ILLUMINATION FOUNDATION
RECUPERATIVE CARE

LA/OC ADMISSION CRITERIA

Admission Criteria

- Homeless/in the process of being homeless/or lives in a setting inappropriate for post hospitalization or recovery.
- Able to complete all Activities of Daily Living (ADLs) independently(Wheelchairs, and any other DME devices may be accepted under these conditions below)
  - i) Ability to use DME device safely, and understands proper use.(I.E. transfers wheelchair to toilet)
  - ii) Ability to use DME without any assistance(independently) no SBA, no CGA
  - iii) Ambulation distance of at least 100ft must be reached prior to Hospital/facility discharge, w/ or w/o DME use.
- Able to self-administer medication, with staff oversight
- Continent of both bladder and bowels (If briefs/diapers are used, independent w/change of briefs/diaper must be met.)
- Medically and psychiatrically stable at discharge
- Alert and oriented to Name, Place, Date, and situation

Who is Not Eligible: Exclusion Criteria

- Unable to complete ADLs, personal care and medication administration
- Incontinent of bladder and/or bowel
- Quadriplegics
- Cognitively impaired
- Active Tuberculosis/C-DIFF/MRSA of Sputum(possibility of wound)
- Meets admission criteria for SNF/LTC
- Stage 3 or higher decubitus ulcers and cardiac EF % <30.
- Active substance abuse and not willing to abstain while in the program.
- Unstable medically & psychiatrically
- Combative or aggressive behavior towards staff or other patients while inpatient.
- Patients actively detoxing(i.e. Alcohol, Benzos) will need to be stabilize prior to being referred

Referral Process

A one-page referral form is faxed/e-mailed w/ supporting documents (face sheet, H&P, Surgical/PT/Psych notes etc.) to Referral Coordinator. Confirmation of receipt will be given within a few business hours. Documents will be reviewed and the hospital will be contacted w/ questions regarding referral contents or for additional information. The Referral Coordinator will then determine approval or denial into program. If denied, a reason will be given. If approved, the Referral Coordinator will coordinate the patient's admission to the Recuperative Care program.

Illumination Foundation Recuperative Care, 2016
Please Contact the Referral Coordinator:
Phone: 888-505-0855 | Email: recup@ifhomeless.org | Fax: 888-382-9551

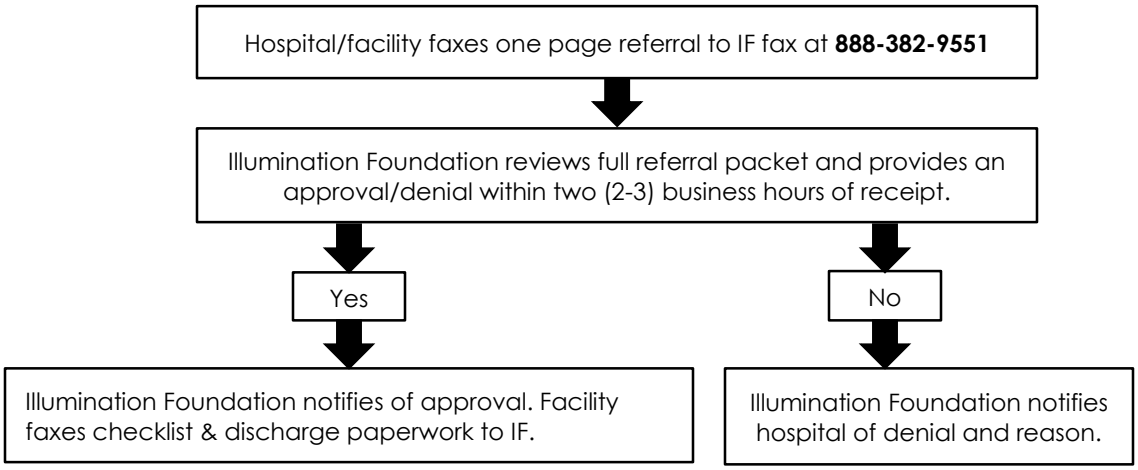
ILLUMINATION FOUNDATION
RECUPERATIVE CARE

Exhibit A

LA/OC ADMISSION CRITERIA

Patient Referral Process

(For Molina/IEHPmembers and other contracted MCO member patients, please contact Inpatient Utilization review nurse prior to sending referral)



Additional In-take Details:

- Referring hospital must fax completed "Discharge checklist" and discharge instructions/summary to Illumination Foundation prior to hospital/facility release.
- New clients may arrive between 9am-6pm daily (including weekends and Holidays.) Referring hospital/facility are responsible for client transportation to IF Recuperative Care location.
- Clients must arrive with medications for full LOS, according to discharge instructions. Medication must come with client or prior to client intake.
- IF Medical Case managers will conduct an intake assessment with new clients. If it is determined that the client is not suitable for our program, client will be returned to the hospital within 36hrs, as indicated in LOA between the hosp/facility and Illumination Foundation.
- Referring hospital/facility must coordinate home health if needed. Home health must be set in place prior to Hospital/facility discharge.
- Clients will also have a social intake with a case manager within 48hrs of arrival.