Admission Criteria for National Health Foundation Recuperative Care

- **Experiencing homelessness**
- **Has a medical need**
- **Independent with ADLs**
    - Can independently ambulate (or independently use a walker, wheelchair, or crutches) with NO ASSISTANCE and NO STANDBY ASSISTANCE for a distance of 50–100 feet, depending on site requirements.
- **Continent of bowel and bladder (Or can independently manage adult diaper and proper disposal)**
- **Medically and psychiatrically stable**
    - No active withdrawal symptoms
    - No conditions requiring immediate medical attention or follow-up within 48 hours of admission.
    - Alert and oriented fully (person, place, time, event/situation)
    - Any medical device or equipment must be independently cared for by guest.
- **Medication management**
    - Able to self-administer all medications.
- **Cleared from any transmission-based precautions.**
    - No active transmissible infections and no isolation.
    - No active Scabies, lice, body lice, etc.
    - Diarrhea- guest must be treated for and cleared from diarrhea symptoms prior to admission.
    - IV antibiotics must have home health.
    - NO active C-Dif (CDF), ESBL, MRSA, VRE, CRE, etc.
- **Wounds**
    - Home health will need to be arranged for any serious open wound.
    - Guest must be independent in care of any minor open wounds including but not limited to: dressing wound, cleaning wound, medicating if needed, etc.
    - All supplies for care should be provided to guest and available to them on admission.
    - Wound Vac: Must have home health scheduled. Guest must be able to care for wound vac independently.
- **DME:** If needing walker, wheelchair, or other DME, guest must arrive to facility in possession of DME.
- **Home health/Physical Therapy/ Occupational Therapy**
    - Home health/OT/PT must be arranged by hospital PRIOR to guest's arrival if needed.
        - Home Health needed for (but not limited to): wounds, IVs (any IV or central access), fractures, surgeries/surgical wounds, or devices, etc.
- **Cardiac parameters**
    - No Life Vests/Zoll Vests/ external defibrillators of any kind
    - EF must be above 20%. We recommend a higher level of care for extremely low cardiac function.
- **Bariatric**
    - We have bariatric-capable beds that support 300–400 lbs, depending on the site.
- **Prior to admission to recuperative care, if no insurance is in place, emergency Medi-Cal application should be submitted by hospital.**
- **Guest should be educated on the nature of the Recuperative Care Program and it's limitations by the hospital prior to admission.**

Documentation that will help your referral be reviewed more quickly

- **Infectious disease:**
  - If there is any active infectious disease or recent history: Please provide a progress note, letter, or documentation from an MD/DO/NP/PA to clear the guest of all isolation.
    - Ex. Of wording: Jane Doe is cleared from all isolation and is ok to discharge to a communal or congregate living setting.
    - Alt. wording: John Doe has been treated for (insert relevant diagnosis) and is now cleared to discharge to or return to a congregate living setting with no isolation necessary.
  - If guest has been sent to ER for treatment of suspected illness or transmissible disease/parasite/infection – Please inform the treating ED provider (MD, NP, PA) that NHF will require clearance prior to guest discharging back to recuperative care site.
    - If treatment is given in ED for conditions such as lice, scabies, etc.
      - Step 1: MD may provide clearance with the stated caveat of completion of treatment while in ER.
      - Step 2: If treatment given/completed in ED, treating/attending RN may provide documentation of completion of treatment.
      - Alternatively: ED treating provider may give clearance after treatment completion.
- **Psychiatric/Behavioral Health and Substance Abuse**
  - If guest has been on any type of hold (GD, SI, HI)
    - Updated progress notes reflecting stabilization of condition
    - Psychiatric clearance progress note or documentation stating that the guest is psychiatrically stable.
    - Progress note documenting full orientation to person, place, time, and situation may be requested if guest has recent history of altered mental status or altered level of consciousness.
  - **Substance use**
    - For guests who have presented with withdrawal symptoms during hospital stay- progress note from treating provider stating that there are no current withdrawal symptoms
- **ADL and Mobility concerns**
  - If guest has been hospitalized long term
    - Progress note from PT, OT documenting independence with ADLs and mobility for at least 100ft (may use wheel chair, walker, cane, or other mobility device independently and may be nursing note if PT/OT is no longer assigned to case or has signed off.)
  - If fall risk or recent falls
    - Progress note from PT/OT documenting stability of gait and/or transfer independently. (Will accept a nursing progress note as well if PT/OT no longer ordered/ on case.)
  - If incontinence or previous ADL difficulties
    - Progress note documenting independence with ADLs including continence (guest may use urinal or adult incontinence products but must be able to independently manage hygiene and disposal of soiled products.)