailed interdisciplinary care plan.
6. Residents are admitted to this facility as long as their needs can be met adequately by the facility. Examples of conditions that can be treated adequately in this facility include:
 - a. diabetes;
 - b. COPD;
 - c. neuromuscular disorders;
 - d. dementia;
7. Examples of nursing/medical needs that can be met adequately include:
 - a. medication management;

- b. limited mobility;
 - c. post-operative care needs;
 - d. incontinence;
 - e. catheterization (urinary or intravenous);
 - f. enteral nutrition;
8. The acceptance of residents with certain conditions or needs may require authorization or approval by the medical director, director of nursing services, and/or the administrator.
9. All new admissions and readmissions are screened for mental disorders (MD), intellectual disabilities (ID) or related disorders (RD) per the Medicaid Pre-Admission Screening and Resident Review (PASARR) process.
- a. The facility conducts a Level I PASARR screen for all potential admissions, regardless of payer source, to determine if the individual meets the criteria for a MD, ID or RD.
 - b. If the level I screen indicates that the individual may meet the criteria for a MD, ID, or RD, he or she is referred to the state PASARR representative for the Level II (evaluation and determination) screening process.
 - (1) The admitting nurse notifies the social services department when a resident is identified as having a possible (or evident) MD, ID or RD.
 - (2) The social worker is responsible for making referrals to the appropriate state-designated authority.
 - c. Upon completion of the Level II evaluation, the state PASARR representative determines if the individual has a physical or mental condition, what specialized or rehabilitative services he or she needs, and whether placement in the facility is appropriate.
 - d. The state PASARR representative provides a copy of the report to the facility.
 - e. The interdisciplinary team determines whether the facility is capable of meeting the needs and services of the potential resident that are outlined in the evaluation.
 - f. Once a decision is made, the state PASARR representative, the potential resident and his or her representative are notified.
10. The preadmission screening program requirements do not apply to residents who, after being admitted to the facility, were transferred to a hospital.
11. The state may choose not to apply the preadmission screening requirement if:
- a. the individual is admitted directly to the facility from a hospital where he or she received acute inpatient care;
 - b. the individual requires facility services for the condition for which he or she received care in the hospital; and
 - c. the attending physician has certified (prior to admission) that the individual will likely need less than 30 days of care at the facility.
12. Our admission policies apply to all residents admitted to the facility regardless of race, color, creed, national origin, age, sex, religion, handicap, ancestry, marital or veteran status, and/or payment source.
13. The administrator, through the admissions department, ensures that the resident and the facility follow applicable admission policies.

References	
OBRA Regulatory Reference Numbers	§483.15(a) Admissions policy; §483.20(e) Coordination; §483.20(k)
Survey Tag Numbers	F620; F644; F645
Other References	http://www.pasrrassist.org/resources/personnel/pasrr-state-lead-contactinformation
Related Documents	Acute Condition Change – Clinical Protocol Care Plans, Comprehensive Person-Centered